WHO'S HEALTH EMERGENCY APPEAL 2023

World Health Organization


HEALTH
WHO'S HEALTH EMERGENCY APPEAL 2023
World Health Organization

WHO’s Health Emergency Appeal, 2023

WHO/2023

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris .

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders .

Data for people in need and people targeted aligns with the Global Humanitarian Overview 2023, unless otherwise stated.

Cover photo:
© WHO / Kiana Hayeri
In the surgery room of Kabul’s Malalai National and Specialized Hospital, a team of doctors prepare to perform a C-section on 21 November 2022.

CONTENTS

FOREWORD

As we enter 2023, the number of people in need of humanitarian relief has increased by almost 25% compared with last year. The world faces multiple overlapping crises, and the most vulnerable are being hit the hardest, by a combination of disasters stemming from climate change, a global hunger crisis fueled by conflict, and the continuing impacts of the COVID-19 pandemic. A record number of people – 339 million – face serious health threats, include disease outbreaks, malnutrition, and a lack of access to essential medical services. They require urgent assistance.

That's why we are calling on our donors around the world to support our urgent appeal for US$ 2.54 billion. This will give us the funding we need to respond to the urgent needs of the most vulnerable in 54 ongoing emergencies, including 11 Grade 3 emergencies. With funding and urgent action, we can save lives, support recovery efforts, prevent the spread of diseases within countries and across borders, and help give communities the opportunity to rebuild for the future.

In 2022 we launched our first consolidated health emergency appeal and, thanks to the support of donors and partners, were able to respond to more than 70 graded health emergencies reaching millions of people.

- In Uganda, we supported the government to stop a deadly Ebola outbreak.
- In Ukraine, we continue to help deliver babies and support mothers, despite repeated attacks on health infrastructure.
- In Yemen, we helped set up centers to feed severely malnourished children.
- In Libya, we helped to deliver hundred tons of medicines, medical supplies and equipment to 140 public health facilities across the country.
- In the Syrian Arab Republic, we conducted an oral cholera vaccine campaign, reaching almost 2 million people in high-risk areas in 4 governorates, 98% of the campaign target.

As the Health Cluster Lead for emergencies, we coordinate teams across health ministries, UN agencies and we work closely with over 1600 operational partners. Communities and equitable access are the center of our work, and our on-the-ground presence in more than 150 countries allows us to respond quickly and efficiently when a crisis strikes. Our work in logistical operations support helps even the most isolated communities get the rapid and predictable services and supplies they need to save lives.

I thank again those who contributed financially to WHO's Health Emergency Appeal in 2022 for their solidarity with people in need of health assistance. Health workers in Afghanistan, Ethiopia, Somalia, Ukraine, Yemen and other emergency settings rely on our support to enable them to deliver on their life-saving missions.

THE WORLD'S MOST VULNERABLE PEOPLE NEED YOUR SUPPORT MORE THAN EVER. WORKING TOGETHER, WE CAN ADDRESS THESE URGENT NEEDS, AND HELP COMMUNITIES TO REBUILD STRONGER, MORE RESILIENT HEALTH SYSTEMS, SUPPORT EQUITABLE ACCESS TO MEDICINES, VACCINES AND OTHER ESSENTIAL HEALTH PRODUCTS, AND HELP TO FORGE THE PATH TOWARDS A HEALTHIER, SAFER, AND MORE STABLE WORLD.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

THE WORLD HEALTH ORGANIZATION'S

HEALTH EMERGENCY APPEAL 2023

SERVING THE MOST VULNERABLE DURING CRISES

As we enter 2023, the number of people in need of humanitarian relief has increased by almost a quarter compared to 2022, with a record 339 million people requiring urgent assistance – many of whom are at risk from disease outbreaks, nutritional crises, and a lack of access to essential medical services.

Driving these crises are the emergence of new epidemic diseases, increased geopolitical conflict, the collapse of trade leading to famine and shortages of essential goods, the intensification of ecological degradation and climate change. Taken in isolation, any one of these trends would pose a serious challenge to global health and prosperity, but evidence from the past few decades tells us that these trends increasingly interact in complex and unpredictable ways.

Sustained commitment and innovation are required to deal with the increasing scale and complexity of threats to health and the ever-growing scale of humanitarian need. WHO's Health Emergency Appeal calls for $2.54 billion to continue to respond to health emergencies, in a way that builds sustainable resilience of people and communities to future health threats.

Through the Health Emergency Appeal, WHO will provide support to 54 health crises around the world, including 11 of the highest-level 'Grade 3' emergencies – those which require an urgent and major WHO response.

With adequate funding and urgent action, we can ensure that health is protected during emergencies - saving lives, supporting recovery efforts, preventing the spread of diseases within countries and across borders, and ensuring that communities have the opportunity to rebuild prosperous futures. Ultimately, progress towards the Sustainable Development Goals depends on protecting the health of the most vulnerable.

[3] *UN 2023 Global Humanitarian Outlook.*

North Darfur, Sudan - 25 April 2022: Midwife Bahja in her home in Abu Gaw with one of her children. Before the construction of the new health care centre in her village, pregnant women used to have to go to Bahja's house for consultations, and sometimes ended up giving birth in her home. Now they can visit her at the new clinic.

"We are very happy, our health is better, the health centre is beautiful and people are standing with us," she said.

The village's previous health care centre was destroyed and residents of Abu Gaw, including Bahja, fled during the war in Darfur in 2004. The community identified rebuilding the health centre as a priority through a series of community health dialogues facilitated by the WHO with North Darfur health authorities.

Credit: WHO/Hala Habib

WHAT DOES THE APPEAL COVER?

WHO's Health Emergency Appeal is a consolidation of funding requirements for the protection of vulnerable populations affected by acute and protracted health emergencies around the world. The Appeal is fully aligned with WHO's role in delivering on the UN's regional and country-specific humanitarian response plans. Contributions to the appeal can be fully flexible across regions or within countries, allowing WHO to allocate resources according to the greatest need, flexible across a region, or flexible within a country.

Due to the unpredictable nature of health emergencies, the appeal is a snapshot of projected needs for all the emergencies that WHO is currently responding to. To respond to new emergencies, or escalations of existing emergencies, WHO is able to call on the Contingency Fund for Emergencies (CFE), which was created to save time, resources and lives by enabling rapid response to disease outbreaks and health emergencies, often within 24 hours or less. The CFE is a flexible, pooled fund, internal to WHO, for which funds are mobilised throughout the year and replenished and reimbursed when possible. As new emergencies arise, WHO also issues dynamic flash appeals, enabling rapid response to specific crises.

WHO General Programme of Work
1 billion people better protected from health emergencies

Contingency Fund for Emergencies

Emergency operations and appeals segment of the Programme Budget

Health Emergency Appeal

Base Segment of the Programme Budget

European Civil Protection and Humanitarian Aid (ECHO) delegation and WHO team visiting Al-Sadaqah Hospital in Aden Governate. They toured the Emergency Operation center and Dialysis center of the hospital.

Photo credit: WHO

HEALTH EMERGENCIES

Health emergencies are disease outbreaks, disasters and humanitarian crises with public health consequences.

WHO grading of emergencies is used to determine the level of operational response required. Following a risk assessment, emergencies are classified as:

- **UNGRADED:**

  A public health event or emergency that is being monitored by WHO but that does not require a WHO operational response.

- **GRADE 1:**

  A single country emergency requiring a limited response by WHO, but that still exceeds the usual country-level cooperation from WHO.

- **GRADE 2:**

  A single country or multiple country emergency, requiring a moderate response by WHO.

- **GRADE 3:**

  A single country or multiple country emergency, requiring a major/maximal WHO response.

- **PROTRACTED (GRADE 1, 2, OR 3):**

  emergencies that persist for longer than 6 months and require a prolonged response from WHO.

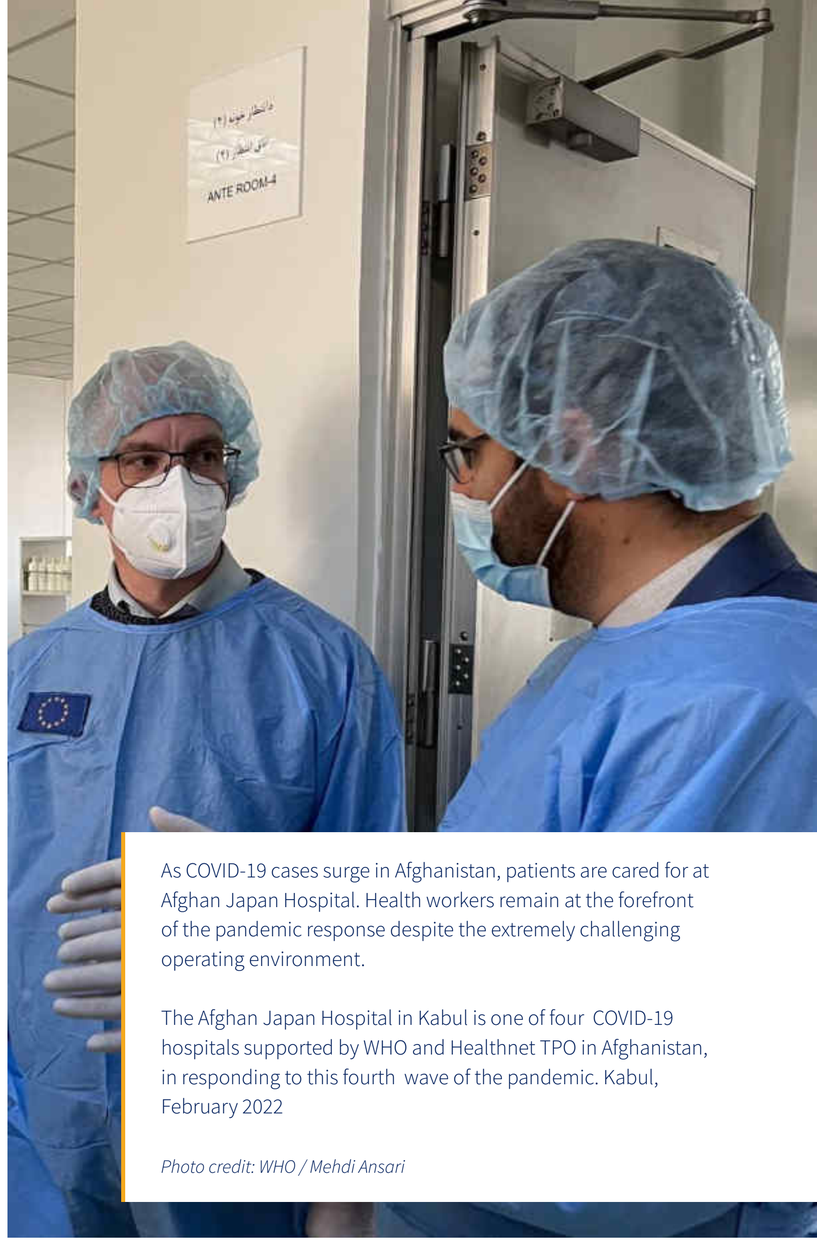
DASHBOARD

Data as of 20 January, 2023*

54
TOTAL GRADED EMERGENCIES

5 GRADE 1	**1** PROTRACTED 1
30 GRADE 2	**7** PROTRACTED 2
6 GRADE 3	**5** PROTRACTED 3

234 Country, area or territory reporting COVID-19 cases	**110** Country, area or territory reporting mpox cases



As COVID-19 cases surge in Afghanistan, patients are cared for at Afghan Japan Hospital. Health workers remain at the forefront of the pandemic response despite the extremely challenging operating environment.

The Afghan Japan Hospital in Kabul is one of four COVID-19 hospitals supported by WHO and Healthnet TPO in Afghanistan, in responding to this fourth wave of the pandemic. Kabul, February 2022

Photo credit: WHO / Mehdi Ansari

*WHO continuously updates the graded emergencies figures based on data reconciliation exercises and on-the-ground updates from WHO Country and Regional Offices. These figures represent the compilation as of 20 Jan 2023.

GRADE 3 HEALTH EMERGENCIES

Globally, WHO continues to respond to COVID-19 and mpox, both Grade 3 emergencies.

UKRAINE

Conflict

WHO is working with partners to respond to the health emergency triggered by the war. This includes delivering specialized medical supplies, coordinating the deployment of medical teams, and working with health authorities to minimize disruptions to the delivery of critical health care services within Ukraine and in countries hosting refugees.

AFGHANISTAN

Complex Emergency

With Afghanistan facing one of the most complex humanitarian emergencies in the world, WHO is focused on reaching everyone everywhere and putting mothers and children first. WHO and partners are working to expand coverage and increase the quality of healthcare services; provide life-saving medical supplies; and respond to emerging health threats, with a focus on disease outbreaks.

SYRIAN ARAB REPUBLIC

Complex Emergency

WHO is working with partners to provide life-saving primary health services and coordinate referrals to trauma services and specialized care for more than 15 million people in need. In addition, broader work is underway to restore health system functionality and build resilience, including strengthening preparedness and response to disease outbreaks such as cholera.

YEMEN

Complex Emergency

Following years of conflict, 19 million people in Yemen are food insecure and less than 50% of all life-saving health facilities are fully functional. WHO is working to ensure access to lifesaving and life-sustaining, health and nutrition services for the most vulnerable – as well as to tackle recent polio outbreaks. Efforts are also ongoing to strengthen and sustain health system capacity.

HORN OF AFRICA

Drought and Food Insecurity

WHO is coordinating with partners in the health sector and beyond to avert the worst effects of food insecurity and to give people access to the health services they need. This includes countering the consequences of malnutrition, monitoring and responding tooutbreaks of diseases, and maintaining essentialhealth services — including those for sexualand reproductive health, treatment for chronic infectious diseases, and mental health services.

SOMALIA

Complex Emergency

Food insecurity worsened by drought has put millions of people in Somalia at risk of severe malnutrition and outbreaks of diseases. With the health care system weakened by ongoing conflict and insecurity, WHO is working to provide essential services, including countering the consequences of malnutrition in children, strengthening surveillance of disease outbreaks, and supporting the response to cholera and measles outbreaks.

DEMOCRATIC REPUBLIC OF THE CONGO

Complex Emergency

In the Democratic Republic of the Congo (DRC), following several epidemics and with current outbreaks of mpox and cholera, activities are focused on strengthening capacities to detect, prevent and respond to outbreaks and other public health emergencies. WHO is also working with partners to improve access to essential health services with a focus on the most vulnerable populations, such as those at risk of sexual violence or in need of mental health services.

SOUTH SUDAN

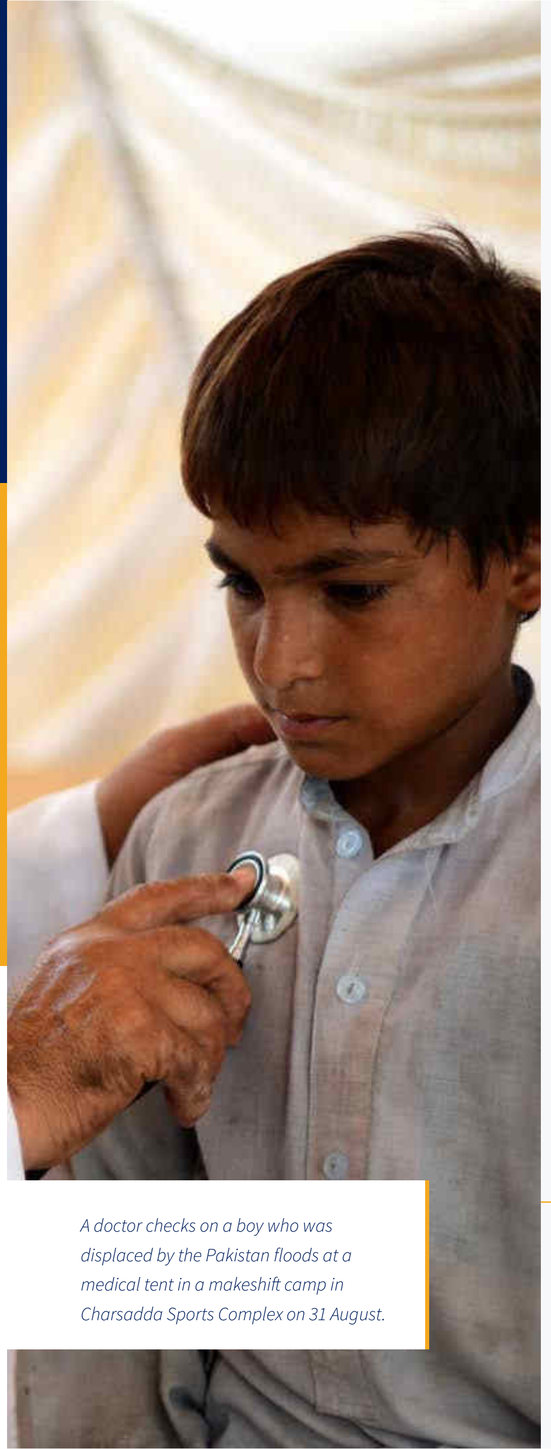
Complex Emergency

The combination of conflict and flooding has contributed to high levels of acute food insecurity and outbreaks of diseases including measles, cholera and hepatitis E — plus a risk of Ebola virus disease outbreaks. WHO is working with partners to provide essential health and nutrition services, as well as strengthen preparedness and response for disease outbreaks – including deployment of vaccines.

NORTHERN ETHIOPIA

Complex Emergency

In a complex and volatile humanitarian situation — with added challenges caused by drought — WHO is coordinating with partners in Tigray and neighbouring areas. This includes providing emergency health support, maintaining essential services such as newborn, maternal and child health services, and strengthening capacities for prevention, preparedness, and response to disease outbreaks.



A doctor checks on a boy who was displaced by the Pakistan floods at a medical tent in a makeshift camp in Charsadda Sports Complex on 31 August.

2023 FINANCIAL REQUIREMENTS

In 2023, US$ 2.54 billion of funding is required to enable WHO to reach the millions of people in need of urgent and life-saving support.

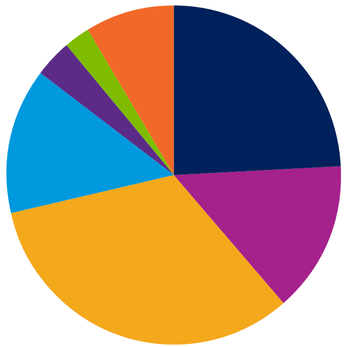
Grade 3 emergency	Planned costs (US$ '000)
G3 - Global COVID-19	772 221
G3 - Afghanistan, Complex Emergency	165 488
G3 - Global, mpox	30 571
G3 - Horn of Africa, Drought and Food Insecurity	178 019
G3 - Northern Ethiopia, Complex Emergency	42 466
G3 - Syrian Arab Republic, Complex Emergency	105 847
G3 - Ukraine, Conflict	253 000
P3 - Democratic Republic of the Congo, Complex Emergency	33 300
P3 - Nigeria, Complex Emergency	22 676
P3 - Somalia, Complex Emergency	16 913
P3 - South Sudan, Complex Emergency	28 588
P3 - Yemen, Complex Emergency	133 884
Other graded emergencies and ongoing operations	730 750
CFE - Contingency Fund for Emergencies*	50 000
Total	**2 541 047**

**minimum requirement for the replenishment of the Contingency Fund for Emergencies*

WHO PRIORITISES COST-EFFECTIVE, HIGH IMPACT RESPONSES AND SOLUTIONS THAT PROTECT HEALTH, LIVES AND LIVELIHOODS. EVERY US$ 1 INVESTED IN WHO GENERATES AT LEAST US$ 35 IN RETURN ON INVESTMENT.[4]

[4]WHO Investment Case: https://www.who.int/about/funding/invest-in-who/investment-case

FUNDING REQUIREMENTS BY MAJOR OFFICE (US$ '000)



AFRO
604 467

SEARO
86 200

AMRO
358 225

WPRO
63 151

EMRO
818 683

HQ
212 960

EURO
347 360

CFE
50 000

**Minimum requirement for the replenishment of the Contingency Fund for Emergencies*

The United Republic of Tanzania has launched its second round of vaccination against wild polio. At the forefront of the nationwide vaccination drive, the World Health Organisation (WHO) in Tanzania has committed to continue providing technical and coordination support in close collaboration with the Global Polio Eradication Initiative, UNICEF and health partners. Tanzania ramps up nationwide vaccination against polio.

Dodoma, 18 May 2022
Photo credit: WHO / Alexia Dickinson

TOP DONORS TO WHO'S HEALTH EMERGENCY APPEAL 2022

In alphabetical order

- CANADA
- EUROPEAN COMMISSION
- FRANCE
- GAVI, THE VACCINE ALLIANCE
- GERMANY
- INTERNATIONAL DEVELOPMENT ASSOCIATION (IDA)- WORLD BANK GROUP
- JAPAN
- NETHERLANDS
- UNITED NATIONS CENTRAL EMERGENCY RESPONSE FUND (CERF)
- UNITED STATES OF AMERICA

Equipped with new skills from the Mass Casualty Management (MCM) training delivered by WHO, Dr Naseem and his team at the Al-Aqsa Hospital in Gaza were ready when violence escalated in August 2022.

"We had developed the hospital emergency plan during our MCM training and now we are putting it into action. We had all done our best during previous emergencies but lacked a cohesive approach and plan. This time was different. We were like a well-oiled machine, all units working together as one", says Dr. Naseem.

Dr. Naseem tends to a patient in the emergency ward at Al-Aqsa Hospital in Gaza, oPt. Oct 2022.
Photo credit: WHO

WHO'S RESPONSE TO COVID-19

CONTEXT

The COVID-19 pandemic remains dynamic and complex. The virus continues to evolve, circulating at intense levels around the globe and killing, on average between 10,000-14,000 people per week. As of 1 January 2023, over 656 million confirmed cases of COVID-19 and 6.3 million deaths had been reported to WHO, yet we know that at this point in the pandemic, billions have been infected and deaths are likely three times as high as reported numbers.

As of early 2023, several regions are facing intense COVID-19 transmission. Following a year where many regions experienced their highest number of weekly new cases and several small island states recorded their first cases of community transmission.

There remains intense transmission of COVID-19, now in the context of other circulating infectious threats such as influenza, Respiratory Syncytial Virus, mpox, cholera, etc. increasing pressure on extremely fragile health systems and health workers. The threat is compounded by the uncertainty of further variants emerging or recombining with such intense circulation and the world must remain vigilant.

Life-saving tools including safe and effective COVID-19 vaccines, treatments, and diagnostic tests are available, and while almost 70% of the world's population are vaccinated, 30% are yet to receive a single dose. Large gaps in vaccine-derived immunity persist, particularly in low- and lower-middle income countries, and among those most at-risk of severe disease. Booster coverage among vulnerable populations remains uneven and low.

Many governments face uncertainties over how to sustain their COVID-19 response at a time when the pandemic appears to be in transition, yet when the risk of new variants and future surges remains present. There is growing 'pandemic fatigue' and increasing resistance to proven public health and social measures, including mask wearing.

WHO'S RESPONSE

WHO is working with all Member States to calibrate their responses to meet the immediate needs of COVID-19, while strengthening health systems to deal with infectious diseases. WHO will continue to support countries in maintaining, enhancing, and adapting their COVID-19 response strategies. The WHO COVID-19 Operational Guideline, currently in development, outline a framework to adjust national emergency response plans and transition from a crisis response to an integrated, longer-term, strengthened, and sustainable COVID-19 program within broader respiratory disease management strategies. This transition phase will be difficult and will take time yet, through its Regional Offices, WHO is supporting countries to come together and reflect on achievements and lessons learned over the past three years, with the aim of building resilient health systems. At the national and subnational levels, WHO has outlined six essential areas of investment for an agile response: testing, clinical management, vaccination, maintaining infection prevention and control, building trust through Risk Communication and Community Engagement (RCCE), and managing the infodemic. While essential to addressing COVID-19, investments in these areas will also strengthen the global architecture for health emergency preparedness, response, and resilience.

To support emerging needs, especially in fragile, conflict-affected, and vulnerable contexts, it is key for countries to align coordination, planning, financing, and monitoring for the COVID-19 response with broader emergency coordination mechanisms. WHO will work with partners to evaluate operational readiness to respond to concurrent emergencies at national and subnational levels, based on a country's emergency risk profile, for the development of localized, effective national COVID-19 preparedness and response plans.

Rice farmer Anna holds her vaccination card after receiving a third dose of COVID-19 vaccine from a mobile health team visiting Makontakay, Sierra Leone, on 8 December 2022.

Photo credit: WHO / UNICEF / Michael Duff

WHO COVID-19 budget by major office

Major office	2023 Funding Requirements (US$ '000)
AFRO	171 935
AMRO	106 489
EMRO	162 114
EURO	48 544
SEARO	72 948
WPRO	46 536
HQ	165 654
Total	**772 221**

WHO's COVID-19 budget broken down by ACT-A pillar

ACT-A Pillar	2023 Funding Requirements (US$ '000)
Diagnostics and testing	66 966
Case management and therapeutics	91 505
Vaccination	212 158
HSRC	337 893
Research, innovation and evidence	63 698
Total	**772 221**

WHO'S RESPONSE TO CHOLERA

CONTEXT

After years of declining numbers, 2022 has seen an upsurge of cholera outbreaks around the globe. As of early 2023, 31 countries have reported outbreaks of cholera – including Haiti, Lebanon, Pakistan, and the Syrian Arab Republic. These figures represent a 150 per cent increase over the previous five-year average and are likely underreported. Outbreaks are now more numerous, larger, and more deadly. At least 10 additional countries that share land borders with those currently experiencing outbreaks are also at high risk, putting 1.1 billion people at risk from the disease.

Multiple factors have led to this spike in cases. Cholera is a marker of inequity and poverty, disproportionately impacting communities with limited access to safe water, basic sanitation, hygiene infrastructure and health systems. Cholera is also fuelled by conflict, humanitarian emergencies, displacement and increasingly climate change. In addition, the COVID-19 pandemic has, in many fragile contexts, led to a reduction in resources available for cholera control measures. At the same time, climate change is increasing the number and severity of floods, droughts, cyclones and amplifying the size and spread of cholera and other infectious disease outbreaks. No lull is expected in 2023 as climatologists are forecasting a strong La Niña climatic phenomenon for the third consecutive year.

A shortfall in oral cholera vaccine (OCV) production and availability hampers response to outbreaks and it is unlikely there will be sufficient stock to adequately respond to and meet the needs across regions and countries. This situation is compounded by an ongoing global shortage of other medical and non-medical commodities including cholera kits, oral rehydration salt (ORS) and diagnosis tests.

WHO'S RESPONSE

WHO urgently needs to expand the cholera response to save lives, and has established a multi-partners incident management system to monitor spread, target the response and ultimately break transmission and significantly reduce mortality. WHO's primary focus will be on the 11 most impacted countries, while also providing more assistance to at least 10 other countries to prevent further spread. In addition, WHO will support comprehensive preparedness actions in the countries directly at risk of a cholera outbreak. To save lives, we need to immediately support the following interventions:

- Emergency provision of vaccines, medical and non-medical commodities
- Support to case management
- Support to epidemiological surveillance and Laboratory facilities for case detection
- Provision of emergency community-based water, sanitation hygiene and infection prevention and control (IPC) in communities
- Ensuring Risk Communication and Community Engagement (RCCE) including evidence driven behavior change interventions and accountability to affected populations
- Scale up field based multisectoral response coordination guided by integrated cholera analytics
- Provision of technical expertise at global, regional and country levels including in country support

WHO has already released internal and emergency funds to accelerate response measures, but is now facing critical funding gaps that will impact on our ability to save lives. WHO requires US $25M to respond to the immediate needs identified in priority countries to ensure the outbreak is contained and to prevent cholera becoming endemic in the country.

Under WHO emergency response to the Cholera outbreak in Lebanon, the first shipment of Cholera (medicines and supplies) kits arrived from WHO Dubai hub in an effort to support the Ministry of Public Health's efforts to control the Cholera outbreak.

Photo credit: WHO

WHO'S RESPONSE TO MPOX

CONTEXT

The number of mpox cases reported to WHO in 2022 alone surpassed the total number reported in all previous years combined. In a way not seen before, since May 2022 cases of mpox have been reported from countries where the disease is not endemic – amounting to an unusually high number of cases and a wide geographical spread of the virus. As we enter 2023, more than 80 000 cases of mpox have been reported to WHO from 110 Member States across all six WHO regions. Mpox can infect anyone and is of particular concern for vulnerable groups at higher risk of severe disease, including people with suppressed immune systems, people who are pregnant, and young children.

In addition, uncontrolled transmission provides more opportunities for the virus to adapt, potentially resulting in strains that are more challenging to control or treat. On 23 July 2022, the WHO Director-General declared the escalating mpox outbreak a Public Health Emergency of International Concern (PHEIC), raising WHO's highest level of alarm under international law.

The mpox outbreak compounds existing health threats in already fragile and overstretched health settings, depleting precious resources. In the medium term, there is a risk that mpox will become entrenched across multiple settings, particularly as it could exploit the ecological niche left by the eradication of smallpox.

Understanding and addressing links between HIV and mpox is particularly important to reduce morbidity and mortality associated with mpox. Eliminating stigma, discrimination and other structural barriers is a key strategy both to achieve global health sector HIV targets and to stop mpox transmission.

WHO'S RESPONSE

There is a window of opportunity to intensify collective efforts to achieve the goal of stopping the mpox outbreak. The outbreak has spread around the world and requires a continued coordinated global response. In October 2022 WHO published the Mpox Strategic Preparedness and Response Plan (SPRP) for July 2022 – June 2023 with the overarching goal to stop the outbreak.

Since then, WHO has helped countries to detect and stop the transmission of mpox using effective public health measures, including enhanced disease surveillance, careful contact tracing, tailored risk communication and community engagement, and risk-reduction measures, including where exposure to infected animals is possible.

Since June 2022, WHO has procured nearly 90 000 commercial molecular tests for over 60 countries across five WHO regions, and enabled exchange of reagents between laboratories across the world.

In 2023 – through an integrated plan and in collaboration with Member States, partners and other stakeholders – WHO will continue to support countries to:

- Foster coordination between countries and other key stakeholders for responsive public health action
- Monitor and share information to improve collective intelligence about how the outbreak is evolving
- Provide tailored risk communication and engage communities to adopt protective measures
- Ensure safe and quality clinical care including infection prevention and control Improve access to effective medical products and drive the cross-cutting research agenda

WHO continues to work globally, regionally, and at country-level to provide the evidence, tools and support needed to protect and promote health.

Photo credit: WHO / Khaled Mostafa

HEALTH CHALLENGES AND THREATS

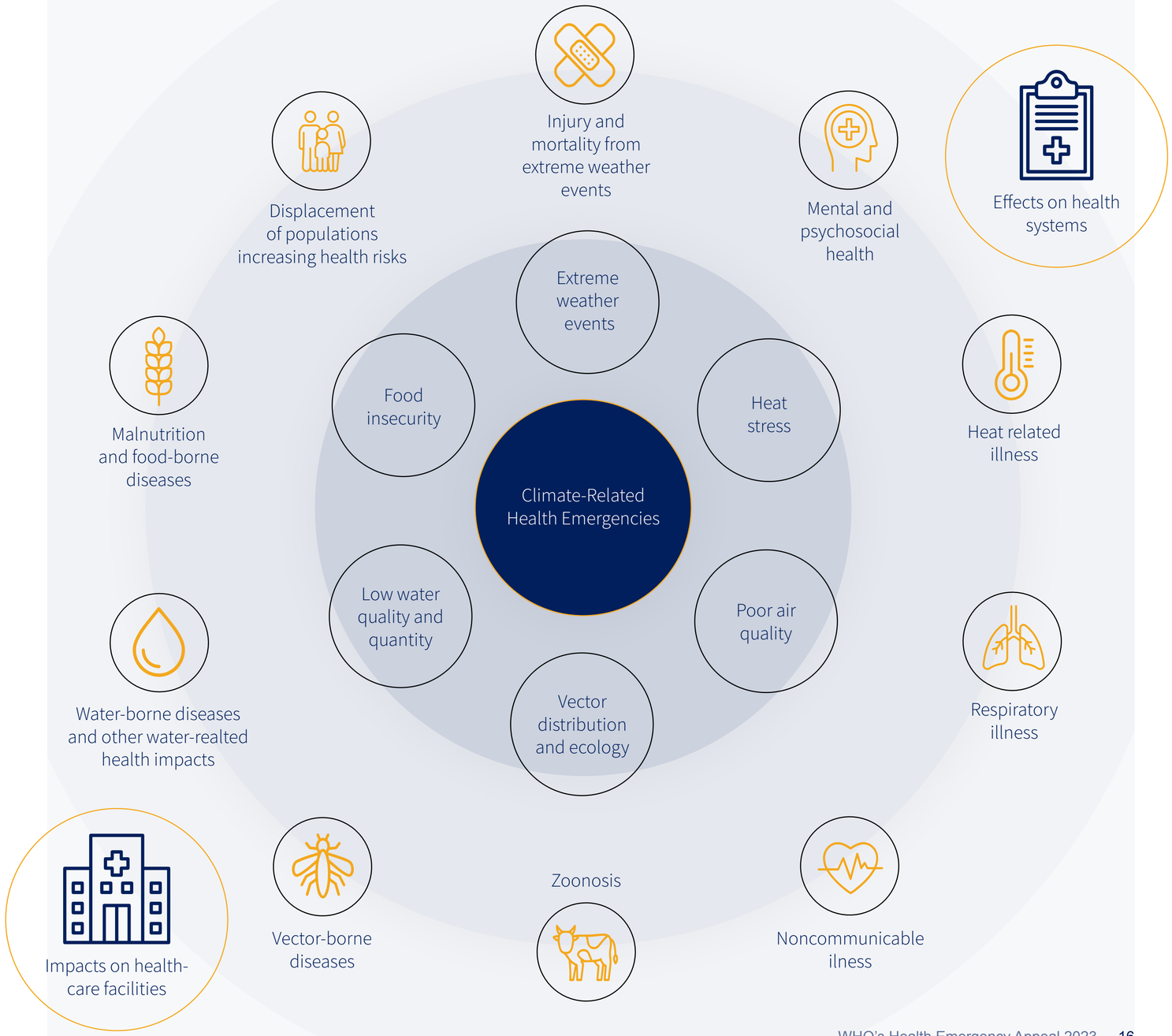
CLIMATE CHANGE AND THE EMERGENCE OF THE POLYCRISIS

From the unprecedented drought in the Horn of Africa, the devastating floods in Pakistan and West Africa, to Cyclone Sitrange in Bangladesh, climate change contributed to death and illness during 2022 on a frightening, global scale.

Climate change is a fundamental threat to health in its own right, and a defining threat to health this century. But it is also a key threat multiplier, underlying and exacerbating the proliferation of many other threats to health. Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhea and heat stress alone. The direct damage costs to health are estimated to be between US$ 2–4 billion per year by 2030.

From disruption to food systems to the increasing emergence and re-emergence of zoonotic diseases, climate change undermines many of the social determinants for good health, with a disproportionate impact on the most vulnerable and disadvantaged. Whilst we must address the immediate impacts of climate change, it is essential that response to climate crisis-related health emergencies also build resilience to climate-related threats to health.

The intensification of the climate crisis is one of a number of alarming trends that have coincided and increasingly interacted over the past several years, giving rise to what has been termed a “polycrisis”.



Various interlinked factors, such as accelerating environmental degradation, climate change and increasing geo-political instability, are now combining to increase the likelihood of epidemics, pandemics and humanitarian crises. At the same time, the world's collective resilience to those crises is being lowered, and the knock-on effects of these crises reinforce and accelerate the trends that caused them.

In 2022, for example, we continued to see the health, social and political consequences of the COVID-19 pandemic reverberate around the world, including through increasing prices for essential commodities. This was then further exacerbated by war in Ukraine and its impact on global food systems, prices and access.

Many millions of the world's most vulnerable people in fragile contexts are now facing the consequences of health systems weakened by COVID-19, whilst food systems and economies come under increasing threat from conflict and climate change.

This complex public health landscape means that countries in humanitarian crisis find it increasingly challenging to respond to and recover from health emergencies.

Millions in the greater Horn of Africa are facing acute hunger as the region faces one of the worst droughts in recent decades. Many people have left their homes in search of food and water, and pasture for animals.

Large-scale displacement is often accompanied by a deterioration in hygiene and sanitation. Outbreaks of infectious diseases are a major concern, especially when combined with low existing vaccination coverage and health service availability.

As people become increasingly food insecure, they also must make the impossible choice between food and healthcare, even as nutritional deficiencies make them increasingly vulnerable to disease. This is particularly true for children, for whom the combination of malnutrition and disease can prove fatal. WHO and partners are working to counter the consequences of malnutrition, respond to disease outbreaks, and ensure that essential health services can continue.

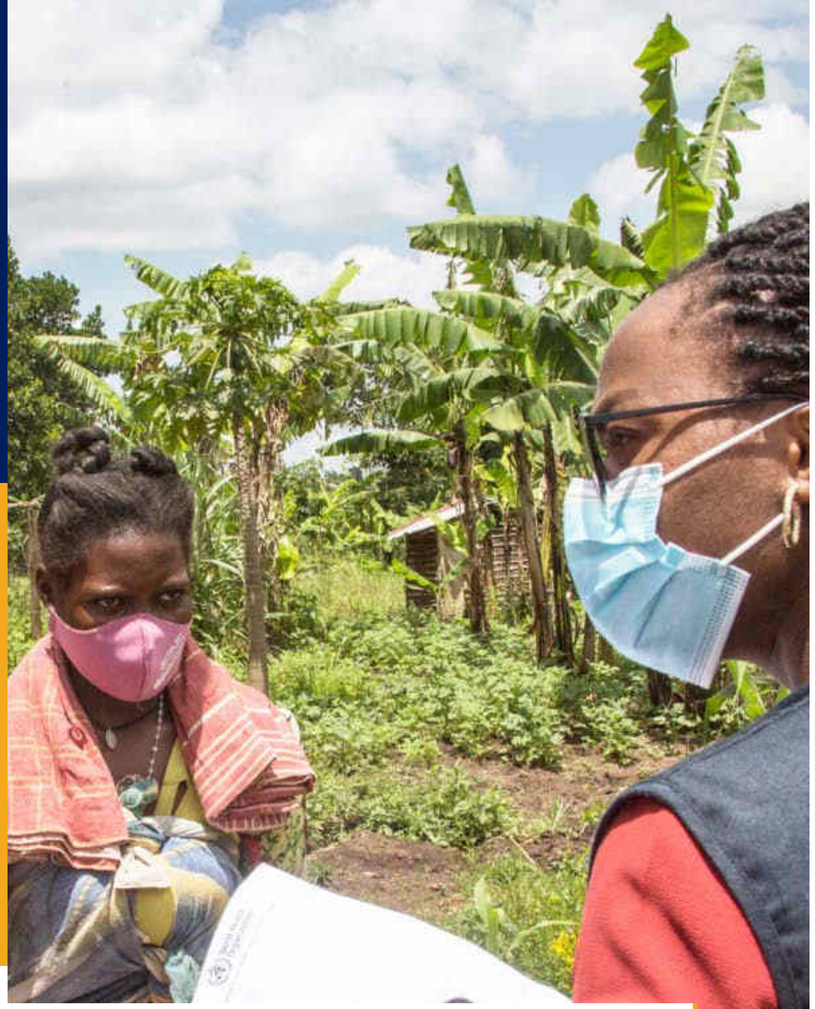
Photo credit: WHO / Martha Tadesse

On 14 February 2022, at a temporary shelter for people displaced by tropical cyclone Batsirai in Ampasimandrorona district, Madagascar, WHO's Dr Koné Foussen speaks to the grandmother and mother of twins about the importance of vaccinating the infants.

A chronic crisis caused by drought in the Great South has combined with multiple extreme weather events, including cyclones which have damaged homes and public infrastructure in Madagascar, displacing over 170,000 people.

WHO is working with the national health authorities and health partners for a coordinated response effort, including delivering essential medical supplies and medicines and deploying experts in the affected regions. Since January 2022, multiple extreme weather events have damaged homes and public infrastructure in Madagascar, resulting in the deaths of over 200 people, and leaving over 650,000 people without access to health care.

Photo credit: WHO / Henitsoa Rafalia



Health officials talk with Rose Nakagwa, mother of one and wife to Ebola virus survivor Alex Ssebayiffa, at their home in Lulungo Village, Mubende district, Uganda. Rose's husband tested positive for Ebola while she and her nine month old baby tested negative. He underwent treatment for two weeks in Mubende Regional Referral Hospital and was discharged on this day. On 20th September 2022, health authorities in Uganda confirmed an outbreak of Ebola Disease in Mubende district.

Photo credit: WHO / Jimmy Adriko

INCREASING INCIDENCE OF DISEASE OUTBREAKS

From mpox to cholera, new disease outbreaks are emerging with increasing frequency, spreading more quickly, and often appearing across expanding geographical ranges. At the same time, there is a continued and rising risk of new zoonotic diseases emerging.

These increased global threats are magnified still further for the most marginal and vulnerable communities in fragile and vulnerable settings, who are at heightened risk of vaccine-preventable diseases as a result of disrupted essential health services.

COVID-19 has highlighted how few low- and middle-income countries have the resources and staff needed to respond to infectious threats and prevent the spread of new disease outbreaks – including across national borders. In fragile, vulnerable, and conflict-affected settings these capacities are even more limited, yet must be strengthened to protect the most vulnerable populations. This is vital for the achievement of the Sustainable Development Goals, and a crucial link in the global network of disease surveillance that COVID-19 showed the world so urgently requires.

Cholera cases and their geographical distribution have increased dramatically, with 31 outbreaks worldwide as of 12 January 2023 – the highest number on record. Of the countries that are reporting cholera outbreaks, many are experiencing natural disasters related to climate change, such as cyclones, flooding and drought, which reduces access to clean water and creates the ideal environment for cholera to spread.

WHO is working closely with partners to provide technical guidance, supply life-saving treatment kits and medicines, supporting education on prevention, and implementing vaccination campaigns.

Oral Cholera Vaccination (OCV) Campaign to Golweyn Internally Displaced Persons (IDP) camp in Daynile District Somalia.

Photo credit: WHO / Ismail Taxta

HEALTH EMERGENCIES DISPROPORTIONATELY AFFECT FRAGILE, CONFLICT-AFFECTED AND VULNERABLE CONTEXTS

The polycrisis that can be seen at a global scale is magnified and compounded in fragile, vulnerable and conflict-affected settings, where weak and resource-starved national health systems are overwhelmed by soaring demand driven by the consequences of climate change, conflict, insecurity, political, economic, and social instability. Levels of extreme poverty are higher in fragile, conflict-affected and vulnerable contexts, in addition to increasingly concentrated levels of premature mortality and ill health.[5]

Despite accounting for just 25% of the global population, these settings experience more than 70% of cases of epidemic-prone diseases, 60% of preventable maternal deaths, 53% of deaths in children under the age of five and 45% of infant deaths.[6]

In these settings, the delivery of even the most basic health services is extremely challenging. Yet this is a challenge that WHO and its partners must continue to meet. Working with the World Bank, UNICEF, the World Food Programme and other partners, WHO supports Member States to deliver essential health services in fragile settings to ensure that vulnerable populations have access to maternal and child health, immunization, nutrition, mental health care, and sexual health. Increasingly, WHO works with partners to address the systemic challenges that have eroded the resilience of health systems and communities in these settings, so that the response to each crisis also works to tackle the underlying causes of morbidity and mortality.

[5]Health Financing Policy & Implementation In Fragile & Conflict-Affected Settings: A Synthesis Of Evidence And Policy Recommendations (https://www.who.int/health_financing/topics/fragility-and-conflict/en/)
[6]S. Zeid, F. Bustreo, M. Barakat, P. Maurer and K. Gilmore, "For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents," vol. 385, no. 9981, 2015

> WHEN I FIRST BROUGHT MY BABY TO THIS FEEDING CENTER, HE WAS SO THIN, AND MY HEART WAS BREAKING" OM SALIM SAID. "BUT NOW I CAN SEE THAT HE IS DOING MUCH BETTER, AND FOR THAT I AM SO GRATEFUL."

Families in Yemen who endure prolonged exposure to armed conflict and grinding poverty are forced to live on the thinnest margins of survival – especially when displaced from their homes and lacking access to food, clean water and basic nutrition and medical services.

Om Salim confronts the cruel realities of hunger every day as a mother of two young children living in extreme poverty. The family must routinely skip meals, and often has nothing to eat for a day if not longer.

When Om Salim's youngest child recently began showing signs of malnutrition including severe wasting and swelling, she brought him to a WHO-supported therapeutic feeding center.

Thikra, 8 months old, suffers from severe acute malnutrition and receives treatment at WHO-supported Therapeutic feeding centre in Al Jumhori Hospital in Hajjah governorate in Yemen

Photo credit: WHO / Omar Nasr

The Ukraine conflict escalated in February 2022 and is a crisis of global concern. Since the outset, this conflict has seen multiple attacks on health care, including destruction of health facilities through the use of heavy weapons, destruction of health transport measures, looting of medicine and health supplies, as well as creation of obstructions to accessing health care.

In 2022, WHO's Surveillance System for Attacks on Health Care (SSA) published more than 747 verified incidents of attacks on health care that led to 101 deaths and 131 injuries of health care workers and patients.

The SSA has become the standard reference point by partners, Member States, and the UN for addressing this issue. This information has provided evidence for WHO, partners and Member States to issue strong calls for the protection of health care in the country.

In addition to data, WHO has worked to conduct operational research on the impact of attacks on the pharmaceutical industry and access to medicines for the affected population in Ukraine. This analysis informs the ongoing recovery dialogue to identify key current areas of need and build more resilient mechanisms for the future.

Damaged interior of the Makariv District Hospital. The hospital was significantly damaged by shelling in March 2022.

Photo credit: WHO / Andrei Krepkih

INCREASING FREQUENCY OF ATTACKS ON AID WORKERS AND HEALTH FACILITIES

Escalating conflict and the massive scale of humanitarian needs around the world continue to place healthcare workers and the facilities that they operate in - including hospitals - at great risk. In the five years between December 2017 and December 2022, 18 countries and territories reported at least 3900 incidents of attacks on health care. In 2022, there were 1,109 attacks on health care, resulting in 223 deaths and 439 injuries.

When health systems are already fragile, threats to healthcare providers have devastating consequences, with many tens of thousands of people with unmet health needs because the environment becomes too dangerous for effective healthcare services to be delivered.

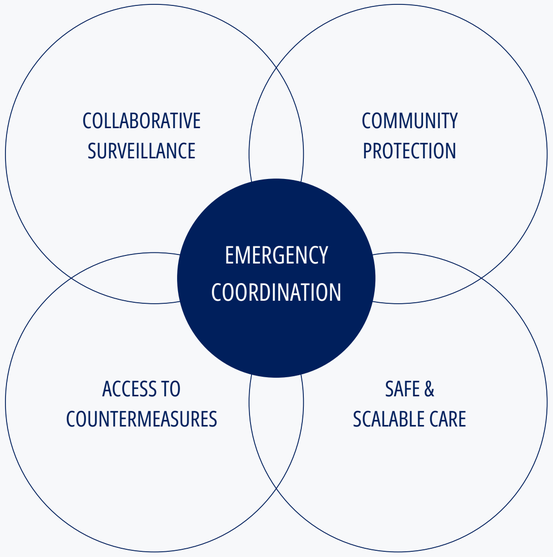
DESPITE AN INCREASINGLY HOSTILE OPERATING ENVIRONMENT, WITH ONGOING ATTACKS ON AID WORKERS AND FACILITIES, WHO'S WORKFORCE AND THAT OF ITS PARTNERS CONTINUE TO BRAVELY DELIVER LIFESAVING HEALTHCARE TO THOSE WHO NEED IT MOST.

ACTION IN HEALTH EMERGENCIES

BUILDING RESILIENCE – STRENGTHENING SYSTEMS FOR FUTURE EMERGENCIES

An effective response to the huge scale and complexity of health emergencies in the 21st century requires a strategic shift towards not only meeting the immediate needs of vulnerable communities, but also building community and health system resilience against all hazards.

Wherever possible, WHO's activities during health emergencies are designed to ensure sustainable improvements to the resilience of health systems and their ability to deliver safe and scalable clinical care during health emergencies. WHO also places a strong focus on strengthening collaborative surveillance capabilities, community protection and the delivery of equitable access to medical countermeasures.



In June 2022, 17 members of WHO's Emergency Medical Team were deployed to Gode, a town in the Somali Regional State, to provide clinical care to people affected by drought, and to support the local health system.

During their three-week deployment, the team conducted nutritional screening of 211 children and trained staff at Gode Hospital on skills such as provision of basic life support, critical care, Infection Prevention and Control, medical crash cart handling and documentation.

Photo credit: WHO

EVER PRESENT, EVER READY

WHO's on-the-ground presence in more than 150 countries means that when a health crisis strikes, our experts are able to serve as first responders and rapidly coordinate support.

In the aftermath of health emergencies such as natural disasters, conflict, and outbreaks, this rapid, effective and evidence-based response is critical to save lives, protect health, and prevent the spread of diseases within communities and across borders.

As a provider of last resort, WHO works with implementing partners on maintaining services when no one else can. In the most challenging circumstances, WHO works directly with partners to provide vital services including trauma care, immunization programmes, sexual and reproductive health care, and mental health services.

In early 2022, health facilities in the Rohingya displacement camps began reporting an alarming increase in skin disease cases, particularly scabies. WHO acted immediately and, alongside partners, completed a community mapping project that identified scabies as having crossed the 10% transmission threshold for mass drug administration intervention. WHO worked with partners to strengthen the management system, improve community awareness, and ensure a quality WASH response. By June 2022, scabies cases had declined by 77%, with most camps showing transmission rates between 2% and 4%.

COMMUNITY COLLABORATION AT THE HEART OF EMERGENCY RESPONSE

All health emergencies begin and end in communities. When WHO responds to a health emergency, it does so in collaboration with affected communities, healthcare professionals, local authorities and partners to design a response that has maximum impact because it is tailored to each specific context. By co-creating interventions, service planning, design and delivery, WHO and its partners increases the effectiveness and uptake of response measures.

WHO's ability to work closely with affected communities is enhanced by its workforce, two thirds of which is at country and regional level. This helps build knowledge and trust, and ensures that even hard-to-reach areas and marginalised populations are recognised and supported.

During the COVID-19 pandemic, 840 rapid response team (RRT) members were trained by WHO in Uganda to support the country's response to the health emergency. This training was again called upon when the outbreak of Ebola disease caused by Sudan Virus was declared in Uganda on 20th September, 2022. 60 RRT members were quickly deployed to districts with reported cases, including Kassanda and Kyegegwa, as well as Masaka city and the capital Kampala. Trained by the WHO, RRT staff have also carried out risk communication and contract tracing, preparing for any potential new infections in districts with no cases yet.

Maureen Nyonyintono, an Epidemiologist in the WHO's Uganda Office, explains the crucial role RRTs play during health emergencies: "The rapid response teams are the first responders when we have emergencies. They support all aspects of the emergency response. These standby teams readily responded in the first week of the outbreak and have since contributed technically to the Ebola response. Their role is absolutely essential."

Photo credit: WHO / Hala Habib

LEADING AND COORDINATING AN EFFECTIVE, EVIDENCE-BASED RESPONSE

A decisive and sustained response requires meticulous strategic planning, informed by a constantly evolving and accurate assessment of readiness, threats and vulnerabilities. It also requires the ability to rapidly deploy a diverse health emergency workforce that draws on the expertise of a broad range of partners.

WHO plays this crucial leadership and coordinating role as the official health cluster lead during emergencies, coordinating teams across health ministries, UN agencies, WHO teams, and over 1600 operational partners – ensuring that the right resources are used to their best effect. Wherever WHO is asked to respond in the world, its operations are standardized in the Organization's Emergency Response Framework, with a centralised platform for information sharing managed by the WHO's Emergency Operations Centre.

WHO's convening power, global operational footprint and extensive links with professional networks mean it can rapidly convene the world's best technical and scientific experts to identify evidence-based interventions. This enables the delivery of fast and high impact results - harnessing the power of science, research and innovation, data, and digital technologies through local and international partnerships.

The Global Outbreak Alert and Response Network, Emergency Medical Teams, Standby Partnerships Programme and the Global Health Cluster help to ensure that a global health emergency workforce can be rapidly deployed when called upon.

In Somalia, despite movement restrictions and increased violence, 53 health cluster partners are covering 73 districts with essential health services. By 25 October 2022, more than three million beneficiaries were reached, including 1.7 million people reached by outpatient consultations.

Photo credit: WHO / Ismail Taxta

MONITORING AND EVALUATING HEALTH THREATS AND THE IMPACTS OF RESPONSE

An effective and adaptable response to health emergencies depends on putting accurate, timely information into the hands of key decision makers. During infectious disease outbreaks, for example, this might include information on emergence, transmission, susceptibility, morbidity and mortality, health systems capacities, and availability of essential health commodities. During humanitarian emergencies this could also include data on nutrition, conflict dynamics, political context, or population movements. In fragile, vulnerable, and conflict-affected settings, much of this vital information will be missing, and/or hard to access from often fragmented and outdated health information systems and other information networks.

Whatever the context, WHO does what is needed to get the right information to drive an effective response. From directly employing, training and equipping contact tracers to help track disease outbreaks, to the provision of a Health Resources and Services Availability Monitoring System, WHO has the expertise and reach to match the right solution to the right context in a way that strengthens collaborative intelligence capacities for the future.

To offset the delays in obtaining SARS-CoV-2 whole genome sequencing (WGS) results, WHO Papua New Guinea has been working to synthesize and analyse epidemiological, clinical and laboratory data and use data modelling to look at the sub-national heterogenous epidemics. These data are then used for surge planning at the provincial level so that there is increased awareness of any early changes in the behaviour of variants of concern.

Preparedness and response plans have been developed at the provincial health authorities level, because of the heterogeneity of the micro-epidemics and by training rapid response teams at the last mile. WHO teams are now able to coordinate an appropriate response to the local surge of cases.

The WHO Regional Office for the Eastern Mediterranean recently conducted a technical mission to support the WHO country office in Lebanon and the Lebanese Ministry of Public Health in responding to the ongoing cholera outbreak.

The mission aimed to support the country in strengthening cholera epidemiological surveillance to better monitor the outbreak trend and direct cholera response interventions.

Mission members examined the cholera epidemiological surveillance system to identify strengths and gaps. In addition, they reviewed data collection tools, mainly the cholera line list, and reporting forms and ensured that all the information needed for cholera line listing was well captured.
To identify the gaps in surveillance systems, mission members met with different stakeholders and organized field visits to 7 out of the 12 designated cholera treatment centres in different hospitals. They also visited Humedica and the International Orthodox Christian Charities nongovernmental organizations who are supporting the cholera response.

During the visits, cholera treatment centres collected data on cholera cases and some directly reported the data to the District Health Information Software-2 (DHIS2). All hospitals trained staff on DHIS2 and were backed up by epidemiological surveillance unit staff at the governorate level.

Photo credit: WHO

GETTING PEOPLE, TECHNOLOGY, AND MEDICAL CARE TO COMMUNITIES IN NEED

WHO leads the logistical operations support during health emergencies – delivering rapid, flexible and predictable access to life-saving services and supplies to communities in need, often in some of the most remote and challenging contexts.

WHO's Operations Support and Logistics (OSL) team plays a vital role, providing technical guidance, consolidating demand, allocating finite resources, coordinating purchasing across partner operations, and streamlining deliveries. In fragile contexts, building local capacities to manage forecast demand, manage supply chains and coordinate logistics will be play an increasingly vital role in strengthening and sustaining resilience to future health emergencies.

With the support of a donation of six next-generation genomic sequencing machines from WHO, the COVID-19 Incident Management Team of the WHO Country Office in the Islamic Republic of Iran has achieved significant milestones.

The sequencing machines have enabled Iran to scale up its sequencing capacity, which detects variants and strains of different microbes, from only 86 samples of COVID-19 in December 2021 to 5769 samples in April 2022, allowing the detection of all variants as they continued to emerge.

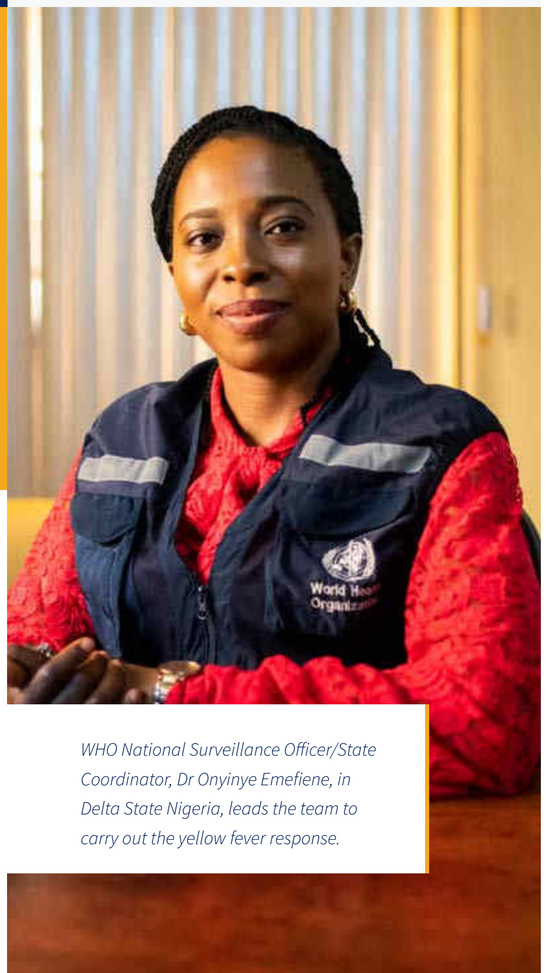
While these sequencing machines will continue to be used to scale up response to COVID-19, looking beyond the pandemic, they will also be used to sequence other respiratory viruses, such as influenza and measles.

Following the flooding in Pakistan in 2022, WHO's Operations Support & Logistics (OSL) team contributed $174,816 of emergency supplies, including tents, water purification supplies and cholera and malaria medicines, and activated $511,000 to procure essential medicines to address outbreaks of cholera, acute respiratory infections, and malaria resulting from the floods. An additional $5.5 million of medical supplies have been procured for the health emergency resulting from the floods, and support is being provided for the setup of two industrial water plants.

Photo credit: WHO / Mobeen Ansari

COMMITMENTS TO THOSE WE SERVE

WHO works tirelessly to protect those in vulnerable situations. All WHO's emergency and humanitarian operations are guided by activities and interventions to build resilient communities, promote gender equality and safeguard vulnerable populations.



WHO National Surveillance Officer/State Coordinator, Dr Onyinye Emefiene, in Delta State Nigeria, leads the team to carry out the yellow fever response.

KEY COMMITMENTS

Gender Equity and Human rights
Implementing gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities.

Prevention of sexual exploitation, abuse and harassment
Strengthening the prevention of, and response to, gender-based violence, including capacity building and increased accountability within WHO.

Monitoring & reporting attacks on health care
Conducting surveillance, research and advocacy to ensure the provision of essential health services to emergency-affected populations continues, unhindered by any form of violence or obstruction.

Strengthening local partnership to build resilience
Strengthening the quality of engagements with local partners to make humanitarian responses more accountable to affected populations.

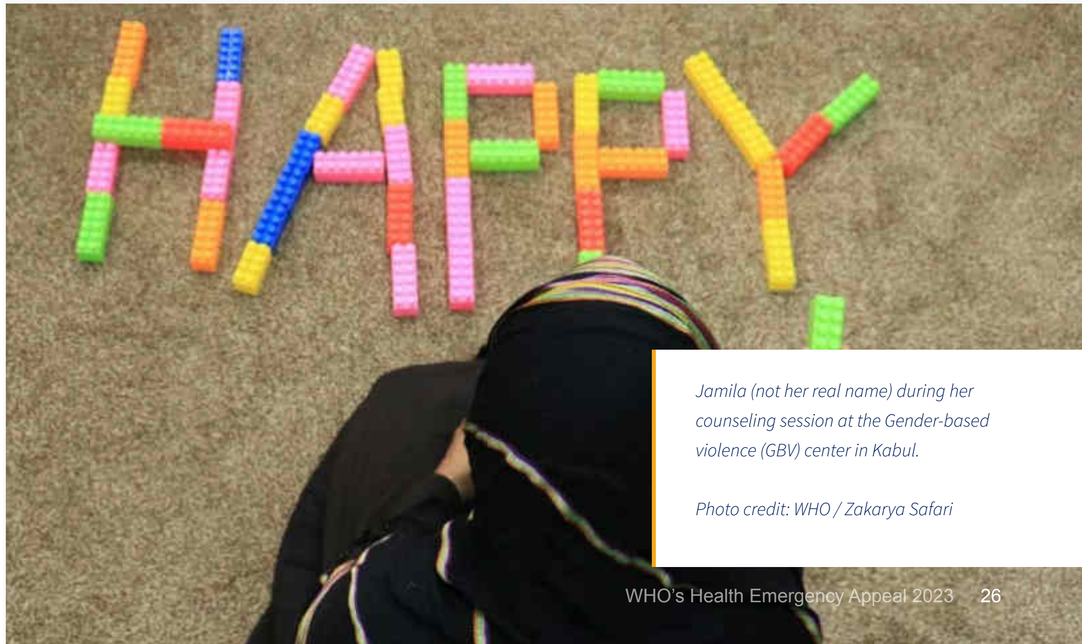
Community engagement, resilience and infodemic management
Coordinating with partners to ensure actionable, timely and credible health information during health emergencies – including combatting misinformation.

Value for money
Maximizing the health impact derived from every dollar spent, measuring interventions by economy, efficiency, effectiveness, equity and ethics.

Towards zero-carbon health care
Minimizing the environmental impact of action by investing in recycling; providing guidance for health workers; and prioritizing sustainable, recyclable/biodegradable and reusable materials.

GENDER-BASED VIOLENCE (GBV)

- WHO supported the Ministry of Health in Iraq to adapt the Clinical Handbook for Responding to Intimate Partner Violence and Sexual Violence and draft a GBV emergency strategy (2020)
- Over 6,500 health workers completed trainings in the provision of first-line support, clinical management of rape and intimate partner violence (CMR/IPV), or mental health and psychosocial support for GBV survivors across 12 countries.
- 93 percent of primary health care centers in Rohingya refugee camps are conducting routine monitoring of the quality of GBV health services using tools and standards established by the Health Sector in Bangladesh (31 of 33 total facilities).
- WHO supported ministries of health in Sudan, Nigeria, and Iraq to assess the quality of health services for GBV survivors in over 70 health facilities using a CMR/IPV quality assurance tool adapted for humanitarian settings.



Jamila (not her real name) during her counseling session at the Gender-based violence (GBV) center in Kabul.

Photo credit: WHO / Zakarya Safari

OUR IMPACT IN 2022

In December 2022, the World Health Organization was able to reach millions of people during crisis - responding to 54 health emergencies, including 13 grade 3 emergencies.

From preventing deadly Ebola from spreading beyond Uganda, vaccinating children in Pakistan against waterborne disease and following deadly floods, to supporting maternal and newborn health in Ukraine, our dedicated in country teams delivered lifesaving healthcare to those who needed it most. The examples below illustrate the breadth of WHO's response around the globe in 2022.

236.8K

disability- related consultations carried out

5.2M

maternal health consultations provided by the Health Cluster

1.88BN

COVID-19 vaccine doses delivered to 146 countries by ACT- Accelerator partners and WHO

11.8K

active mobile clinics each month

600

medical doctors and nurses trained by WHO in Afghanistan in August 2022, ensuring proper treatment of conditions such as acute watery diarrhoea following flooding

600K

doses of cholera vaccine shipped following WHO support to the Ministry of Public Health in Lebanon

140

public health facilities in Libya received medicines, medical supplies and equipment from WHO

9M

pieces of surveillance information processed by WHO every month – including the assessing of 4,500 potential risks and verifying an average of 30 threats

6K

health care workers trained in mass casualty management and trauma care in Ukraine

10K

metric tons of health commodities delivered by WHO in 2022

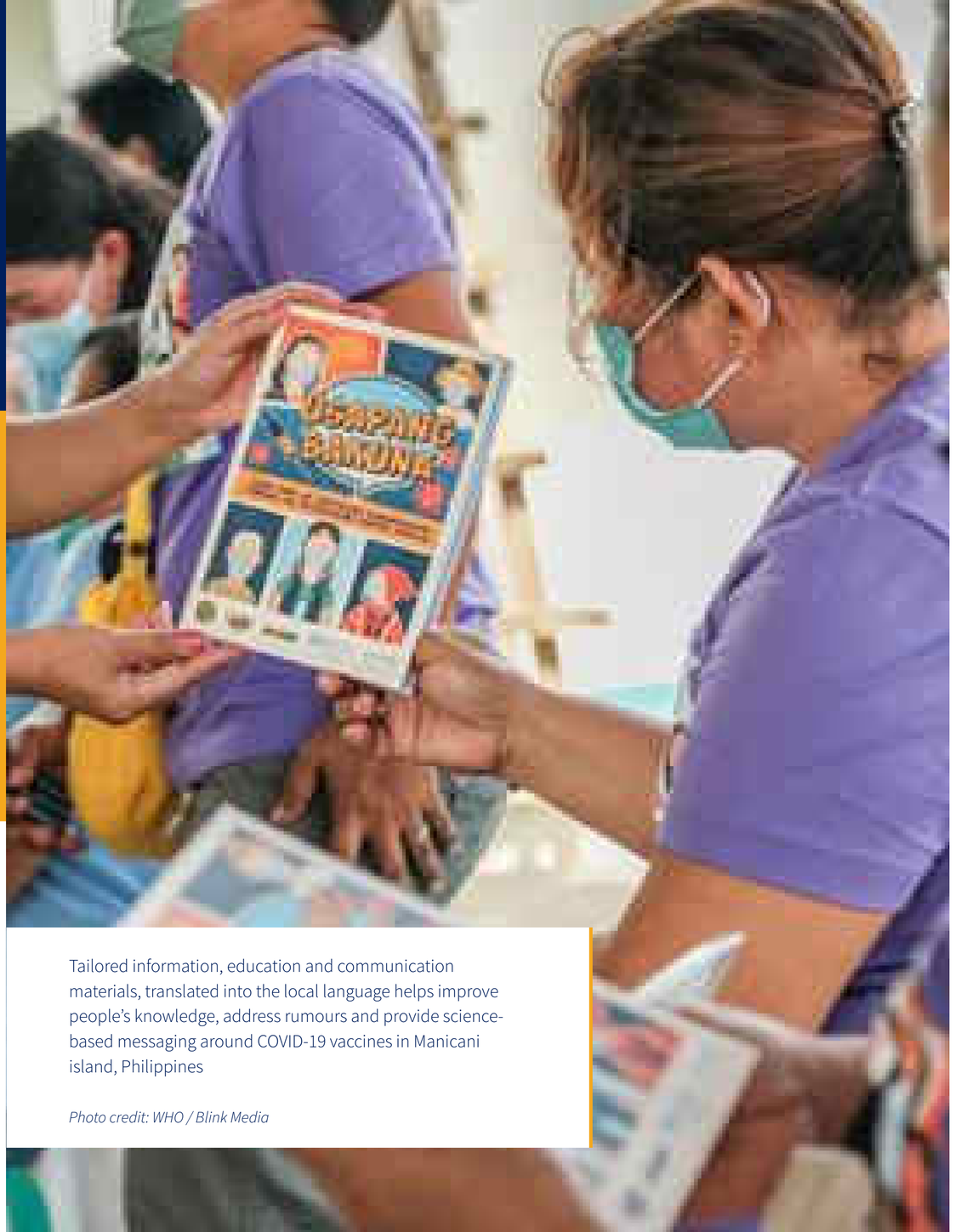
2M

consultations related to mental health and psychosocial support organized

Temira is pictured wtih her 12-month-old daughter Zahara in front of the Eltomale Site Mobile Health and Nutrition Team in Chifra, Afar.

WHO supports mobile health and nutrition teams in Afar directly or through partners. The pictured mobile health team is one of five teams that WHO directly supports by covering operational costs, providing medical supplies and training.

Photo credit: WHO / Martha Tadesse



Tailored information, education and communication materials, translated into the local language helps improve people's knowledge, address rumours and provide science-based messaging around COVID-19 vaccines in Manicani island, Philippines

Photo credit: WHO / Blink Media

STORIES OF IMPACT

1. PHILIPPINES: LOCAL HEALTH WORKERS CHAMPION COVID-19 SAFETY ON REMOTE PHILIPPINES ISLANDS

For the past two years, people on the remote island of Manicani in the Philippines have been recovering from the COVID-19 pandemic and building their resilience with the help of WHO, local government actors, health care workers and civil society organizations.

Misinformation about the vaccine combined with the high cost of a 45-minute boat ride to the nearest vaccination centres meant vaccine uptake amongst the population of Manicani Island in the Eastern Samar province was low. WHO partnered with People In Need (PIN) Philippines, an international non-profit organization funded by the EU that works with vulnerable and hard-to-reach groups, to better understand the barriers to vaccination and develop plans to overcome them.

With support from WHO, PIN led the COVID-19 response on the island, working closely with village health workers, local leaders and the Department of Health, to promote vaccine confidence and improve awareness and action around COVID-19 guidelines. By listening to the concerns of those living in Manacani's four villages, the PIN team was able to develop tailored information and educational materials, translated into the local language, to help fill gaps in people's knowledge and provide science-based messaging. To further debunk some of the misinformation and concerns, the team organized meetings with trusted members of the community, including residents, local government and health workers.

Lorena Ida, a village health worker, said trust in the health care community was crucial to the success of the project. "We were the first to get vaccinated because we are the frontliners, so we served as examples to other people in our barangay (village) to show that nothing bad will happen if you get vaccinated," she said.

These efforts resulted in a significant increase in vaccine update and reduction in COVID-19 cases - every resident in Manicani Island was provided information and vaccination rates almost tripled, leading to 79% of the eligible population being vaccinated by March 2022.

This work became an important part of WHO's Civil Society Organization (CSO) Initiative; an accelerator project aiming to strengthen civil society engagement in the response to COVID-19 locally and nationally.

2. UKRAINE: WHO SUPPORTS EMERGENCY MEDICAL TEAMS TO DELIVER CARE IN NEWLY REGAINED AREAS OF UKRAINE

Since the Russian Federation's invasion of Ukraine began 9 months ago, attacks on health facilities have severely disrupted services and left a trail of devastation.

WHO-supported emergency medical teams (EMTs), working in partnership with the Ministry of Health of Ukraine and the Center for Disaster Medicine, have been on the ground delivering acute trauma care and primary health care to people in newly regained areas, including Kharkiv, Kherson and Mykolaiv.

Fully trained and equipped with medical supplies, the EMTs - which include a doctor, two nurses and a driver - respond to immediate health needs from their armoured vehicles.

Dr Jarno Habicht, WHO Representative in Ukraine, said: "National EMTs working in newly regained areas ensure that access to critical health care can continue amid the war. Seven EMTs have been deployed to various regions throughout the country, and the goal is to prepare up to 25 EMTs who can respond to acute health needs within a 12- to 24-hour period as needed.

"In this regard, WHO is helping deliver training, medicines, ambulances and other supplies to assist with the response. We are grateful to our national and international partners for their ongoing support in this challenging situation."

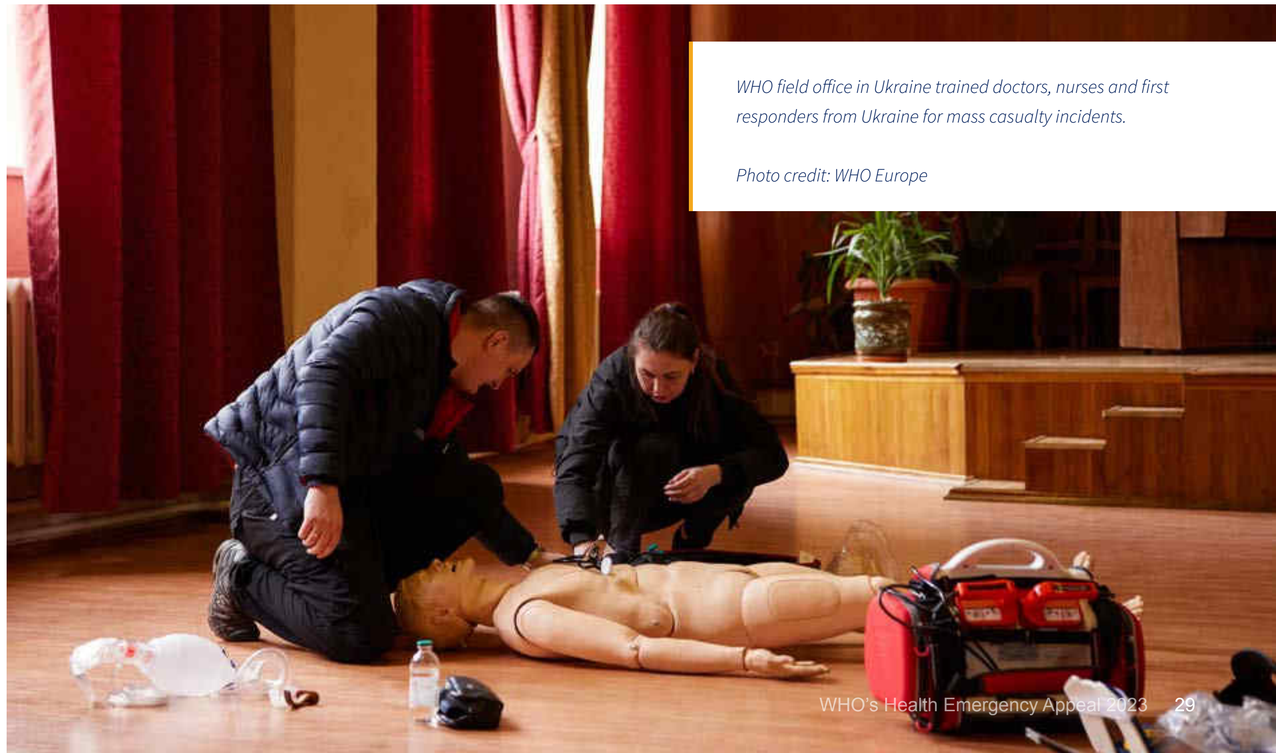
In collaboration with the Ministry of Health, WHO designed the national EMT project in line with WHO global guidelines and standards. Six hubs will be established throughout Ukraine to ensure an optimal referral system is in place for patients. They will also be used to evacuate those with severe and specialist health needs that cannot be met within Ukraine.

Financial support for the EMT project has been received from the German Federal Ministry of Health. Her Excellency Ms Anka Feldhusen, Ambassador of Germany to Ukraine, said: "Germany is one of the largest donors among Member States, both in terms of compulsory and voluntary contributions to WHO. We greatly appreciate the commitment and expertise of the WHO experts here in Ukraine, especially during wartime. I am very pleased that the Federal Ministry of Health supports emergency medical teams in newly regained regions, responding to acute and primary health needs of the people and thus helping them to cope with the personal aftermath of occupation and continuing Russian attacks."

Ms Feldhusen added: "In 2022, the German Government provided WHO with funding in the amount of 17 million euros for the implementation of the project 'Health emergency response in Ukraine and neighbouring countries', aimed among other things at ensuring access of Ukrainians to basic medical services and restoration of hospitals."

Ukrainian paramedics from EMS (Emergency Medical Service) transporting severely ill patients from the White Bus to the Norwegian MEDEVAC aircraft, Rzeszów Airport.

Photo credit: WHO / Agata Grzybowska



WHO field office in Ukraine trained doctors, nurses and first responders from Ukraine for mass casualty incidents.

Photo credit: WHO Europe

3. LEBANON: WHO AT THE FOREFRONT OF THE CHOLERA RESPONSE IN LEBANON

From the first confirmed case of cholera in northern Lebanon on 6th October 2022, to 6th December the same year, 652 confirmed cases and 22 deaths were reported across 20 of the country's 26 districts.

WHO joined forces with its partners on the ground to establish a multisectoral national task force for cholera, under the leadership of the Ministry of Public Health. Multiple field missions were quickly conducted, engaging local authorities and communities in the development of a response plan, which needed to consider Lebanon's underlying challenges including poor water and sanitation infrastructure, the current economic crisis and limited availability of energy supplies.

Some 600,000 doses of cholera vaccine were made available immediately. A total of 2,400,000 doses have been approved by the International Coordination Group on Vaccine Provision. To date, 480,000 vaccinations have been given to refugees and host communities in high-risk districts through a door-to-door campaign. The remaining 1.8 million doses will be delivered in batches from December 2022 onwards.

WHO and its partners have also provided clean water and adequate sanitation and hygiene, by monitoring water quality in affected districts. Early warning surveillance and laboratory capacities have also been strengthened. WHO procured more than 22,000 rapid diagnostic tests, to be distributed to hospitals and surveillance teams at field level. A total of 12 hospitals designated for cholera treatment have also been assessed with any gaps being filled.

More than 130 senior nurses and infectious disease specialists have been deployed to key referral hospitals in Tripoli and Akkar governorates, and multidisciplinary teams of doctors, nurses and infection prevention and control (IPC) officers will train health care workers on IPC and case management.

Dr Abdinasir Abubakar, WHO Representative in Lebanon, said: "We need concerted efforts to ensure that people have access to health services, clean water and sanitation, and to educate them on how to deal with cholera if anyone becomes infected."

A collective response has been crucial to ensure the outbreak is contained and to prevent cholera becoming endemic in the country.

4. UGANDA: WHO SUPPORTS RAPID RESPONSE TEAMS AS THEY TACKLE EBOLA

During the COVID-19 pandemic, 840 rapid response team (RRT) members were trained by WHO in Uganda to support the country's response to the health emergency. This training was again called upon when the outbreak of Ebola disease caused by Sudan Virus was declared in Uganda on 20th September, 2022.

60 RRT members were quickly deployed to districts with reported cases, including Kassanda and Kyegegwa, as well as Masaka city and the capital Kampala. Trained by the WHO, RRT staff have also carried out risk communication and contract tracing, preparing for any potential new infections in districts with no cases yet.

Maureen Nyonyintono, an Epidemiologist in the WHO's Uganda Office, explains the crucial role RRTs play during health emergencies: "The rapid response teams are the first responders when we have emergencies. They support all aspects of the emergency response. These standby teams readily responded in the first week of the outbreak and have since contributed technically to the Ebola response. Their role is absolutely essential."

Hilda Wesonga is part of the RRT deployed to Mubende and Kassanda districts, where the first cases were reported. Taking the necessary precautions, she travels from one village to another to share updates on the current Ebola outbreak. Sometimes, Hilda also features on radio talk-shows where she answers listeners' questions about the disease such as how they can protect themselves and where to seek care.

In two months, Hilda and her colleagues reached over 25,000 people in Mubende and Kassanda districts. She says: "Everywhere I have gone, people are satisfied. The awareness is high. We are now dealing with behavioural change, which takes time."

The collective efforts of everyone involved in the response, including the WHO RRTs, have resulted in the outbreak slowing in November with some districts reporting no cases.

Halimah Adam, a Nursing Officer of Mubende Regional Referral Hospital, walks past the entrance of the Ebola Treatment Centre at Mubende Regional Refferal Hospital on 29th Septemeber 2022. She is among the team trained by WHO in Basic Emmegency Care. On 20th September 2022, health authorities in Uganda confirmed Ebola Disease outbreak in Mubende district. WHO has supported the setting up of the treatment unit, deployment and training of more Hygienists.

Photo credit: WHO / Jimmy Adriko

Vaccinators accessing hard to reach areas affected by the floods in Pakistan during a measles-rubella vaccination campaign, focusing on displaced populations.

Photo credit: WHO / Rahim Production

5. PAKISTAN: WHO PREVENTS DISEASE OUTBREAKS IN FLOOD-AFFECTED PAKISTAN

The devastating floods affecting Pakistan in Summer 2022 displaced huge numbers of people and significantly impacted the population's health, particularly children. A dangerous combination of reduced health services owing to damaged buildings, and overcrowded rudimentary shelters with inadequate access to safe water and sanitation have allowed infectious diseases to flourish.

Outbreaks of measles and rubella have been recorded in 31 districts across the country. In response, WHO carried out a measles-rubella vaccination campaign in 38 districts across the country. Some 1.8 million children aged between six months and 59 months have been vaccinated as part of this campaign, helping to control transmission of these diseases.

The vaccination campaign forms an integral part of the wider WHO response designed to support the Pakistani Government in its flood recovery and rehabilitation efforts. WHO is now focusing on enhancing surveillance efforts to support the delivery of targeted and faster health services, as data shows major measles outbreaks are likely to occur in early 2023 if effective mitigating measures are not implemented.

Dr Palitha Mahipala, WHO Representative to Pakistan, said: "The success of the measles-rubella campaign in flood-prone areas was made possible by the dedication of health workers. Every day, they ensured that every child in the target locations was reached. We owe a great deal to their hard efforts."

A WHO-led response in Singh Province also includes emergency vaccination campaigns and mobile health camps in settlements for people displaced by floods. As part of the effort, more than 2,500 vaccinators have been tasked with delivering routine immunizations in 23 flooded areas of the province. "We're unsure whether our transportation will be adequate to get us to the destination because most roads are either damaged or submerged," said Nizam ud din, one of the frontline vaccinators.

As Pakistan continues to struggle with the effects of the devastating floods, polio health workers on the ground are playing their part by setting up critical health camps, providing basic clinical services, ensuring treatment of water-borne and vector-borne diseases, and distributing water purification tablets. The high transmission season for polio risks being particularly intense given the floods so the polio program is adapting its operations, to ensure polio eradication efforts can continue amidst the tragedy.

"I have been fortunate enough to be present when a number of countries successfully eradicated polio," commented Dr Hamid Jafari, Director for Polio Eradication at the World Health Organization's Regional Office for the Eastern Mediterranean. "Rarely have I seen such commitment and dedication than I have seen in Pakistan – from national, political leaders, to health workers, right to the mother and father on the ground. To all who are involved, all I can say is: Thank you! You are making a huge difference to people's lives, which goes far beyond the effort to eradicate polio."

6. GREATER HORN OF AFRICA: WHO EMERGENCY MEDICAL TEAMS PROVIDE SUPPORT TO DROUGHT-AFFECTED AREAS

In April 2021, the WHO Regional Emergency Medical Teams (EMT) Training Center was officially inaugurated in Addis Ababa, Ethiopia, to help build national capacities in the region. Since then, over 100 people have been trained at the center, including EMT members and Ministry of Health staff supporting EMT coordination and response from different parts of the country.

Just over a year later, in June 2022, 17 EMT members including doctors, nurses and nutritionists were deployed for the first time, to provide clinical care to people affected by drought in Gode, Somalia. WHO supported their deployment, alongside the Ministry of Health and the Somali Regional Health Bureau, which included nutritional screening for 211 children at internally displaced persons (IDP) sites and Gode Hospital. About 100 children with severe acute malnutrition were also admitted to the hospital's stabilization center. As a result of the team's efforts, 90 children improved and were discharged during their deployment period.

The 17 EMT members deployed to Gode, form part of a larger pool of 70 volunteers who are on Ethiopia's EMT roster, ready for deployment, following their rigorous training. The regional trainings form part of a global EMT initiative whose aim is to strengthen national surge response capacities in the immediate aftermath of a disaster, outbreak or other health emergency.

"We're proud of our team's well-coordinated engagement for a successful response. We request our partners' long term sustainable support for the continued impact of the team. We have set the foundation for the future", said Degisew Dersso, EMT Coordinator.

The drought is poised to become a famine. It affects seven countries in the Greater Horn of Africa: Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda. Six of these countries, including Somalia, are witnessing measles outbreaks.

An estimated 1.5 million children aged under five years face acute malnutrition, with more than 380,000 likely to experience severe malnourishment. Many of these children have continued to suffer, following previous droughts like that in 2021.

"As long as Somalia and neighboring countries have pockets of under-immunized children and low routine immunization rates, preventable diseases like measles will keep reversing gains made so far and affecting children," said Dr Mamunur Rahman Malik, WHO Representative to Somalia.

To prevent measles from spreading, WHO and UNICEF (United Nations Children's Fund) worked together to provide crucial support to the Puntland and Galmudug Ministries of Health to conduct a measles vaccination campaign over 10 days in July 2022. The campaign covered children in 15 districts in Puntland and two districts in Galmudug. As part of the intervention, 466 outreach teams vaccinated 94% of their target, 459,478 children aged six to 59 months.

Dr Mamunur Rahman Malik is determined to go even further in 2023: "WHO-UNICEF estimates state that only around 46% of children in Somalia have received their first dose of measles in the last decade. We all need to redouble our efforts to reach the other half of the population of children, especially as COVID-19 has already contributed to childhood immunization sliding backwards in Somalia."

On 20 September 2022 Gumatho, a community health volunteer in Korr, Marsabit, heads to a medical centre with her daughter, Esther to provide new data to the doctors. She helps monitor the health status of children in her community and ensures that they are enrolled for supplementary feeding if they are malnourished.

Photo credit: WHO / Billy Miaron

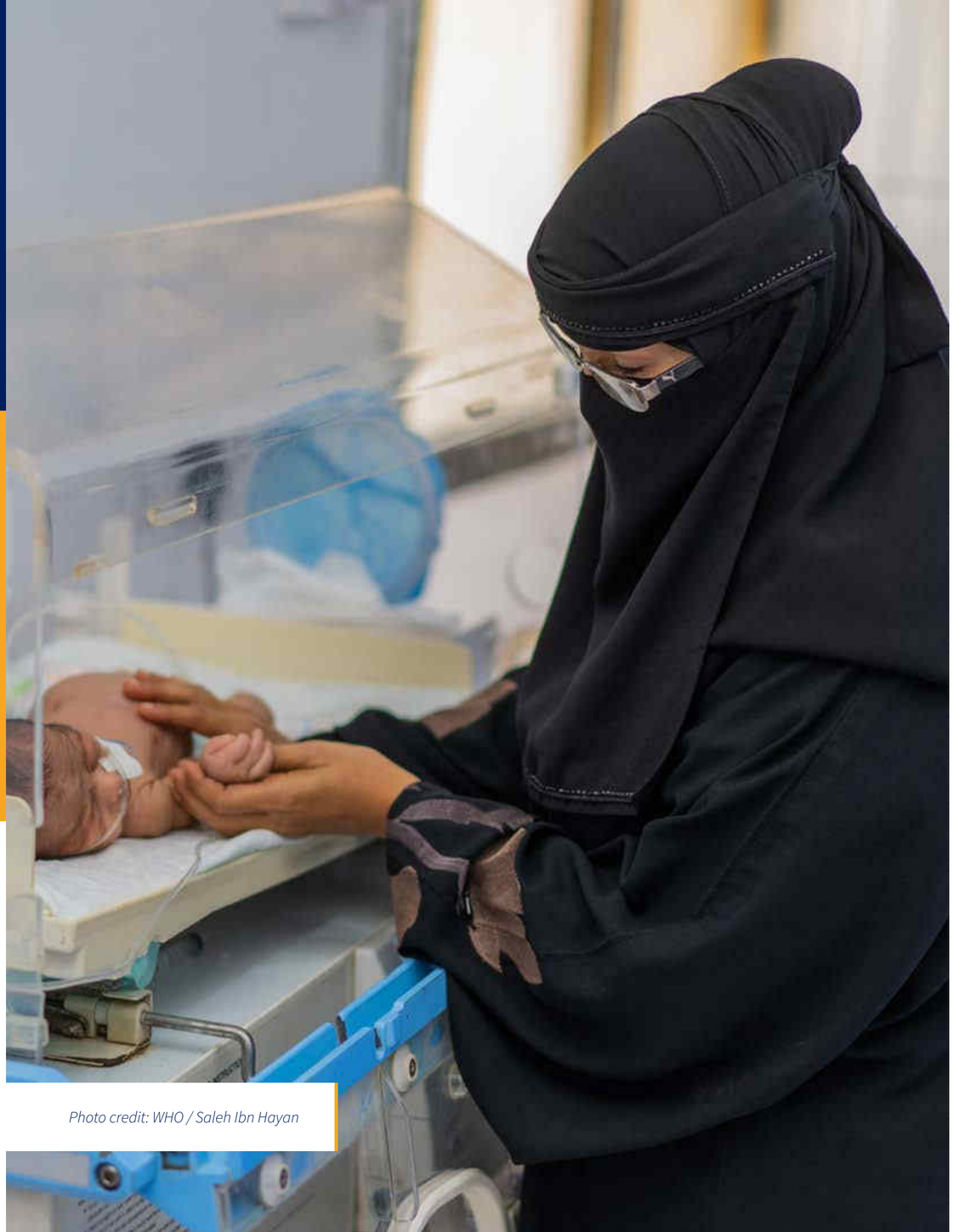


Photo credit: WHO / Saleh Ibn Hayan

7. YEMEN: WHO DELIVERS LIFE-SAVING OXYGEN TO PATIENTS IN ADEN

In Yemen, oxygen is a critically important resource in clinics and hospitals. It facilitates surgeries and maternal and child-related care and is used to treat medical conditions such as asthma, pneumonia and COVID-19. The pandemic strained Yemen's supply of medical oxygen, and the ongoing conflict has left hospitals and clinics without ready access to fresh supplies of this crucial resource.

In partnership with the Islamic Development Bank, the World Health Organization launched an initiative to build oxygen stations at 14 hospitals and health clinics throughout Yemen, as part of the country's National COVID-19 Preparedness and Response Plan. In April 2022, Al-Sadaqah Hospital in Aden was the first to get its new oxygen production unit up and running.

Wala'a Walid's son suffered from severe jaundice, and Al-Sadaqah Hospital was his only hope. She explained: "The first thing the doctors did was to put him on the ventilator to get enough oxygen. His condition has been better in the week since he entered Al-Sadaqah."

The project, overseen by a biomedical engineer, includes staff training along with ancillary equipment such as ventilators and arterial blood gas analysers, which deliver oxygen in a medically useful way.

Abdurrahman Mohammed Musa works in the hospital's paediatric intensive care unit. He knows exactly what difference the new oxygen station has made. "Most patients who come here suffer from shock, lack of blood circulation or difficulty breathing, so they need oxygen in ventilators. Oxygen is indeed available in private hospitals, but you pay money to get it. There is a demand here because oxygen is available and free", he explained.

When oxygen was available it was delivered to the hospital's patients directly from large canisters that were lugged to each patient's bedside. But the new oxygen station has vastly improved this laborious routine.

8. COVID-19 COVPD: WHO SUPPORTS 92 AMC COUNTRIES TO INCREASE UPTAKE OF COVID-19 VACCINES

The advent of safe and effective vaccines was a pivotal development in the fight against COVID-19. In 2021, 92 low- and middle-income countries covered by the advanced market commitment (AMC92) had limited access to COVID-19 vaccines due to supply constraints, creating a vaccine gap. Unless closed, the gap posed a number of threats – including prolonging disease transmission, and the risk of severe illness, hospitalization, and the emergence of new variants.

Recognizing the urgency to ensure equitable access, WHO launched the COVID-19 Vaccine Delivery Partnership (CoVDP) in January 2022, in collaboration with UNICEF and Gavi, the Vaccine Alliance. CoVDP was set up to support readiness and in-country delivery of 4.8 billion vaccines to AMC92 countries, focusing foremost on the 34 countries that were at or below 10% coverage in January 2022.
2022 saw significant progress made, with the vaccination gap decreasing by 7% across AMC92 countries by the end of November. CoVDP's 34 Countries for Concerted Support experienced similar improvements, with coverage increasing seven-fold from January to November 2022.

Notably, the Democratic Republic of the Congo achieved an 18-fold increase in dose delivery following a CoVDP mission in April. Working in collaboration with the government, CoVDP encouraged vaccine uptake among the population by mobilizing religious and community leaders to develop alternative communication approaches and advocate for COVID-19 vaccination. The project was piloted in Kishasa and saw 72% of participants vaccinated. Local authorities and community health workers were involved throughout.
CoVDP high-level missions also drove Cameroon's primary coverage series to more than double in November 2022. CoVDP and WHO AFRO's surge team encouraged a multi-sectoral approach to support opportunistic vaccination and helped synchronize the campaign with the 5th national mass vaccination campaign, leveraging existing channels to increase uptake.

While 64% of the global population have now completed their primary vaccination series, inequities persist, indicating the need for CoVDP's work to continue. Access to dedicated and reliable investment means WHO can continue providing context-specific strategic and technical support for COVID-19, enabling countries to meet important milestones fundamental for ending the threats posed by the disease.

Photo credit: WHO / Mehdi Ansari

REGIONAL SUMMARY

AFRICAN REGION

Requirements (US$)

604.4 MILLION

CONTEXT

The WHO African Region (AFRO) faces the highest burden of public health emergencies globally. Conflict and climate-driven humanitarian crises, combined with new and recurrent outbreaks, are creating an increasingly complex public health emergency profile for the region. Across Member States, authorities are tackling Ebolavirus disease (EVD), cholera, meningitis, measles, Hepatitis E, mpox, yellow fever, and COVID-19, alongside situations of protracted drought and conflict.

As of November 2022, there were 132 disease outbreaks and 21 humanitarian crises being monitored, including five Grade 3 events: the Ebolavirus outbreak in Uganda, the humanitarian crisis in the Great Horn of Africa and the Sahel Region, mpox, cholera and COVID-19. Across the region, more than 133 million people are currently in need of assistance.

WHO has developed multi-level incident management systems (IMS) and strategic response plans, deployed more than 800 skilled multidisciplinary experts in all critical IMS functions to support response to major emergencies in countries, and procured essential equipment and resources.

While WHO supports countries to help curb outbreaks and meet the immediate health needs of people living through crises, through the implementation of our flagship programs we are simultaneously working to address the systemic inadequacies in the health emergency architecture in the region.

Three programs contribute towards building the capacity of Member States to adequately prepare for, detect, and respond to public health emergencies and are central to our all-hazards, longer-view, capacity-building endeavour. These are: PROSE (Promoting Resilience of Systems for Emergencies), TASS (Transforming African Surveillance Systems) and AVoHC-SURGE (African Volunteers Health Corps – Strengthening and Utilising Response Groups for Emergencies.

Photo credit: WHO / Billy Miaron

REGIONAL PRIORITIES

The priority for the WHO Regional Office for Africa will be to work in close collaboration with key stakeholders in the field of Emergency Preparedness and Response (EPR) to transform EPR globally.

WHO's flagship programs PROSE (Promoting Resilience of Systems for Emergencies), TASS (Transforming African Surveillance Systems) and AVoHC-SURGE (African Volunteers Health Corps – Strengthening and Utilising Response Groups for Emergencies) are key to addressing systemic inadequacies in the health emergency preparedness and response infrastructure in the region.

Led by governments informed by technical assistance from WHO, the flagship programs will help integrate and strengthen existing national human resources for emergency response, such as Rapid Response Teams and Emergency Medical Teams. The ambition is to drive healthcare recovery in the wake of the COVID-19 pandemic beyond 'back on track' and instead concentrate on new high-impact interventions in the fields of preparedness and response to health emergencies, food safety and sustainable financing. WHO will also focus its efforts on urban-centered, public health capacity-building as population density and high mobility means cities are increasingly vulnerable to health emergencies.

The AVoHC-SURGE program will initially be implemented in select countries and scaled up regionally over the course of five years, aiming to create a group of 3,000 African Elite Emergency Experts equipped to respond quickly and holistically to a wide range of hazards that create health emergencies.

REGIONAL PRIORITIES INCLUDE SUPPORTING MEMBER STATES TO:

- Respond to emergencies through the deployment of additional experts to address human resources gaps.
- Ensure the continuity of essential health services during outbreaks and humanitarian crises, as well as the provision of quality care to crisis-affected populations.
- Strengthen early warning systems, including scaling up event-based, pathogen and genomic surveillance activities.
- Develop and use comprehensive electronic health databases that aggregate as many data sources as possible.
- Promptly share data on emergencies as required by the International Health Regulations (2005) and analyze data for decision-making.
- Strengthen and integrate the emergency workforce to ensure the availability of trained human resources at national and subnational levels.
- Strengthen response readiness and coordination to improve planning and cohesion across ministries, partner agencies and civil society organizations.
- Ensure efficient pre-positioning and deployment of emergency supplies at national and subnational levels.
- Enhance risk communication and community engagement to convey public health threats in a transparent, timely and coordinated manner through mechanisms built into National Action Plans for Health Security.
- Scale up emergency vaccination to end the acute phase of epidemics.

Photo credit: WHO / Ismail Taxta

BURKINA FASO

People in need

4.65 MILLION

People targeted

3.14 MILLION

Requirements (US$)

12.3 MILLION

CONTEXT

Burkina Faso continues to experience high insecurity due to political instability. More than 1.7 million people were forced to leave their homes in 2022 and are now living in precarious conditions. Since January 2022, 79 alerts relating to a security threat have already been published. The demand for health care has increased sharply as the attacks further impact and reduce the number of functional health facilities. Numerous epidemics are affecting the population, in particular measles, polio, Cholera, COVID-19 and Hepatitis E, resulting in serious health and socio-economic consequences. As of October 31, 2022, 606 health facilities had been affected by insecurity across the eight regions most affected by the current crisis, of which 32% are now completely closed. In 2023, a total of 2.8 million people will need urgent health care.

WHO is committed to ensuring equitable access to quality health services and strengthening health systems in the context of these security crises. The Organization's response priorities include deploying mobile clinics to provide essential physical and mental health care, strengthening the transfusion capacity and availability of oxygen for the management of malnourished children, ensuring the vaccination of internally displaced people and host communities against preventable diseases, and distributing health emergency kits (cholera, COVID-19, gender-based violence, trauma, dignity kits). WHO will also prioritize building resilience through community education and awareness-raising.

CAMEROON

People in need

4.7 MILLION

People targeted

2.8 MILLION

Requirements (US$)

22.3 MILLION

CONTEXT

Cameroon continues to experience humanitarian and health impacts from ongoing security crises, which currently affect seven of the 10 regions in the country. As of October 2022, there were an estimated total of 481 000 Central African and Nigerian refugees in Cameroon, one million internally displaced persons (IDPs) and 519 000 returnees or former internally displaced persons who had returned to the main regions affected by armed conflict and terrorist attacks.

Since October 2021, Cameroon has been facing the longest and the most-widespread cholera outbreak since 1970. The country also faces other epidemics such as mpox, polio, yellow fever, measles and COVID-19. WHO's support will ensure equitable access to quality health services in the context of these security crises. The Organization's response priorities include deploying mobile clinics to provide essential health care, including reproductive health services. Support will be offered for dignified and safe deliveries for vulnerable women, and gender-based violence cases will be referred to the protection sector. Focus will be placed on establishing an early warning and rapid response to epidemics mechanism for regions in crisis, as well as strengthening the management of physical and psychological trauma for people affected by crises. WHO will also prioritize building resilience through community education, awareness-raising and empowerment.

CENTRAL AFRICAN REPUBLIC

People in need

3.4 MILLION

People targeted

2.4 MILLION

Requirements (US$)

8 MILLION

CONTEXT

For more than nine years, the Central African Republic (CAR) has been facing a socio-political and military crisis, generating a chronic humanitarian crisis with acute episodes linked to armed conflicts and floods. This has led to population displacement, reduced health system capacity and epidemic outbreaks. As of October 2022, there were an estimated 505 000 internally displaced persons (IDPs) in CAR, of whom 141 000 live in refugee camps. The country is threatened by several epidemics, including measles, pertussis, yellow fever, mpox, canine rabies, vaccine derived polio and COVID-19. In addition, the country continues to face other diseases, which are the main causes of morbidity and mortality, including malaria, respiratory diseases and diarrheal diseases. Beyond the country's poor epidemiological profile, attacks on the health system continue, with 19 such attacks in 2022. An estimated 2.9 million people will need emergency health assistance in 2023.

WHO's interventions will support humanitarian partners and the Ministry of Health in priority areas for the provision of emergency health services. WHO's strategy will focus on capacity building to prepare for and prevent epidemics and other health emergencies, supporting the country in building capacity for timely detection, rapid reporting, and confirmation of all outbreaks and other health emergencies, and ensuring effective coordination to improve access to essential health services for the most vulnerable populations.

CHAD

People in need

6.9 MILLION

People targeted

4.5 MILLION

Requirements (US$)

10.8 MILLION

CONTEXT

The humanitarian crisis in Chad is impacted by multiple factors, including ongoing armed conflicts, economic fragility, a precarious health context, the impacts of climate change, flooding, acute food insecurity and associated infectious disease epidemics. More than 2.1 million people are in food and nutrition insecurity in Chad.

The decline in agro-pastoral productivity is affecting the nutritional status of the population. From September 2022, heavy rains have battered the country's south, causing the Chari and Logone rivers, which meet in the capital city of N'Djamena, to overflow their banks, forcing 149 936 people to flee their homes and take refuge in public spaces.

Chad is also affected by circulating vaccine-derived poliovirus type 2 (cVDPV2).

WHO's response strategy will focus on scaling up its response in collaboration with existing health facilities and Health Cluster partners, enabling mobile clinics in areas which are difficult to access or without functional health facilities, improving early warning systems and implementing community-based surveillance for early detection of potential epidemic diseases.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

People in need

26.4 MILLION

People targeted

10 MILLION

Requirements (US$)

41.1 MILLION

CONTEXT

The health situation in the DRC is marked by the emergence and re-emergence of several communicable diseases with epidemic potential. During the last decade, the occurrence of several epidemic outbreaks, including cholera, Ebolavirus disease (EVD), polio, measles, mpox and COVID-19, in a context of humanitarian crisis related to the volcanic eruption of Nyiragongo and fighting between the regular army and rebel groups, have led to massive displacement of the population. A total of 5.7 million civilians have been displaced and are now living in collective centers (churches, schools, stadiums) and refugee camps.

WHO's response strategy will focus on the humanitarian crisis, cholera, and COVID-19. In addition, WHO will also continue to support readiness and response for Ebolavirus disease, polio, measles and mpox. WHO will support the continued provision of essential health services, including responses to gender-based violence, mental health and psychosocial challenges. The Organization will focus on strengthening the health system while rapidly responding to acute health emergencies through the development of local capabilities.

ETHIOPIA

People in need

28.6 MILLION

People targeted

26.6 MILLION

Requirements (US$)

128 MILLION

CONTEXT

Ethiopia's health system is affected by the ongoing conflict in Tigray and a drought affecting the south and southern regions. The combined effect of these emergencies has led to a gradual disruption of the health delivery system, which is hampering the health and well-being of millions of civilians and causing internal displacement. This has resulted in negative health consequences such as heightened risk of disease transmission and the breakdown of health facilities and social services, putting millions at risk of epidemic prone diseases such as measles, cholera, meningitis, malaria, polio and ongoing COVID-19 pandemic.

To address these emergencies, WHO will continue to collaborate with the Federal Ministry of Health, the Ethiopian Public Health Emergencies Institute (EPHI), the Region Health Bureaus (RHBs), and other health partners. The key aim is to build on current health sector development initiatives, increase capacity, and incorporate risk management and resilience-building strategies to advance long-lasting solutions, which will help improve readiness for any further deterioration of the humanitarian situation. To ensure continuity of delivery of essential health services, WHO will provide material and operational support to priority health facilities. WHO will support broader implementation of public health measures to prevent and manage disease outbreaks, with a focus on malaria, cholera, measles, yellow fever, meningitis, and COVID-19. The Organization will also integrate with the essential health service delivery public health measures for disease control, including epidemiological surveillance and early warning.

MADAGASCAR

People in need

1.6 MILLION

People targeted

1.2 MILLION

Requirements (US$)

7.5 MILLION

CONTEXT

Madagascar is currently facing a chronic crisis caused by major hydro-meteorological events. A drought in the south and the recurrence of cyclones in the south-east have affected more than one million people, and 825 000 people are urgently in need of health care. The country is at high risk of outbreaks of malaria, polio and pneumonic plague.

WHO's support will focus on disaster-prone regions at risk of cyclones, floods, droughts and epidemic diseases. WHO is committed to strengthening preparedness and response to the health consequences of drought and cyclones. The Organization's response will reinforce strategic and operational coordination by supporting the establishment of the Public Health Emergency Operating Center (PHEOC) at regional level for rapid decision-making and action. In addition, WHO will work on reinforcing disease surveillance, increasing access to health services and improving risk communication and community engagement intervention.

MALI

People in need

9 MILLION

People targeted

6.2 MILLION

Requirements (US$)

15.5 MILLION

CONTEXT

The humanitarian situation in Mali deteriorated significantly over the first half of 2022 due to the intensification of internal conflict and intercommunity clashes. The level of need is at its highest since the conflict crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. The number of internally displaced persons (IDPs) is increasing and more than 350 000 people have had to flee their homes. In addition, 1.8 million people are in need of food aid - a 50% increase from last year. As of November 2022, a total of 32,755 confirmed COVID-19 cases have been reported in the country, including 742 deaths. The case fatality rate is among the highest in West Africa (2%). Vaccination coverage against COVID-19 during this period was just 9.76%.

WHO's priorities include building capacity of health care workers through training and technical supervision and reinforcing access to quality health care, including monitoring the Minimum Package of Activities and Complementary Package of Activities. Mobile clinics will be strengthened, in addition to information and referral systems, and greater support offered to conducting vaccination sessions for children targeted under the Expanded Vaccination Programme. WHO will also strengthen preparedness and response for disease outbreaks, including COVID-19, measles and other diseases. The Organization will also work to ensure that populations, especially those impacted by gender-based violence, have access to psychosocial support services.

MOZAMBIQUE

People in need

2 MILLION

People targeted

16MILLION

Requirements (US$)

4.7 MILLION

CONTEXT

Mozambique is experiencing an intense humanitarian crisis due to the long-lasting armed conflict affecting the province of Cabo Delgado, resulting in over 735 000 people fleeing their homes since 2017. In addition, the country also faces the challenge of hydro-meteorological shocks, such as floods and drought. In 2023, an estimated 1.5 million people will need emergency lifesaving and life-sustaining health services across the three northern provinces affected by the conflict (Cabo Delgado, Nampula and Niassa), the provinces affected by floods (Zambezia and Sofala) and those affected by drought (Gaza and Inhambane). As a result of these crises, poor living conditions and accommodation increase the country's vulnerability to disease outbreaks of cholera and measles among displaced people and host communities. Population displacement also increases exposure to sexual and gender-based violence for vulnerable women and children.

Mozambique is co-affected by wild poliovirus type 1 (WPV1) and circulating vaccine-derived poliovirus type 1 and 2 (cVDPV1, cVDPV2).

WHO will focus its support on providing equitable access to quality health services in the context of these crises. High impact interventions will be conducted, such as scaling up laboratory and field-testing capacity for cholera, increasing vaccination and providing sexual, reproductive health care and antenatal care.

NIGER

People in need

4.2 MILLION

People targeted

2.3 MILLION

Requirements (US$)

12.9 MILLION

CONTEXT

Niger is currently experiencing complex and protracted emergencies. The security situation in the country remains precarious and volatile in the border areas between Burkina Faso, Mali, and Nigeria, marked by an upsurge of attacks by non-state armed groups. The country also experiences cyclical natural disasters due to its geographic environment. In 2022, the country experienced four health crises related to epidemics (meningitis, measles, polio and cholera) in addition to the disaster caused by floods, drought, food crisis, COVID-19 and the risk of emerging and re-emerging diseases.

WHO aims to employ several strategies including supporting existing health structures to ensure equitable access to health care, deploying mobile clinics and temporary structures in refugee camps, setting up early warning systems in fragile and hard-to-reach areas and strengthening the surveillance of diseases with epidemiological potential.

NIGERIA

People in need

8.3 MILLION

People targeted

5.4 MILLION

Requirements (US$)

81.6 MILLION

CONTEXT

Tens of thousands of people have been killed and millions internally displaced since Boko Haram launched its campaign in 2009, creating one of the world's worst humanitarian crises and causing a near-total breakdown in education and health services.

Throughout the northeast region, the violence has destroyed schools, hospitals and other social facilities, leaving affected communities, particularly women and children, in urgent need of assistance. Overall, around 8.4 million people, primarily women and children, in Borno, Adamawa and Yobe states are in need of humanitarian assistance and 5.5 million people need urgent health care. The country also faces disease outbreaks among displaced populations, including cholera, Lassa fever, mpox, circulating vaccine-derived poliovirus type 2 and yellow fever.

WHO's response to the crisis in the northeast aims to support the continued provision of essential health services including gender-based violence, mental health and psychosocial support, and strengthening the health system while rapidly responding to acute health emergencies through local capacities. This will complement the overall humanitarian response addressing health needs detailed in the Humanitarian Response Plan - 2022 and the yearly rolling WHO response plan to the northeast including coordination of the health sector.

SOUTH SUDAN

People in need

9.4 MILLION

People targeted

6.8 MILLION

Requirements (US$)

52.1 MILLION

CONTEXT

In South Sudan, humanitarian needs have been growing for the fourth consecutive year since 2019, mainly due to political conflict and localized violence in Upper Nile, Warrap, Unity, Jonglei, and Central Equatoria states, as well as severe flooding which has impacted 37 counties and acute food insecurity (IPC4+) affecting over 20 counties. An estimated 8.9 million people are currently in need of humanitarian and protection assistance, of which 6.1 million require emergency health services.

The Humanitarian Response Plan 2023 will target around 3.4 million people (56% of the total population) in need of emergency health services. In addition to ongoing health needs, an estimated 6.6 million people are currently at risk of food insecurity in South Sudan – a number which is projected to rise during the lean season (April-July 2023) to 7.8 million. During the same period, 1.4 million people, including 345 893 children under the age of five, are projected to be severely malnourished and will likely suffer from acute malnutrition by June 2023. In addition to the acute food insecurity and flooding situation, South Sudan is experiencing an explosive measles outbreak that has now spread to 15 counties in eight states as well as a cholera and Hepatitis E virus outbreak. The country is also now in preparedness mode for a possible Ebolavirus disease outbreak following an outbreak in Uganda.

WHO's response strategy will focus on strengthening national and sub-national preparedness and response capabilities against public health events, deploying technical experts to provide technical support and coordinate response, and strengthening the coordination between humanitarian and development actors.

UGANDA

Requirements (US$)

30.6 MILLION

CONTEXT

Uganda is epidemiologically vulnerable to public health emergencies arising from its geographical location in the meningitis and yellow fever belts, the 'filo virus triangle,' and proximity to the biodiversity rich 'hot spot' of the Congo basin.

The country registers the second largest number of public health emergencies in the Africa region annually and is currently hosting over 1.53 million refugees, making it the largest refugee hosting country in Africa. Malaria remains Uganda's leading cause of death, particularly among children under five years old. The country is currently responding to three Grade 3 emergencies: Ebolavirus disease, Greater Horn of Africa Drought, and COVID 19. In 2022, several disease outbreaks occurred, including malaria, Rift Valley fever (RVF), and Crimean-Congo hemorrhagic fever (CCHF) among others. Uganda is affected by circulating vaccine-derived poliovirus type 2 (cVDPV2). Uganda's food insecurity levels remain classified as 'serious' according to the 2019 Global Hunger Index. Malnutrition is widespread across the country and 1.2 million people are facing severe risk of public health consequences.

WHO's work in the country will focus on supporting epidemiological field investigations and community-based risk assessments, developing a food safety surveillance system, supporting response to floods, droughts and mudslides, and assisting implementation of the refugee response plan. The Organization will also support subnational level laboratory capacity, the procurement of essential diagnostic reagents and transport media for common pathogens, and will support rapid deployment of an adequate medical and technical workforce.

Dr Abdul-Ganiyu, a doctor and cancer control desk officer at the Jummai Babangida Aliyu Maternal and Neonatal Hospital (JBAMN) in Niger State.

Photo credit: WHO / Blink Media - Etinosa Yvonne

SUCCESS STORIES

UGANDA :CONTACT TRACERS AND VILLAGE HEALTH TEAMS TAKE ON SUDV

Contact tracers are crucial to ending the spread of SUDV which causes Ebola. Since an outbreak was declared in September 2022 in Uganda, around 300 contract tracers – volunteers trained in disease surveillance and recruited to help build trust and overcome fear among communities - have been deployed to assess if contacts are displaying Ebola disease symptoms. Each tracer works with up to 10 village health workers from the local communities.

Health assistant Nyangoma Kirrungi is a contact tracer in Madudu sub-county. On average, she follows up on 40 contacts a day. “I work closely with the investigation unit,” she explains. “Once they record a confirmed case of Ebola, my team and I go to the field to follow up with the patient’s contacts to ensure that they are symptom-free and then we remain on alert to identify and report symptoms should they develop.”

Communities can report suspected cases using two hotlines. Once a case is confirmed, a case investigation team establishes a list of contacts who are then located and screened. Village health teams take over the monitoring of any symptoms for 21 days – the Ebola incubation period – and provide invaluable assistance in raising awareness within their communities. “When the community cooperates in the response and contacts are identified, it becomes easier to contain the disease,” says Dr Bernard Logouomo, the Ministry of Health Surveillance Team Lead in Mubende District, another Ebola-hit area.

Since the start of the epidemic, the Ugandan Ministry of Health has trained over 1 200 village health team members with support from WHO. By mid-October, nearly 94% of 552 contacts were seen and monitored daily for 21 days.

Contact tracers and village health teams, however, face numerous daily challenges, including a lack of personal protective equipment, reliable transport and difficulties in monitoring contacts who may not be at home when visited. Contact tracers are also often faced with community members’ fear of being stigmatized or isolated in a health facility, which may put their livelihoods at risk.

With support from the United States Agency for International Development and the Norwegian government, WHO has provided four Ebola kits to Mubende Regional Hospital and redeployed 108 technical staff to assist with case management, risk communication, community engagement and laboratory testing.

Members of the Contact Tracing and Risk Communication teams discussing the signs and symptoms of Ebola with the community in Madudu - Mubende District of Uganda.

Photo credit: WHO Uganda

SUCCESS STORIES

NIGER: ENSURING QUALITY HEALTH CARE IN INSECURE AREAS AFFECTED BY NON-STATE ARMED GROUPS ACTIVISM

Niger's precarious and volatile security situation has left tens of thousands of people displaced. As a result, access to basic health care for these communities, alongside those in hard-to-reach areas remains challenging. To support the health authorities in ensuring quality health care is available in insecure areas, WHO Niger is collaborating with the local NGO "Action for Well-Being" (Action Pour le Bien Être).

As a local organization, Action Pour le Bien Être have key knowledge of the field and the acceptance of local populations. Together with WHO, the group has established mobile clinics which operate in six health districts within Tahoua and Tillabéry.

Every month, two mobile clinics provide curative care, vaccination and reproductive health services (prenatal consultations, postnatal consultations, delivery, care for newborns). In total, the initiative has reached more than 100 000 people, including 70 000 internally displaced persons and 30 000 indigenous people. The program has mobilized more than 300 community relays trained to support health workers in raising awareness and monitoring diseases with epidemic potential. In addition to these activities, six health centers involved in the mobile clinics initiative have been rehabilitated.

The program has been developed in line with the following framework: Emergency Health Assistance to Internally Displaced Populations, Refugees and Host Populations and Resilience of the Health Systems in the Context of COVID-19.

FOR MORE INFORMATION
Abdou Salam Gueye | Regional Emergency Director | gueyea@who.int
Berenice Emeline Akinotcho | Resource Mobilization Officer | akinotchob@who.int
Etienne Magloire Minkoulou | Planning, Monitoring and Evaluation Officer | minkouloue@who.int

Photo credit: WHO

FINANCIAL REQUIREMENTS

Overall regional funding requirements for ongoing emergency response operations (US$ ‘000)

Level	2023 Funding requirements
CO	203
RO	67 264
Total	**604 467**

Overall regional funding requirements for COVID-19 and other emergencies (US$ ‘000)

Emergency response	2023 Funding requirements
COVID-19	171 935
Other emergency	432 533
Total	**604 467**

Overall funding requirements by pillar for COVID-19 (US$ ‘000)

Emergency response pillar	2023 Funding requirements
P1. Leadership, coordination, planning, and monitoring	11 314
P2. Risk communication and community engagement	8 556
P3. Surveillance, case investigation and contact tracing	16 955
P4. Travel, Trade and Points of entry	5 046
P5. Diagnostics and testing	10 417
P6. Infection prevention and control	12 891
P7. Case management and therapeutics	14 465
P8. Operational support and logistics	15 617
P9. Essential health systems and services	7 186
P10. Vaccination	63 847
P11. Research, innovation and evidence	5 641
Total funding requirementsent	**171 935**

Ebolavirus Disease Outbreak, 2022. Ivan Mwiiwa, Principal Psychics Mubende district, and WHO Information Officer, Elise Tcheutchoua Yonkeu counsel Rose Nakagwa, a mother-of-one who is wife to Ebolavirus survivor Alex Ssebayigga.

Photo credit: WHO

REGIONAL APPEAL

REGION OF THE AMERICAS

Requirements (US$)

358.2 MILLION

CONTEXT

Latin America and the Caribbean (LAC) is the world's most economically unequal region and the second-most disaster-prone region. It is exposed annually to a wide and diverse range of hazards, emergencies and disasters of increasing scale and frequency.

The LAC Region is currently facing several complex emergencies, including the profound humanitarian consequences of the prolonged sociopolitical and economic crisis in Venezuela, growing rampant violence and social unrest in national contexts, transcontinental mass migration phenomena stemming from the Venezuelan, Haitian and Central American crisis, as well as the continued internal armed conflict in Colombia and resulting population displacements. Numerous countries in the Region are experiencing a rise in violence, crime, armed conflict, social instability and insecurity, which have become major threats to the populations of Colombia, Venezuela, Haiti, Central America, Bolivia, Mexico, Suriname and others.

The Region is at great risk for the emergence and re-emergence of pathogens with epidemic and pandemic potential, including influenza, chikungunya, Zika, yellow fever, measles, diphtheria, cholera, mpox and others. The Americas' high vulnerability to disease outbreak is intimately linked to its diverse and changing ecosystems as well as its extremely unequal access to health services which is disproportionately affecting the most vulnerable. Coverage for routine vaccines had already fallen below optimal levels before 2020 and a further decrease in routine immunization since the beginning of the COVID-19 pandemic has set the Region back to the same coverage levels reported in 1994. The polio virus was recently found to be circulating in the United States after 28 years without cases, and 11 countries in the Region are currently at high or very high risk of experiencing an outbreak1.

The Americas are the world's hardest-hit region by COVID-19, with 28.7% of all global COVID-19 cases and 43.4% of COVID-19 deaths as of 1 November 2022, despite accounting for only 13% of the world's population. Two and a half years after the start of the pandemic, more than 350 000 new COVID-19 cases continue to be reported in the Americas weekly, including over 4 000 deaths. While countries struggled to cope with the COVID-19 emergency, there has been a setback of almost three decades of progress in the fight against vaccine-preventable diseases in the Region. In 2020-21, more than 2.7 million children under the age of one in the Americas did not receive all essential vaccine doses due to interruptions in health services caused by the COVID-19 pandemic.

Socioeconomic determinants also play a significant role in this disproportionate impact, given that the Americas is the region of the world with the highest levels of inequity. The number of people in need of humanitarian assistance in Latin America and the Caribbean (LAC) has nearly tripled over the last three years2 and, while response to COVID-19 in 2021 pivoted to longer-term operations, humanitarian needs are likely to keep burdening the Region for years to come. The Economic Commission for Latin America and the Caribbean (ECLAC)3 anticipated that poverty and extreme poverty rates in the Region of the Americas will continue increasing in 2022, reaching an estimated high of 33% and 14.5% respectively. The acceleration of inflation could lead to an increase of up to 1.1% in extreme poverty, compared to the previous year, putting an additional 7.8 million people at risk of food insecurity. Moreover, 86.4 million of the population are already in critical poverty conditions in the Americas.

The frequent and intense emergencies and disasters that affect the Americas every year have a strong impact on the health of populations and constitute an important challenge for Latin American and Caribbean countries to protect the health of their communities. In addition, the critical reduction in levels of routine vaccination alarm as the Region is now confronted with the risk of resurgence of vaccine-preventable diseases, many of which had been eradicated from the Americas after years of committed and collective work.

After almost three years of COVID-19 pandemic, the multiplication of acute emergency situations in an overall regional context of deteriorated socio-economic environment and reduced access to health services has highlighted the need for a comprehensive, multi-hazard approach to efficiently and effectively prioritize the prevention, preparedness, readiness, response, and recovery of health emergencies, and be able to protect the lives, health, and wellbeing of their populations.

WHO COVAX in Colombian Amazonia - March 2021

WHO / Blink Media - Nadège Mazars

REGIONAL PRIORITIES

WHO / PAHO aims to protect and save lives across the Region and mitigate the disproportionate impact of emergencies and humanitarian crises on the health and wellbeing of local populations and societies. Regional emergency response priorities for 2023 will focus on:

- Supporting and scaling-up operational response capabilities of national authorities and health partners and strengthening humanitarian logistics networks.
- Strengthening national capacities for preparedness and readiness for health emergencies, including the development of policies and legal and normative instruments to implement IHR core capacities in countries.
- Improving sectoral and intersectoral coordination among response partners to optimize interventions and address the most acute needs of vulnerable communities.
- Building resilience and improving coping strategies at community level to protect the most vulnerable population groups.
- Supporting the expansion and strengthening of surveillance and information management systems to monitor health emergency events and disasters, prevent future outbreaks, detect threats, adapt measures, and prepare health systems.
- Strengthening laboratory capacities, and the infrastructure of the national immunization programs, including national cold chain operations, capacities to store, distribute and handle all vaccines and training national technicians.
- Providing leadership, coordination, and logistical support for the prompt mobilization of goods and human resources, including for the rapid expansion of clinical care capacity to support acute emergency responses in affected countries.
- Engaging civil society, community leaders, non-governmental organizations, the private sector, academic institutions, and other stakeholders to jointly advance and work in a coordinated manner to provide health and humanitarian assistance, especially to populations most at-risk.
- Strengthening national and cross-border capacities to respond to increased population movements across the Region, primarily focused on protecting migrants' health, and ensuring equitable access to health services.
- Establishing and strengthening preparedness and response coordination mechanisms at regional, subregional and country level, with active participation of community, local, national, regional, and global actors to better prepare for, respond to and recover from public health and humanitarian emergencies.

Photo credit: WHO

COLOMBIA

People in need

7.7 MILLION

People targeted

1.6 MILLION

People in health need

6 MILLION

Requirements (US$)

7.1 MILLION

CONTEXT

Colombia has been affected by a prolonged humanitarian context with recurrent multi-hazards impacting its territories, combined with serious structural and systemic challenges within the health system. These challenges have been aggravated by the COVID-19 pandemic, growing violence within the Colombian territories and along the border with Venezuela, as well as recurrent and concomitant natural disasters.

In 2022, the number of people in need of humanitarian assistance increased by 300 000 as a consequence of deteriorating indicators of maternal and child mortality, pregnancy in adolescent girls, HIV, suicides, STIs, gender-based and sexual violence, and communicable diseases. Increasing population trends, primarily as a result of mass migration, and the persistence of armed conflicts resulting in continued mobility restrictions and forced displacement create barriers to access essential health services, further impacting the health, lives and wellbeing of vulnerable populations. In many territories, geographical distance to health facilities and attacks on medical missions hinders the provision of appropriate health care.

The main priorities for humanitarian health assistance in the country for the year 2023 include strengthening national and local capacities for coordination, preparedness and response to health emergencies and scaling-up WHO's support to health authorities and partners. Particular attention will be given to the strengthening of epidemiological surveillance, community capacity for preventive health actions and early detection of important public health events, as well as increasing access to safe water, sanitation and hygiene where it is most needed.

EL SALVADOR

People in need

1.1 MILLION

People targeted

496 600

People in need of health assisstance

1 MILLION

Requirements (US$)

3.5 MILLION

CONTEXT

The recurrence of severe climate events combined with economic, social, and institutional fragilities leave El Salvador in an extremely vulnerable and critical humanitarian situation. Located in a disaster-prone subregion, El Salvador is among the 20 countries in the world at highest risk of disasters.

The country is constantly exposed to earthquakes, floods, and droughts. The successive hydrometeorological hazards that have impacted El Salvador over the past two years, including Tropical Storms Amanda and Cristóbal, and Hurricanes Eta, Iota and Julia, have profoundly affected the lives and livelihoods of almost 900 000 people. This has significantly disrupted health services, particularly at the primary care level.

According to the Humanitarian Response Plan 2021-2022, vulnerable economic conditions and income inequality were amplified by the effects of the COVID-19 pandemic, resulting in an 8% reduction in the country's GDP and a 4.6% increase in poverty in 2022. The number of people facing food insecurity increased from 620 000 prior to the pandemic to about 1 043 661, mostly due to the economic crisis caused by COVID- 19, extreme climate events and structural challenges. Increasing homicide rates and rampant violence threaten social development and economic growth and are one of the main causes for forced internal displacement.

In this complex situation, the health sector's main priorities include contributing to the resilience of primary health care (PHC) services in areas of high migration, increasing access to primary care services and quality of care for the vulnerable populations affected by emergencies and humanitarian crises, and strengthening risk communication and knowledge management for emergency preparedness, response, and recovery.

GUATEMALA

People in need

5 MILLION

People targeted

2.3 MILLION

Requirements (US$)

4.2 MILLION

CONTEXT

Recovery from COVID-19 has been challenging in Guatemala. As a result of the prolonged socio-economic impact of the pandemic, the average poverty rate nationwide has increased by almost 5%. This rise in poverty levels is further exacerbating preexisting vulnerabilities and eroding the limited safety nets available to populations living in precarious conditions.

Almost three years into the COVID-19 response, vaccination coverage in Guatemala is still far below target, with only 38.2% of the population completing a full vaccination schedule against COVID as of 28 October 2022. This low coverage leaves a large portion of the population vulnerable to new infections and hospitalization and continues to put the Guatemalan health system and its limited resources under strain.

The UN estimates that approximately 5 million people in Guatemala are in need of humanitarian assistance, including urgent medica care. Pregnant and lactating women, children, people with disabilities and individuals settled in the areas previously affected by Hurricanes Eta and Iota are among the most vulnerable.

Priority objectives for 2023 include the strengthening and reestablishment of capacities for the provision of critical and essential services in facilities impacted by disasters and emergencies, rehabilitation works, recuperation of lost supplies and equipment, and surge in human resources capacity. In addition, efforts will focus on strengthening capacities of the health institutions and communities to anticipate and respond to health emergencies and disasters. Emphasis will be placed on strengthening primary health services and improving capacities for early detection of infectious hazards.

HAITI

People in need

5.2 MILLION

People targeted

3 MILLION

Requirements (US$)

26.1 MILLION

CONTEXT

For several years, Haiti has been engulfed in a socioeconomic, political, and humanitarian crisis. The situation reached critical levels in mid-September 2022 following the intensification of gang violence and social unrest. This widespread insecurity, combined with political instability, has paralyzed the country resulting in drastic consequences for access to basic goods and services, including food, water and health.

The profound fuel supply crisis has affected the supply of water and electricity to the population, health centers and hospitals. Due to problems of insecurity and violence, patients and health personnel have difficulty accessing hospitals and health services. In parallel, the public health system and international partners are faced with limited response capacity due to a reduction of international personnel in Haiti, combined with logistical issues and difficulties concerning the import of supplies and access to communities in need of assistance.

Armed gangs now control over 60% of the metropolitan area of Port-au-Prince, affecting at least 1.5 million people. The national road to the south has been blocked since June 2021, cutting off around three million people in the southern peninsula. This has significantly hampered response and recovery efforts following the severe earthquake that affected southern departments in August 2021. Intensifying insecurity, roadblocks and lockdowns are also affecting importation and distribution of internationally procured goods, which slows the arrival of lifesaving essential supplies to restore health care delivery capacity in affected provinces and support cholera response efforts. This is a concerning scenario as cholera recently resurfaced in early October after three years with no confirmed new cases.

WHO's humanitarian priorities for 2023 in Haiti will focus on saving lives and addressing immediate needs of the population in areas affected by the resurgence of cholera, as well as protecting the most vulnerable groups impacted by violence, insecurity and rising poverty levels.

VENEZUELA

(BOLIVARIAN REPUBLIC OF)

People in need

5 MILLION

People targeted

2.3 MILLION

Requirements (US$)

4.2 MILLION

CONTEXT

The Bolivarian Republic of Venezuela has been facing a prolonged socio-political and economic situation that has profoundly and negatively impacted the population's health and social well-being. The humanitarian context in the country was further aggravated by the COVID-19 pandemic, which stretched the limits of an already weakened national health system.

Violence and social conflicts, hyperinflation, constant political tensions, mass migration and intensification of climate threats and natural hazards have worsened living conditions and the health status of vulnerable communities, including women, children, and indigenous populations.

In this complex humanitarian environment, WHO will focus on sustaining and strengthening operational and functional capacities of critical and essential health services in 2023. This will be achieved through a primary health care approach, to ensure local health systems are operational, safe and resilient. Efforts will also prioritize the sustained availability of essential medicines, medical equipment and supplies, capacity building and protection of health workforce, access to comprehensive, timely and quality services, water, sanitation and hygiene (WaSH) interventions, and strengthening preparedness and response capacities of health systems.

FOR MORE INFORMATION
Julie Mauvernay | Resource Mobilization and Communications | WHO PAHO | mauvernj@paho.org.

SUCCESS STORIES

FARTHER, FASTER: NEW EQUIPMENT ACCELERATES COVID-19 VACCINATION IN THE DOMINICAN REPUBLIC

The arrival of the COVID-19 vaccine in 2021 was good news for communities in the Dominican Republic province of Elías Piña, which borders Haiti. In this tropical and mountainous remote area, 80% of households live in poverty and the majority work in agriculture. Many workers are migrants from Haiti, some of whom cross the border daily to work on the Dominican Republic side. They flee from political and economic instability in their home country, where the COVID-19 vaccination rate is among the lowest in the world - only 1.9% of the population have completed a full vaccination schedule.

To help authorities reach these communities more quickly, PAHO/WHO delivered donations of cold chain equipment to the province. The arrival in March 2022 of a horizontal refrigerator increased vaccine storage capacity and enabled deliveries to local health centers and temporary, mobile clinics, which were set up in different communities according to need. This helps keep vaccines refrigerated at the recommended temperature for several hours while health workers navigate mountainous roads on journeys that can take up to six hours.

The equipment provided means up to 30 doses could be simultaneously deployed during the first COVID-19 vaccination campaign in the province, cutting vaccine distribution time by more than half. The new cold chain assets also enable the safe delivery of vaccines to protect the population against other preventable diseases that threaten to come back in the Region, such as measles, rubella, and poliomyelitis.

FINANCIAL REQUIREMENTS

Overall regional funding requirements for ongoing emergency response operations (US$ ‘000)

Level	2023 Funding requirements
CO	104
RO	42 121
Total	**358 225**

Overall regional funding requirements for COVID-19 and other emergencies (US$ ‘000)

Emergency response	2023 Funding requirements
COVID-19	489
Other emergency	251 736
Total	**358 225**

Overall funding requirements by pillar for COVID-19 (US$ ‘000)

Emergency response pillar	2023 Funding requirements
P1. Leadership, coordination, planning, and monitoring	8 949
P2. Risk communication and community engagement	3 985
P3. Surveillance, case investigation and contact tracing	10 757
P4. Travel, Trade and Points of entry	723
P5. Diagnostics and testing	16 479
P6. Infection prevention and control	3 105
P7. Case management and therapeutics	12 256
P8. Operational support and logistics	2 604
P9. Essential health systems and services	7 186
P10. Vaccination	1 559
P11. Research, innovation and evidence	46 073
Total funding requirements	**106 489**

Photo credit: WHO

REGIONAL SUMMARY

EASTERN MEDITERRANEAN REGION

Requirements (US$)

818.6 MILLION

CONTEXT

Over the past year, the Eastern Mediterranean Region (EMRO) has seen a substantial increase in the number of emergencies due to multiple hazards. Across the region, WHO responded to 55 disease outbreaks in 2022, compared to 31 in 2021 and 14 in 2020, and the number of people requiring humanitarian assistance has increased from 102.3 million to 127.3 million. Worsening insecurity, major natural disasters (floods in Pakistan, food security crisis in Somalia and Greater Horn of Africa), disruptions due to the COVID-19 pandemic and severe economic decline (e.g., Lebanon, Syrian Arab Republic) have contributed to an unprecedented level of humanitarian need and vulnerability across the region. There is also a convergence of crises in many countries with protracted humanitarian needs, e.g., Afghanistan, Somalia and Sudan have all experienced multiple outbreaks, natural disasters, insecurity and displacement throughout 2022. Political tensions and instability conspire to constrain the response to health emergencies.

Attacks on health care facilities are also still widely reported across the region. According to WHO's Surveillance System for Attacks on Health Care, as of 6 December 2022, 245 attacks on health care were recorded in seven countries or territories (Afghanistan, Libya, Palestine, Somalia, Sudan, the Syrian Arab Republic and Yemen), resulting in a combined 80 fatalities and 150 injuries of health care workers and patients. Around 37% of deaths and 35% of injuries due to such attacks worldwide occurred in the region.

Photo credit: WHO

REGIONAL PRIORITIES

The Eastern Mediterranean Regional Office (EMRO) will continue to support WHO Country Offices in their efforts to strengthen countries' health systems and resilience, and better prevent, prepare for, detect, respond to and recover from health emergencies. EMRO countries will continue to work in close collaboration with health partners, including UN agencies, to support ministries of health within the framework of national legislations and international frameworks such as the Humanitarian Response Plans. WHO will also continue to lead health clusters across the region and align its actions with health clusters' priorities.

- WHO adopts a comprehensive approach to managing health emergencies across the Eastern Mediterranean Region, including prevention, preparedness, detection, response and recovery. WHO's regional priorities in humanitarian settings for 2023 include:
- Progressively expanding the coverage and quality of an essential package of health services
- Supporting and strengthening the essential elements of the health system, especially the health workforce, health information systems and supply chain management
- Strengthening capacities to prevent, detect and respond to disease outbreaks and other health emergencies
- Facilitating a coordinated approach among partners through leadership of the Health Cluster
- Continuing to support the response to COVID-19, including through increasing vaccination coverage
- Strengthening predictability of end-to-end medical supply chain management, including with the support of the Dubai Logistics Hub
- Improving the monitoring of the effectiveness of humanitarian health response through our Regional Response Monitoring Framework (in collaboration with Johns Hopkins University)
- Tackling the expanding burden of violent injury in conflict through the expansion of our Regional Trauma Initiative (currently implemented in 5 countries)
- Addressing the public health dimensions of food insecurity crises
- Expanding health for peace initiatives
- Integrating the prevention of sexual exploitation and abuse in all elements of work

COVID-19 priorities at the regional level include:

- Maintaining the engagement of senior government leadership
- Continuing the scale-up of COVID-19 vaccinations, especially in humanitarian settings, e.g., Afghanistan, Somalia, Sudan, the Syrian Arab Republic, Yemen
- Further strengthening surveillance and other data-management measures, including through roll-out of the new regional integrated disease surveillance strategy and response monitoring framework
- Consolidating the demonstrated gains in laboratory capacities, including those for PCR testing (100-fold increase across the region) and genomic sequencing; expanding support for resource poor settings through expansion of 3 reference laboratories
- Building on the progress in infection prevention and control and risk communications within Ministries of Health and national health systems
- Empowering communities, expanding social listening and promoting behavior change
- Promoting and refining evidence-based public health and social measures
- Improving the coverage and quality of clinical care, including through the twinning program, and expanding access to medical oxygen through the innovative EMRO oxygen platform
- Further strengthening capacities at points of entry
- Retaining a consistent state of readiness for scaled response, informed by the planning scenarios outlined in the WHO Strategic Preparedness and Response Plan 2022
- Finalizing the formal external evaluation of the EMRO COVID-19 response (to be finalized in Q1 2023)

AFGHANISTAN

People in need

28.3 MILLION

People targeted

23.7 MILLION

Requirements (US$)

188.4 MILLION

CONTEXT

Afghanistan remains one of the most complex humanitarian emergencies in the world, with 28.6 million people currently in need of humanitarian assistance. In 2023, WHO's activities will focus on supporting the roll-out of the new Health Sector Transitional Strategy, including reaching the most vulnerable populations across the country with a package of essential health services and supporting the foundational elements of the health system. There will be a special focus on scaling activities in the so-called "white areas" that are currently not adequately covered by other partners. WHO will continue to strengthen coordination among partners through its leadership of both the Health Cluster and Health Sector Technical Working Group. .

IRAN

(ISLAMIC REPUBLIC OF)

People in need of health assistance

3.7 MILLION[1]

(excluding undocumented Afghan refugees)

People targeted for health asisstance

1.9 MILLION[2]

Requirements (US$)

1.1 MILLION

CONTEXT

The Islamic Republic of Iran is prone to natural disasters and has over the years seen influxes of refugees due to its geographical location at the border of Afghanistan and Iraq. Over eight million Afghan refugees currently reside in the country, with the most recent wave dating from 2021, stretching the capabilities of Iran's otherwise well-developed health systems.

Given this continuous migration, the country is at risk of cross-border transmission of cholera, dengue, malaria, measles, rubella, polio and tuberculosis. Iran's readiness to rapidly respond to outbreaks, including through disease detection, diagnosis and treatment among incoming refugees, is critical. With health care utilization by Afghan refugees costing the Iranian government $32 million per year, the Ministry of Health has asked for support to ensure it can continue to extend essential health services to refugees. In addition, the COVID-19 pandemic revealed health inequities and exposed vulnerabilities in emergency preparedness and response, which have become even more pronounced with the application of international sanctions. This has disrupted the procurement and delivery of medical and laboratory equipment and supplies as well as life-saving medicines because of restricted financial transactions and the unwillingness of suppliers to sell or deliver goods to Iranian entities even for humanitarian purposes.

[2]Provisional in-country data, subject to change

[3]Provisional in-country data, subject to change

IRAQ

People in need

2.5 MILLION

People targeted

1 MILLION

Requirements (US$)

46.5 MILLION

CONTEXT

Although there is no Humanitarian Response Plan for Iraq in 2023, there are persistent areas of humanitarian need and recurrent risks due to disease outbreaks, natural disasters and escalations of conflict. WHO will work with local authorities and partners to ensure access to health services for internally displaced persons and returning refugees, as well as to strengthen capacities. WHO will also support the government to revise and implement the National Action Plan for Health Security, thereby strengthening capacities for the detection and response to disease outbreaks and other health emergencies.

LEBANON

People in need

2.3 MILLION

People targeted

1.3 MILLION

Requirements (US$)

59.2 MILLION

CONTEXT

Lebanon has experienced a series of compounded crises over the past two years, including the Beirut port explosion, the COVID-19 pandemic, financial and economic collapse and the recent cholera outbreak. The large refugee burden adds further strains on an over-stretched health system, while the continuing political and economic crises also severely impact the delivery of health care. WHO will work to ensure continuity and timely access to quality health care (including procurement of medications), support the ongoing response to cholera, COVID-19 and mpox, strengthen all-hazard disaster risk management and further enhance the coordination of the health response.

LIBYA

People in need

2.5 MILLION

People targeted

800 000

Requirements (US$)

25.3 MILLION

CONTEXT

Libya's fragile and severely damaged health system and health care is unable to meet the needs of many people, particularly non-Libyans, migrants and refugees. In 2023, WHO will improve access to quality essential health services for the most vulnerable, scale up integrated disease surveillance and response systems, strengthen trauma management and undertake all-hazard risk profiling and contingency planning. WHO will continue to have a special focus on the vulnerable and under-served populations in the southern and middle areas of the country, including through expansion of services through emergency medical teams and support for primary health care centers.

OCCUPIED PALESTINIAN TERRITORY (OPT)

People in need

2.1 MILLION

People targeted

1.6 MILLION

Requirements (US$)

24.6 MILLION

CONTEXT

The oPt remains a protracted protection crisis, characterized by nearly 55 years of Israeli military occupation, internal Palestinian political divisions and recurrent escalations of hostilities, placing enormous strains on the health system. In 2023, WHO will further improve trauma and emergency care services, strengthen preparedness and response capacities for potential escalations of conflict, improve access to essential services, strengthen the health system and vulnerable communities' readiness to respond to potential outbreaks and strengthen protection against attacks on health care.

PAKISTAN

People in need

20.6 MILLION

People targeted

9.5 MILLION

Requirements (US$)

70.8 MILLION

CONTEXT

Following the massive impact of flooding in 2022, 6.4 million people are being targeted for humanitarian health assistance. Various disease outbreaks (cholera, measles, malaria) and increased rates of acute malnutrition have been recorded in the country. In 2023, WHO will work to ensure access to an integrated package of essential health services for the flood-affected population in Pakistan and refugees from Afghanistan, address severe acute malnutrition, strengthen disease surveillance, scale up technical and operational support for the response to outbreaks and further enhance coordination of the health sector and will also invest in emergency management capacities of Ministry of Health staff.

SOMALIA

People in need

7.8 MILLION

People targeted

7.6 MILLION

Requirements (US$)

98.6 MILLION

CONTEXT

Somalia is currently experiencing an escalating drought that has affected 7.8 million people, displaced 1.1 million in search of food, water and humanitarian assistance and led to rising malnutrition and disease outbreaks. Worsening insecurity has left hundreds dead in recent months and constrained elements of WHO's operations. In response, WHO will work with health authorities and partners to scale up access to a refined package of essential health and nutrition services. This will include a focus on providing primary health care services – including expanded community health services - to drought-affected communities, treatment of severe acute malnutrition, timely detection and response to acute public health events/ emergencies and strengthening of the health sector's coordination. We will further expand trauma management capacities, including at pre-hospital and health facility levels.

SUDAN

People in need

15.8 MILLION

People targeted

12.5 MILLION

Requirements (US$)

43 MILLION

CONTEXT

32% of Sudan's population needs humanitarian assistance, due to the combined effects of conflict, displacement, the rise in criminality and insecurity in parts of Darfur and other conflict-affected areas, unprecedented spikes in acute food insecurity, floods, multiple disease outbreaks and a heavy refugee burden. In 2023, WHO will support essential public health services, particularly at the primary care level, strengthen emergency preparedness, detection and response, address malnutrition and enhance the health sector's coordination. We will continue our support for emergency management capacities and the Emergency Operations Centre within the Ministry of Health and the strengthening of emergency care services.

SYRIAN ARAB REPUBLIC

People in need

15.3 MILLION

People targeted

12.7 MILLION

Requirements (US$)

88.3 MILLION

CONTEXT

In 2022, health needs have increased due to the combined effects of COVID-19, the recent cholera outbreak and water scarcity, the economic downturn and resulting decreases in humanitarian support as well as the effects of international sanctions, leaving an estimated 15+ million people in need of lifesaving and life-sustaining health services. The already heavily disrupted health system in Syria is unable to respond to these conditions. In 2023, WHO will strengthen access to essential and lifesaving health services, bolster the health system's resilience and strengthen its capacity to prepare for, prevent, detect and deliver timely responses to health emergencies. WHO will have a special focus on ending the cholera outbreak to ensure that it does not become an endemic disease. Within the context of the whole of the Syrian Arab Republic, we will employ all modalities to ensure the coverage of essential health services, including a combination of cross-border (northwest) and cross-line (northwest, northeast, RAATA) activities.

YEMEN

People in need

21.6 MILLION

People targeted

19 MILLION

Requirements (US$)

141.5 MILLION

CONTEXT

Conflict, mass displacement and an economic crisis, made worse by rising malnutrition, COVID-19 and various disease outbreaks have left over 24 million people in need of humanitarian assistance and 19 million people food insecure. WHO's response is centered around strengthening the health system's capacity to prevent, prepare for, detect and offer a timely response to disease outbreaks and other health emergencies, offering health services for the most vulnerable, addressing severe acute malnutrition, tackling violent trauma and pre-hospital care, and stopping the transmission of circulating vaccine-derived poliovirus. We will work with authorities in both the north and the south to agree on a tailored approach that optimizes the coverage and quality of both clinical and public health services.

FOR MORE INFORMATION
Richard Brennan | Regional Emergency Director | WHO EMRO | brennanr@who.int

SUCCESS STORIES

When the EMRO region was first struck by the COVID-19 pandemic, lack of baseline oxygen data per country prevented the delivery of oxygen and biomedical supplies to fragile, conflict-affected and vulnerable (FCV) countries such as Afghanistan, Iraq, the occupied Palestinian territory, Pakistan, Somalia, Sudan, the Syrian Arab Republic and Yemen. Baseline oxygen and biomedical inventory information displayed in an easy-to-read format was needed to understand the actual situation of the oxygen ecosystem and any barriers associated with lack of access.

In response, WHO created an innovative Regional Live Oxygen Platform – a first-ever data platform showing oxygen production capacity and requirements in real time to identify gaps and ways to procure the needed medical oxygen in a timely manner. 17 countries in the Region are now participating in this unique initiative, which will help them make better use of medical oxygen and biomedical resources which are vital for the management of emergencies regardless of the cause - e.g., respiratory infections, trauma, obstetric and pediatric emergencies. WHO also created the Regional Oxygen Network. While the data server will remain in EMRO, WHO plans to hand it over to countries for co-ownership between WHO Country Offices and local ministries of health.

FINANCIAL REQUIREMENTS

Overall regional funding requirements for ongoing emergency response operations (US$ ‘000)

Level	2023 Funding requirements
CO	810 232
RO	8 450
Total	**818 683**

Overall regional funding requirements for COVID-19 and other emergencies (US$ ‘000)

Emergency response	2023 Funding requirements
COVID-19	162 114
Other emergency	656 569
Total	**818 683**

Overall funding requirements by pillar for COVID-19 (US$ ‘000)

Emergency response pillar	2023 Funding requirements
P1. Leadership, coordination, planning, and monitoring	4 605
P2. Risk communication and community engagement	5 874
P3. Surveillance, case investigation and contact tracing	9 168
P4. Travel, Trade and Points of entry	1 456
P5. Diagnostics and testing	16 314
P6. Infection prevention and control	4 464
P7. Case management and therapeutics	36 947
P8. Operational support and logistics	25 732
P9. Essential health systems and services	14 831
P10. Vaccination	39 384
P11. Research, innovation and evidence	3 338
Total funding requirements	**162 114**

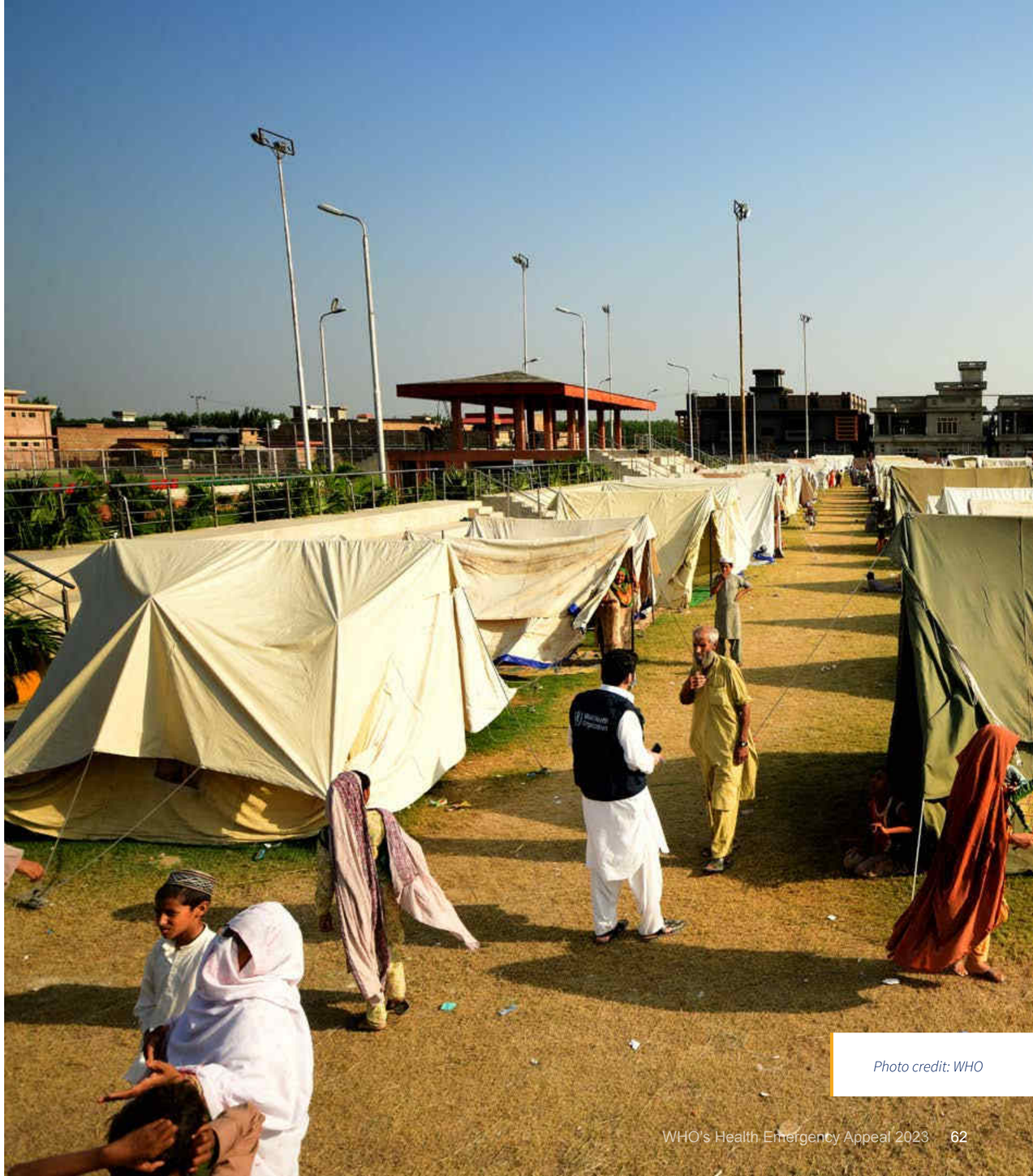


Photo credit: WHO

REGIONAL APPEAL

EUROPEAN REGION

Requirements (US$)

347.3 MILLION

CONTEXT

The WHO European Region's 53 member states cover a vast and diverse, highly interconnected, region with respect to geographical, population and economic status, health system maturity, disease and hazard profiles. An emergency in one country quickly impacts its neighbours.

The European Region continues to experience several emergencies with severe health impacts, the most notable in 2022 being the escalation in the Ukraine conflict. Recent concurrent emergencies, including the continued human toll of the COVID-19 pandemic, the war in Ukraine with its human suffering, destruction and geopolitical consequences, the multi-country mpox disease outbreak, and the continued polio virus circulation have shown that Member States of the WHO European Region remain vulnerable to the full range of emergency hazards, irrespective of their health system maturity and economic development.

All ongoing emergencies, and the ad hoc needs of other protracted emergencies such as the continued conflict between Armenia and Azerbaijan, continue to demand significant response resources. WHO must also be ready for further sudden onset events and natural disasters, including events related to climate change.

Photo credit: WHO

EMERGENCY RESPONSE

WHO/Europe will continue to support countries to prevent, prepare, respond to, and recover from emergencies, including in humanitarian settings across the region. The regional response strategy is aligned with WHO's Thirteenth General Program of Work 2019–2023 and goes hand-in-hand with efforts to help countries meet obligations under the International Health Regulations (IHR) (2005).

Areas of focus include mounting an effective response to ongoing and new acute, single and multi-county emergencies, involving emerging and re-emerging epidemic-prone diseases, influenza, foodborne diseases and vaccine-preventable diseases (e.g., measles). WHO/Europe will also improve regional readiness to rapidly respond to sudden-onset events, such as major earthquakes, floods, volcanic eruptions and landslides, as well as human-induced hazards, including industrial accidents and chemical or radio-nuclear events. In addition,

WHO/Europe will work to build the regional health emergency workforce, increasing coordination between partners and stakeholders across the Region, strengthen systems for rapid knowledge generation through networks of scientific institutions and public health authorities, and support the response to health emergencies in other parts of the world (e.g., the Syrian Arab Republic), which have led to long-term humanitarian and refugee health needs in Europe.

REGIONAL PRIORITIES INCLUDE SUPPORTING MEMBER STATES TO:

- Providing tailored support to countries, reinforcing regional preparedness and capacity to respond to emergencies, are core priorities of WHO's European Programme of Work and Action Plan to Improve Public Health Preparedness and Response in the European Region, 2018–2023.
- The further development of a new action plan for emergency preparedness and response in the region (Preparedness 2.0) for 2024–2029, will aim to build a European Region with the required capabilities and pan-European networks to rapidly detect, verify, and notify new and evolving health risks, and to effectively respond to emergencies caused by any hazard.
- Priority emergencies for critical attention in 2023 include:
  - **COVID-19:** Ending the COVID-19 emergency in Europe as part of the global pandemic response and transitioning COVID-19 response into routine disease prevention and response programming, including on Post-COVID condition ('long COVID').
  - **Mpox:** Controlling and ultimately eliminating mpox infection in the WHO European Region.
  - **Ukraine:** Saving lives, reducing disease and protecting mental health by improving access to quality health services in Ukraine and in all refugee-receiving countries.
  - **Polio:** Sustaining the European region's polio-free status and helping achieve global polio eradication.
  - **Protracted conflicts:** Protecting affected communities from the chronic health system fragility, vulnerability and neglect in parts of the region affected by protracted or frozen conflict.

Photo credit: WHO

UKRAINE

People affected

17.6 MILLION

People targeted

14.6 MILLION[1]

Requirements (US$)

253 MILLION

CONTEXT

Since the start of the crisis in Ukraine, over 14.5 million refugees have crossed the borders to other countries, with over 7.9 million still residing in refugee-hosting countries (UNHCR January 2023). Within Ukraine, around 6.24 million people are still internally displaced (OCHA updated Sept 2022). There have been approximately 17 994 civilian casualties, with 11 075 injuries and 6 919 deaths recorded by the Office of the United Nations High Commissioner for Human Rights (OHCHR) as of January 2023.

The crisis remains acute, warranting continued response from the humanitarian community within Ukraine as well as regionally and globally. From October 2022, critical civil infrastructure was targeted increasingly, including electricity and water in several major cities such as Kyiv, Lviv and Dnipro, reducing access to health care and requiring enhanced emergency medical support. This is in addition to the continued lack of access in areas under the temporary military control by the Russian Federation and the areas of Donetska and Luhanska oblasts not under the control/beyond the control of the Government of Ukraine since 2014. Access is further disrupted due to the continuing attacks on health care. There have been 745 attacks verified by WHO as of January 2023.

WHO is committed to being in Ukraine and the refugee receiving countries both now and in the longer term through addressing immediate health challenges and humanitarian needs and supporting recovery and strengthening of health systems in line with the Ukraine Crisis Strategic Response Plan (SRP). In Ukraine, WHO's approach will be coordinated with the HRP that is being developed by OCHA for 2023 and in the refugee countries with UNHCR'S 2023 Regional Refugee Response Plan (RRRP).

[1]The total number of people targeted in Ukraine and refugee-receiving countries are estimated to be between 11-13 million people. However, due to the circular movements of refugees, impact figures in refugee-receiving countries may vary and are therefore not included in the target.

TÜRKIYE

People in need

4.5 MILLION

People targeted

890 000

Requirements (US$)

49.3 MILLION

CONTEXT

Türkiye is currently hosting the largest refugee population in the world with at least 4.2 million refugees and migrants, as well as 300 000 asylum seekers (as of Oct 2022), predominantly from the Syrian Arab Republic, followed by Iraq, the Islamic Republic of Iran and Afghanistan. This situation has intensified due to the geo-political context and the strategic position of Türkiye.

Foreigners who are not registered with the Government of Türkiye have limited access to primary or referral health care but are provided with emergency care and essential public health, and then referred for registration. The registration and invalidation of health insurance coverage after one year has limited the access of refugees and migrants to essential health services.

The unmet health needs of refugees and migrants continue to be exacerbated by the COVID-19 pandemic, resulting in a decrease in access to health services, in particular maternal and newborn health (including vaccination), noncommunicable diseases and mental health, disability and rehabilitation services and health information. The WHO country office in Türkiye is already supporting the Turkish Ministry of Health to provide these essential health services to both the refugee and host populations, through support for community health, primary health care, non-communicable diseases and mental health, communicable diseases (including COVID-19) and health system strengthening. A renewal of its commitment will focus on improving health literacy, and mental health literacy for refugees and migrants.

SUCCESS STORIES

UKRAINE: BUILDING NATIONAL SURGE CAPACITIES IN MASS CASUALTY COORDINATION THROUGH EMERGENCY MEDICAL TEAM (EMT) TRAININGS

From April to June 2022, the WHO Emergency Medical Teams (EMT) Secretariat, together with WHO/Europe, delivered a series of courses on mass casualty management, focusing on coordination processes for Mass Casualty Management (MCM) events in Moldova and in Kazakhstan. In Ukraine, three MCM trainings were conducted in the last week of August in Zhytomyr and Cherkasy oblasts, with more than 150 attendees each.

The courses aimed to transfer knowledge and skills to local EMT health workers and help them to manage patients in mass casualty events, both before and after admission to hospital.

Modules were contextualized and adapted for each country, with theoretical and practical sessions demonstrating how to efficiently provide pre-hospital and hospital responses to emergency situations when the number of seriously injured patients exceeds available resources. This gave participants the opportunity to review and update their teams' emergency plans for mass casualty response. The globally standardized ABCDE (Airway, Breathing, Circulation, Disability, Exposure) clinical management approach was also covered.

The training was provided by a joint team of instructors, which included WHO staff and doctors from Ukraine and the Republic of Moldova. The participants included doctors, nurses, engineers and administrators from the pre-hospital sector and hospital departments, including emergency medicine, trauma care, intensive care and surgery.

FOR MORE INFORMATION
Gerald Rockenschaub | Regional Emergency Director, WHO Regional Office for Europe | rockenschaubg@who.int
Catherine Smallwood | Program Area Manager for Emergency Operations, WHO Regional Office for Europe | smallwoodc@who.int

Trainers demonstrate the primary and secondary survey of a trauma patient.

Photo credit: WHO/Moldova

FINANCIAL REQUIREMENTS

Overall regional funding requirements for ongoing emergency response operations (US$ ‘000)

Level	2023 Funding requirements
CO	320 643
RO	26 717
Total	**347 360**

Overall regional funding requirements for COVID-19 and other emergencies (US$ ‘000)

Emergency response	2023 Funding requirements
COVID-19	544
Other emergency	298 816
Total	**347 360**

Overall funding requirements by pillar for COVID-19 (US$ ‘000)

Emergency response pillar	2023 Funding requirements
P1. Leadership, coordination, planning, and monitoring	4 519
P2. Risk communication and community engagement	5 597
P3. Surveillance, case investigation and contact tracing	3 209
P4. Travel, Trade and Points of entry	2 628
P5. Diagnostics and testing	6 556
P6. Infection prevention and control	3 748
P7. Case management and therapeutics	2 824
P8. Operational support and logistics	901
P9. Essential health systems and services	4 329
P10. Vaccination	14 015
P11. Research, innovation and evidence	219
Total funding requirements	**48 554**

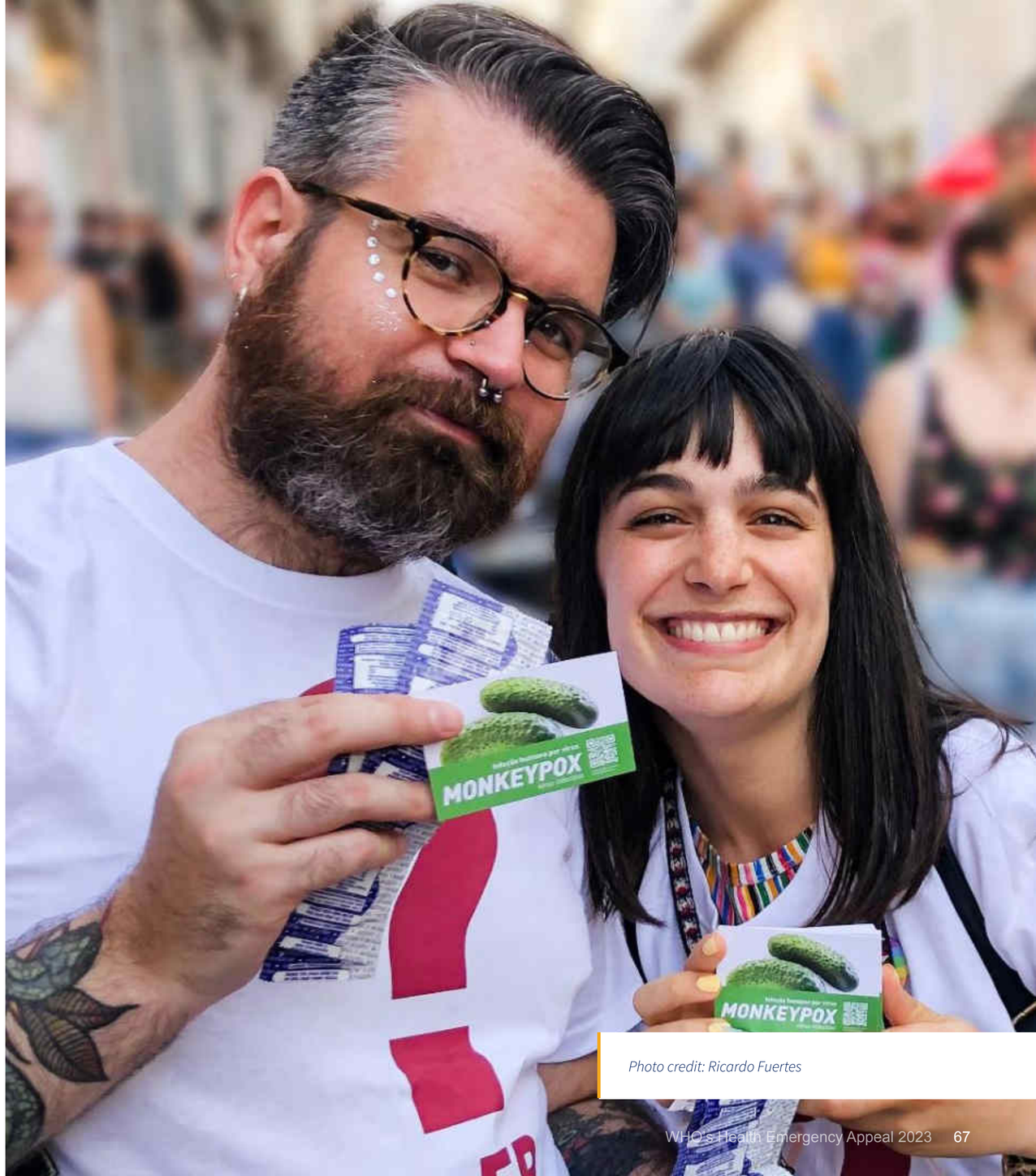


Photo credit: Ricardo Fuertes

REGIONAL APPEAL

SOUTH-EAST ASIA REGION

Requirements (US$)

86.2 MILLION

CONTEXT

The WHO South-East Asia region comprises 11 middle- to low-income countries and is home to over a quarter of the global population. The region is vulnerable to health emergencies caused by natural hazards (e.g., earthquakes, cyclones, floods, landslides), emerging and re-emerging infections and zoonotic diseases (e.g., Nipah, Japanese encephalitis etc) and conflict. Rapid urbanization, ageing populations, unplanned development, the impact of climate change and armed conflict are among the many factors that exacerbate the vulnerabilities affecting millions of people every year. It is of paramount importance for the region to be prepared to respond to health emergencies. However, investment in the health sector is limited and response remains a challenge.

SEARO was one of the regions hardest hit by the current COVID-19 pandemic. Since January 2020, Member States in the region have reported over 60 million cases of COVID-19 and almost 800 000 deaths. The devastating health effects of the pandemic were followed by catastrophic socio-economic consequences, and several countries in the region are currently facing challenges in financing the public health sector. In addition, several countries in the region continue to face protracted and acute emergencies, including more than a million people (Rohingya refugees and host populations) in need of humanitarian assistance in Bangladesh for the fifth consecutive year. The region is also affected by the current mpox epidemic. Although the numbers of cases are limited, it is critical that the region remains ready to respond given the many risks and vulnerabilities.

Photo credit: WHO / Tatiana Almeida

REGIONAL PRIORITIES

The WHO South-East Asia Regional Office continues to work with Member States and partners on health systems recovery and building health systems resilience to ensure health security. To strengthen health systems, the region published the Regional Strategic Roadmap on Health Security and Health Systems Resilience for Emergencies, which will guide the region from 2023 to 2027. The strategies developed for 2023 focus on:

- Supporting targeted and context-specific emergency responses in line with global technical standards and guidance to provide health care services to populations including the most vulnerable
- Facilitating the recovery of health systems, considering principles of disaster risk reduction and health systems resilience

KEY PRIORITY AREAS INCLUDE:

- Ensuring a coordinated response to emergencies, building on the comparative advantage of all stakeholders through the existing platforms at the regional and country levels through UN and humanitarian teams.
- Ensuring cross-border collaboration in crisis response.
- Ensuring effective disease surveillance, risk communication and community engagement, infection prevention and control, laboratory support and clinical management.
- Ensuring compliance with norms and standards on mass gatherings and points of entry in health response.
- Ensuring continuity of essential and basic health services, particularly in fragile, vulnerable and conflict-affected settings.
- Addressing urgent health care needs of migrants and refugees and other vulnerable groups.
- Supporting regional stockpiling, developing regional hubs and strengthening the medical supply chain.

Photo credit: WHO

MYANMAR

People in need

17.6 MILLION

People targeted

4.5 MILLION

Requirements (US$)

13.8 MILLION

CONTEXT

Since the start of the crisis in Ukraine, over 14.5 million refugees have crossed the With the current political situation and the ongoing armed conflicts in several states across the country, Myanmar is facing several challenges to provide essential health services. Through the Global Health Emergency Appeal, WHO is targeting 250 000 people (out of 2.5 million people in need). The total funding requirement is estimated at $USD 15 million for lifesaving health interventions, preventing disease outbreaks, ensuring essential health service provision and building capacities among frontline health

COX'S BAZAR BANGLADESH

People in need of health assisstance

4.5 MILLION

Requirements (US$)

12.2 MILLION

CONTEXT

Bangladesh enters its fifth year of supporting Rohingya refugees in Cox's Bazar, which remains an extremely vulnerable context. Currently, the country hosts 909 282 Rohingya refugees in 33 camps in Ukhiya and Teknaf Upazilas excluding 27 451 who had been voluntarily relocated to the island of Bhasan Char in Noakhali district. WHO, in collaboration with the government, will mainly support outbreak readiness and response activities and aims to cover a total of one million people, including both host communities and Rohingya communities. The key objectives will be to sustain a streamlined and coordinated health sector response to disease outbreaks and other health-related hazards and reaffirm multisectoral partnerships and prepare for, prevent and offer a timely response to outbreaks of communicable disease and other health-related hazards, including for periods of increased risk during the monsoon and cyclone seasons.

SRI LANKA

Requirements (US$)

4.9 MILLION

CONTEXT

The unprecedented economic crisis that hit the island nation in 2022 has led to a significant proportion of the population not having access to essential public health services. The lack of foreign exchange has limited imports of fuel, essential medicines and consumables in a country that is highly dependent on imports. Through the Global Health Emergency Appeal, WHO, in collaboration with the government, is targeting 14.5 million people for response. The total funding requirement is estimated at XXX for strengthening coordination of health response, clinical care, surveillance, laboratory services, vaccination, public health and social measures and community engagement and equitable access to countermeasures and essential supplies.

FOR MORE INFORMATION
Dr Edwin Salvador | Regional Emergency Director | WHO SEARO | salvadore@who.int
Dr Nilesh Buddh | Lead (Regional Emergencies) | WHO SEARO | buddhan@who.int

SUCCESS STORIES

NORTH-EASTERN FLASH FLOODS 2022

In Bangladesh, flash floods started in the third week of May 2022, initially affecting two districts of Sylhet division in the northeast of Bangladesh. From the third week of June 2022, they reached a devastating magnitude and affected more districts. Most areas were inundated with flood water due to incessant rainfall and rising water levels. Due to power outages, most forms of communication were severely disrupted. From 17 May to 28 June 2022, the National Health Emergency Operations Centre and Control Room of the Directorate General of Health Services (DGHS) recorded a total of 7 731 cases of waterborne diseases and injuries and 87 deaths.

As a preparatory activity, WHO Bangladesh organized a health cluster meeting on 14 June 2022 to discuss preparedness and response to the floods, including drowning and snakebites as one of the most common immediate causes of death during floods. Following the emergency meeting, WHO conducted a quick health sector needs assessment in the affected districts and provided support to local health authorities in flood-affected areas in disease surveillance and coordination activities without hampering their normal immunization activities. Simultaneously, WHO provided emergency drugs (such as antibiotics, water purification tablets, etc.) to contain disease outbreaks and reduce morbidities and mortalities.

FINANCIAL REQUIREMENTS

Overall regional funding requirements for ongoing emergency response operations (US$ ‘000)

Level	2023 Funding requirements
CO	85 258
RO	942
Total	**86 200**

Overall regional funding requirements for COVID-19 and other emergencies (US$ ‘000)

Emergency response	2023 Funding requirements
COVID-19	72 948
Other emergency	13 252
Total	**86 200**

Overall funding requirements by pillar for COVID-19 (US$ ‘000)

Emergency response pillar	2023 Funding requirements
P1. Leadership, coordination, planning, and monitoring	2 850
P2. Risk communication and community engagement	2 043
P3. Surveillance, case investigation and contact tracing	6 734
P4. Travel, Trade and Points of entry	1 198
P5. Diagnostics and testing	8 586
P6. Infection prevention and control	3 102
P7. Case management and therapeutics	4 021
P8. Operational support and logistics	5 195
P9. Essential health systems and services	10 873
P10. Vaccination	25 567
P11. Research, innovation and evidence	2 778
Total funding requirements	**72 948**

BANGLADESH, AUGUST 2022 - COVID-19 Vaccination at BSMMU-Bangabandhu Sheikh Mujib Medical University.

Photo credit: SEARO/WHO

REGIONAL APPEAL

WESTERN PACIFIC REGION

Requirements (US$)

63.1 MILLION

CONTEXT

The Western Pacific Region (WPR) is home to approximately 1.9 billion people living in 37 diverse countries and territories. The Region is prone to Public Health Emergencies (PHE) not only from natural hazards but also from communicable disease outbreaks, including those due to vaccine preventable diseases and human avian influenza. The region also has several hard-to-reach and vulnerable populations such as those in the Pacific Islands.

Over the past two years, COVID-19 has impacted the region immensely with distinct and concerning waves associated with the Delta and Omicron variants, requiring a huge coordination of response efforts among WHO, governments and partners. Since the last wave in January 2022, the region has seen an overall declining trend in reported COVID-19 cases and deaths, though several countries experienced significant surges driven by the BA.5 subvariant at the end of June 2022. As of 20 December 2022, one country in the region, Tokelau, has not reported any confirmed cases of COVID-19.

The repeated surges of COVID-19 required many Member States to adapt their COVID-19 care pathway and enhance Infection Prevention and Control (IPC), clinical management, diagnostic capability, communication and community engagement efforts. Member States in the Region need to sustain ongoing efforts to strengthen the health delivery system and response strategies, both for COVID-19 and concurrent emergencies that affect the Region. The Region also needs to strengthen preparedness and readiness for a future pandemic or other public health emergency. Common challenges identified include the fragmentation of data systems, the incomplete utilization of health care capacity data for decision-making, an inadequate capacity and shortage of trained public health workforce including epidemiologists and laboratory technicians, the continued use of paper-based surveillance information systems and timely and effective communication.

Photo credit: WHO

REGIONAL PRIORITIES

Our priority is to support and coordinate response efforts to COVID-19 and potential future pandemics. We will build upon lessons identified during the pandemic and other public health emergencies. This will further strengthen WHO's preparedness, readiness and response to the multiple emergencies that continuously arise in the Region.

Core priorities for the region include:

- Early detection of events to rapidly respond to emergencies:
  - Strengthening monitoring of event-based surveillance sources and providing timely risk assessment as required to provide appropriate rapid response.
  - Supporting Member States to further strengthen surveillance by integrating COVID-19 into the existing influenza-like illness (ILI)/ severe acute respiratory infections (SARI) surveillance system for timely detection of a surge and calibration of response measures accordingly.
  - Monitoring health care capacity and supporting Member States to develop/ adapt tools and guidelines for early detection and risk assessment of an emerging respiratory virus or other public health emergency.
  - Strengthening antimicrobial resistance (AMR) pathogen surveillance, antimicrobial stewardship and antimicrobial consumption monitoring so that the misuse and overuse of antibiotics are reduced to reduce the emergence of AMR pathogens.
  - In response to the 2021 Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) Technical Advisory Group (TAG) meeting, continue to strengthen regional and national genomic surveillance capacity through the Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network
  - Using the EMPaCT seven-step approach, provide training modules to strengthen sub-national level public health laboratory networks and genomic surveillance (adapted to the local context) to Member States, as recommended by the 2021 EMPaCT Surveillance Network meeting.
  - Strengthening laboratory capacity for facilitating access to referral laboratories and for accreditation of national food analysis laboratories
- Ensuring health care facilities can respond to demands and mitigate risks from COVID-19, other communicable diseases and PHEs:
  - Establishing and sustaining COVID-19 care pathways that are integrated into primary health care systems and ensure individuals who test positive for SARS-CoV-2 are immediately linked to a clinical care pathway.
  - Strengthening sustainability of IPC systems in countries, including model terms of reference for effective IPC program governance, monitoring and evaluation at health care facility level and developing more robust health care-associated infection surveillance systems.
  - Strengthening water, sanitation and hygiene (WASH) in health care facilities as a core fundamental component of an integrated health care system including IPC, health care waste management and environmental cleaning.
- Strengthen the network of partners from a range of technical areas to be able to take a One Health approach that identifies and minimizes the risk of re-emergence of high-threat pathogens and the emergence of new and unknown pathogens, including coronaviruses and other zoonotic pathogens that spread between animals and people.
  - Increase multisectoral coordination and collaboration at national and sub-national levels to identify gaps in key technical areas of the human-animal-environment interface, supporting the understanding of risks related to health emergencies and considering joint actions toward pandemic prevention preparedness and response.
  - Support Member States to assess and improve national food safety incident and emergency response plans by strengthening their participation in the International Food Safety Authorities Network (INFOSAN) and reinforcing its interactions with IHR focal points.
  - Reinforce the advocacy and implementation of public health risks mitigation measures in Traditional Food Markets at regional, national and local levels with a focus on the reduction of risks associated with food safety, zoonoses and infectious respiratory diseases.

Photo credit: WHO

- Develop strategic regional and national plans and conduct evaluations to measure progress
    - Develop a new biregional health security action framework to protect populations of the Asia Pacific region from the impacts of public health emergencies. The framework will build on the achievements of APSED over the past sixteen years and integrate the experiences and lessons identified from preparedness and response to public health emergencies in our regions over the past two decades.
    - Support Member States to plan and implement IHR Joint External Evaluations (JEEs) of their IHR core capacities. Findings from JEEs are recommended to be used to develop multiyear national action plans to ensure operational readiness for public health emergencies.
    - Support countries to develop, improve and implement national action plans for health security (NAPHS) based on an all-hazards, multisectoral, whole-of-government approaches, integrating priorities and recommendations identified in JEEs.
    - Support development and implementation, as well as monitoring and evaluation of AMR national action plans for Member States to accelerate actions to avert the impact of AMR in the long term.
- Strengthen the public health workforce and rapid response teams
    - Continue to strengthen Field Epidemiology Training/Field Epidemiology Training Program (FET/FETP) and rapid response team (RRT) capacity to meet needs of each Member State.
    - Continue to foster development, establishment and expansion of key networks and partners, including Emergency Medical Teams (EMTs) and the Global Outbreak Alert and Response Network (GOARN) to strengthen preparedness, readiness and response actions across the region.
- Further develop and maintain the capacity to support member states in preparedness, readiness and response to Public Health emergencies
    - Support appropriate training, implementation and use of systems and tools including the Emergency Response Framework (ERF), use of Incident Management Systems (IMS) and structures and Emergency Operations Centers (EOC) at national and sub-national levels.
    - Support readiness of member states through the development and dissemination of capacity building activities including training, simulation exercises and drills.
- Ensuring operations support and logistics for immediate response and strengthening the health system.
    - Maintain the Regional Emergency Stockpile as a key resource to Member States to rapidly access critical supplies including personal protective equipment (PPE), laboratory supplies and biomedical equipment.
    - Provide access to medical-grade oxygen and support the medical oxygen scale-up initiative and continue to provide technical support to Member States in need to set up domestic systems and domestic capacity for patients needing medical oxygen.
    - Deploy pressure swing adsorption (PSA) oxygen-generating plants is ongoing to support priority Member States in long-term capacity-building and strengthening of the health system.
    - Strengthen regional and national supply chains so that they are flexible, responsive and resilient. This will support countries to reduce costs and help ensure that essential vaccines, medicines and health products can reach the most vulnerable and hard-to-reach populations in a timely way.
- Strengthening risk communication strategies
    - Provide support for Member States to develop, assess and improve national risk communication plans, including identifying and training national leaders in food safety risk communication.
    - Provide timely, community-led, data-driven, collaborative communication, adapted to the local context, language and culture to help mitigate risk, reinforce capacity and develop local solutions. Particularly efforts to respond to mis- and disinformation.
    - Develop and adapt COVID-19 response measures based on the latest available scientific evidence and data for the sustained management of COVID-19 as well as for use in other outbreaks or emergencies.
- Facilitating information, monitoring and evaluation on COVID-19 vaccination, through the application of strategies aligned with the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific (RSF) 2021-2030. The region will continue to apply these two strategies through analysis of information and data from weekly COVID-19 vaccination and safety updates and other sources shared with WHO vaccination focal points through an internal dashboard.

Photo credit: WHO

SUCCESS STORIES

REACHING REMOTE COMMUNITIES ACROSS THE WESTERN PACIFIC

Public health workers in the Federated States of Micronesia deliver COVID-19 vaccines and information to health centers supporting hard-to-reach communities in the outer islands of Yap in June 2021. This forms part of the Government's COVID-19 vaccination activities to reach adults still to receive their vaccines. Photo credit: WHO/A. Lopez

Countries across the Western Pacific Region are continuing efforts to reach vulnerable, at-risk groups located in remote areas with vaccines to protect them against severe illness and death from COVID-19. Reaching every group with vaccination is crucial for protection against severe disease and death, reducing the risk of transmission and mutation of the virus, protecting the health system and supporting ongoing social and economic recovery.

In Manila, Philippines, for example, WHO helped transport people who were vulnerable to COVID-19 but had missed out on receiving a vaccine because of stigma, lack of money or residential address, difficulty accessing vaccine registration, or other barriers, to a special vaccination center. In Viet Nam, mobile vaccination teams made home visits for older adults and people with disabilities who were unable to get to health facilities. As information is just as important for people living in remote, ethnic minority communities, the mobile communication officers in Viet Nam also broadcast COVID-19 messages using loudspeakers mounted on their motorbikes and shared reliable health advice in local languages during house-to-house visits.

In order to increase vaccination rates among migrants, the Malaysian Ministry of Health had to first overcome their lack of access to information. The Government, with WHO's support, developed tailored information materials and translated them to ensure that all communities had equal access to information about vaccines.

In the Pacific region, vaccination is challenging due to small populations dispersed over vast areas. One specific challenge was vaccinating people in Tonga's remote Ha'apai islands, which were heavily affected by a volcanic eruption and a tsunami in December 2021. In addition to providing technical advice, WHO sent 10 000 kg of medical equipment, PPE, laboratory supplies and medicines to Tonga and worked with the Ministry of Health to establish and train the Tongan Emergency Medical Assistance Team (TEMAT), which provided medical care in the aftermath of the volcanic eruption. In addition, more than 1.2 million doses of COVID-19 vaccines were provided to Pacific Island countries via the COVAX facility. This helped achieve high vaccination rates across many Pacific Island countries and areas, including those that had not yet recorded a single COVID-19 case.

WHO's work supporting countries across the Region to reach people with vaccines against COVID-19 is made possible by the support of donors and partners including through COVAX, which is co-led with the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance, alongside the United Nations Children's Fund (UNICEF) as a key delivery partner.

FOR MORE INFORMATION
Dr Babatunde Olowokure | Regional Emergency Director, WHO Regional Office for the Wester Pacific | olowokureb@who.int
Ms Kristine May Nacion | Programme Area Manager (Management and Administration), WHO Regional Office for the Wester Pacific | nacionk@who.int

FINANCIAL REQUIREMENTS

Overall regional funding requirements for ongoing emergency response operations (US$ ‘000)

Level	2023 Funding requirements
CO	48 627
RO	14 524
Total	**63 151**

Overall regional funding requirements for COVID-19 and other emergencies (US$ ‘000)

Emergency response	2023 Funding requirements
COVID-19	46 536
Other emergency	16 614
Total	**63 151**

Overall funding requirements by pillar for COVID-19 (US$ ‘000)

Emergency response pillar	2023 Funding requirements
P1. Leadership, coordination, planning, and monitoring	3 442
P2. Risk communication and community engagement	7 872
P3. Surveillance, case investigation and contact tracing	7 544
P4. Travel, Trade and Points of entry	382
P5. Diagnostics and testing	5 984
P6. Infection prevention and control	2 711
P7. Case management and therapeutics	4 444
P8. Operational support and logistics	4 816
P9. Essential health systems and services	2 828
P10. Vaccination	5 316
P11. Research, innovation and evidence	1 197
Total funding requirements	**46 536**

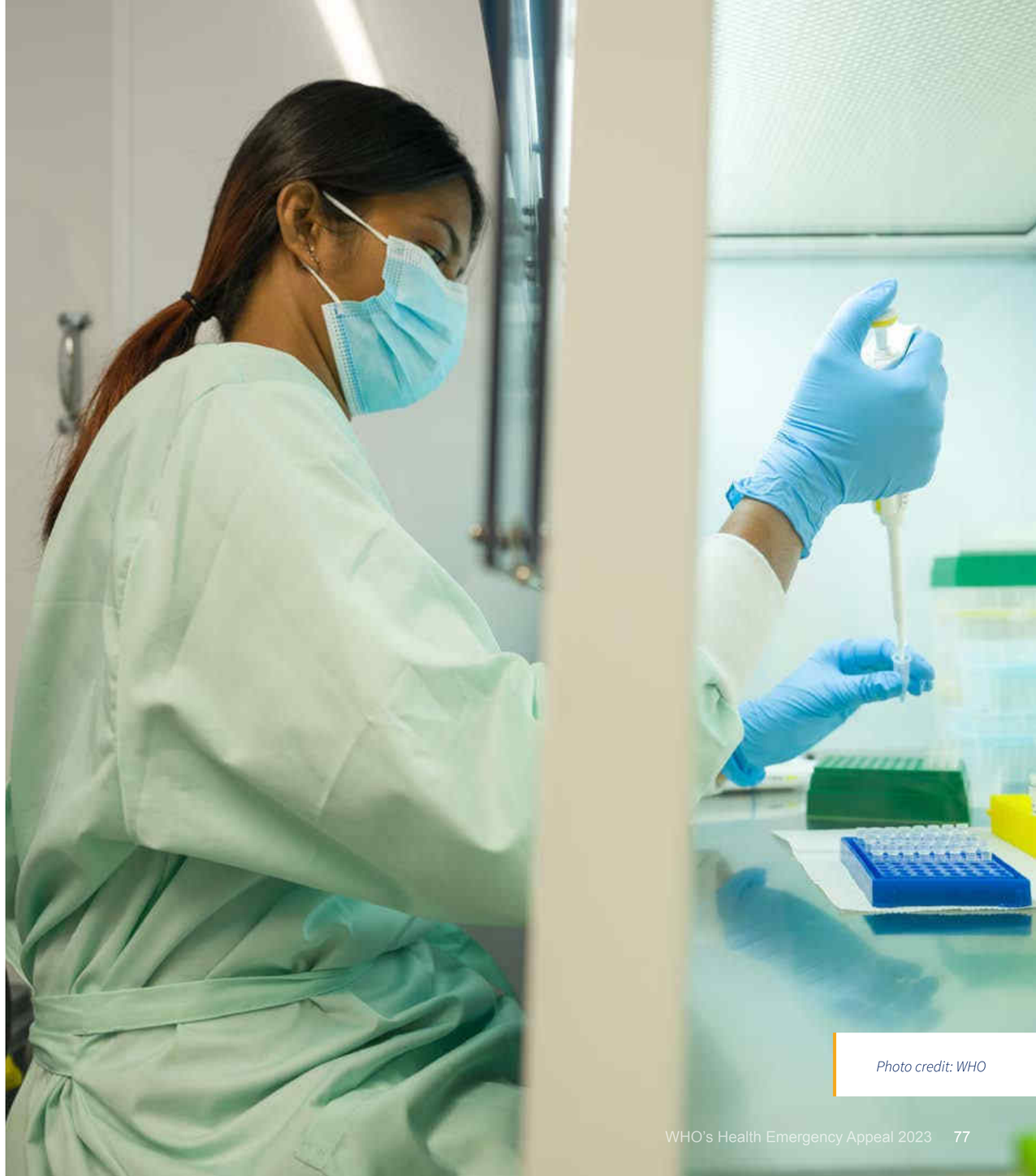


Photo credit: WHO

AFRICAN REGION

World Health Organization

CENTRAL AFRICAN REPUBLIC

People in need

34.1 MILLION[1]

People targeted

2.4 MILLION

Requirements (US$)

8 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

Since the beginning of 2022, the epidemiological situation in the Central African Republic (CAR) has been dominated by several diseases with epidemic potential that have not spared any region. Until November 13, CAR recorded multiple diseases with epidemic potential, including measles, pertussis, yellow fever, COVID-19, canine rabies, mpox and vaccine-derived polio.

In addition, the country continues to face other diseases that are the main causes of morbidity and mortality, including malaria and diarrheal diseases.

Beyond the country's poor epidemiological profile, attacks on the health system continue, with 19 attacks experienced in 2022. Moreover, according to the Multisectoral Need Assessment (MSNA) 2022 report, one third of households are more than an hour away from a health facility and nearly 40% are unable to pay for their care. As a result, CAR has one of the highest death rates in the world, at 11.76 deaths per 1 000 inhabitants according to the World Bank. A quarter of these deaths are among pregnant women. With the lowest coverage of qualified health personnel on the continent, one-third of women in CAR continue to give birth at home without medical assistance.

Transhumance, armed conflict and epidemics, coupled with food insecurity, will reduce the ability of households to access health care and further weaken CAR's health system.

In addition, as of 2022, there are at least 505 000 internally displaced persons (IDPs) in CAR, who require urgent assistance. Of these, 141 000 live in IDP camps and 364 000 live with host families. 744 000 CAR refugees were also registered in neighboring countries. Compared to 2021, the number of newly displaced people increased in 2022, while the number of returnees decreased.

Bangui, December 2022: Rabies vaccination campaign.

Photo credit: WHO AFRO

RESPONSE STRATEGY

WHO and partners will continue to support CAR to scale up and sustain infection prevention and control, infectious disease surveillance and investigation, point of entry surveillance and genomic surveillance and to strengthen the national laboratory system's capacity for laboratory confirmation of outbreaks. The health information system's capacity to generate reliable data in real-time will be strengthened and risk communication and community engagement will be enhanced for more effective management of the infodemic and enhanced community adherence.

Emphasis will be placed on ensuring the continuity of quality essential health services during health and humanitarian emergencies. Investments made in recent years in terms of the construction of health facilities, donation of medical materials and equipment and vehicles will be strengthened to establish a resilient health system.

The response to epidemics and humanitarian crises will continue to benefit from the technical expertise of the existing human resources of the WHO country office, as well as those of the regional office and headquarters. Staff will be brought closer to the areas of intervention through the WHO sub-offices.

KEY ACTIVITIES

- Conduct risk and vulnerability assessments, and develop a multi-hazard plan and contingency plans for priority risks
- Conduct in-action reviews, after-action reviews and simulation exercises
- Train RRTs in 7 regions and deploy them for outbreak investigation, risk assessment and situation analysis
- Reinforce routine immunization, and national infection prevention and control strategy (IPC)
- Construct IPC/WASH facilities (triage units, water storage units, incinerators, latrines and showers) in targeted health facilities
- Prevent sexual exploitation and abuse
- Strengthen capacities for timely detection, rapid reporting and confirmation of all outbreaks and other health emergencies
- Develop and implement an efficient and sustainable system for the transport and transfer of samples in all sectors
- Establish a regular supply of quality reagents and consumables for laboratories
- Strengthen biological diagnostic and sequencing capacities of reference laboratories (LNBCSP and IPB)
- Support the Transforming African Surveillance Systems (TASS) project will further strengthen this priority
- Ensure the response to health crises and outbreaks is implemented in accordance with the standards of the emergency response framework
- Strengthen the capacity of the public health emergency operations center (PHEOC) by making it more functional
-
- Provide medical equipment, laboratory equipment, essential drugs and kits for the response to outbreaks and health emergencies
- Strengthen Risk communication and community engagement
- Deploymobile health teams in difficult-to-reach areas
- Making available functional storage facilities that meet the standards
- Implement research activities
- Develop and implement a maintenance and quality assurance plan for the laboratories of the different sectors
- Strengthen the coordination of humanitarian actors through the health cluster and other mechanisms in place in the country

Bangui, December 2022: Rabies vaccination campaign.

Photo credit: WHO AFRO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Strengthen capacity to prepare for and prevent epidemics and other health emergencies

WHO will work to strengthen the health system's capacity to prepare for and detect disease outbreaks and other health emergencies.

- All 7 provinces will have conducted risk assessments
- CAR will have a multi-risk plan based on risk assessments
- The national infection prevention and control program will be functional
- At least 80% of International Health Regulation (IHR) capacity will have a score of 3 based on State Parties Self-Assessment Annual Reporting (SPAR) reports

STRATEGIC OBJECTIVE 2

Enable earlier detection of public health threats

WHO will strengthen surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.

- Weekly epidemiological reports will have over 95% completeness
- Weekly epidemiological reports will have over 90% accuracy
- 95% of alerts will be investigated within 48 hours of notification
- At least 80% of health districts will detect the epidemic within 7 days of its onset and will notify the Ministry of Public Health the day after its detection
- More than 80% of the health districts will implement the Integrated disease surveillance and Response (IDSR)

STRATEGIC OBJECTIVE 3

Strengthen government capacity to respond rapidly and effectively to outbreaks and other public health emergencies

Effective response to health emergencies, relying on relevant national and international capacities.

- 90% of detected and confirmed outbreaks will be responded to effectively within 7 days
- 95% of public health events will be contained within sub-national boundaries
- CAR will have a functioning Public Health Emergency Operations Center (PHEC) in accordance with minimum standards
- At least 80% of health regions will have functional rapid response teams

STRATEGIC OBJECTIVE 4

Strengthen effective coordination to increase access to essential health services for the most vulnerable populations

Ensure the health sector's coordination is maintained and deliver essential healt services to the vulnerable population.

- At least two health sector coordination meetings will be organized per year
- WHO will undertake an annual evaluation of the performance of the health security operational plan
- CAR has a universal health and preparedness review operational roadmap to improve IHR and universal health coverage capacity
- A joint evaluation of the Outbreak, Crisis Response and Scalable Operations (OCR) plan will be conducted every six months

Bangui, December 2022: Workshop for development of Operational National action plan for health security (NAPHS) and case Investment.

Photo credit: WHO AFRO

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	407	791	1 199
P2. Risk communication and community engagement	169	452	621
P3. Surveillance, case investigation and contact tracing	336	1 308	1 643
P4. Travel, Trade and Points of entry	259	300	558
P5. Diagnostics and testing	296	358	655
P6. Infection prevention and control	509	388	896
P7. Case management and therapeutics	340	473	813
P8. Operational support and logistics	466	275	740
P9. Essential health systems and services	232	102	333
P10. Vaccination	-	284	284
P11. Research, innovation and evidence	-	214	214
Total Funding Requirements	**3 013**	**4 944**	**7 957**

Bangui, December 2022: Workshop for development of Operational National action plan for health security (NAPHS) and case Investment.

Photo credit: WHO AFRO

SUCCESS STORIES

INTEGRATION OF COVID-19 VACCINATION WITH OTHER IMMUNIZATION CAMPAIGNS BOOSTS VACCINATION COVERAGE

The Central African Republic (CAR) Ministry of Health and Population has worked to integrate its COVID-19 vaccination campaign with other immunization campaigns in response to the COVID-19 pandemic. One of the goals of the program was efficiency as a single team and budget can be used for several interventions, thereby optimizing available resources and delivering several services effectively.

The objective set by the National Plan for Vaccination Deployment was to vaccinate 70% of the target population (3 921 000 inhabitants) by 31 December 2022. To achieve this, the Ministry of Health and Population, with the support of partners, therefore opted for the integration of COVID-19 vaccination into all public health activity packages and the intensification of vaccination campaigns.

The COVID-19 vaccination campaign was integrated with several activities, including polio campaigns, routine immunization and livestock immunization. This innovative integration approach has led to an exponential increase in vaccination coverage, which rose from 15% in February 2022 to 50% in December 2022.

CAR confirmed its first case of COVID-19 on 14 March 2020. Despite the restriction and prevention measures put in place by the government (containment, closure of gathering places, systematic screening, isolation of positive cases, etc.), existing data show 15 330 positive cases and 113 deaths recorded as of 4 December 2022. For a country prone to a glaring lack of financial, human, material and infrastructural resources, it was especially necessary to find innovative strategies like these to control the epidemic.

FOR MORE INFORMATION
Dr Nsenga Ngoy | Country Representative | WHO Central African Republic | nsengan@who.int
Dr Gervais Léon Folefack Tengomo | Team Leader for Emergencies Programme | WHO Central African Republic | folefacktengomog@who.int

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

GRADE 3 EMERGENCY

People in need

26.4 MILLION[1]

People targeted

10 MILLION

Requirements (US$)

41.1 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

Over the past years, several epidemic outbreaks have occurred in the DRC, notably cholera, Ebola disease caused by Sudan virus, polio, measles, mpox and COVID-19. Vaccination coverage against COVID-19 in the DRC is one of the lowest in the WHO African Region. To prepare for and prevent the spread of the Ebola disease outbreak declared in bordering Uganda into the country, the DRC is implementing strengthening surveillance at points of entry. Efforts are also ongoing to curb the current outbreak of mpox and cholera.

In addition, the DRC is facing a humanitarian crisis linked to the health consequences of the Nyiragongo volcanic eruption and to the fighting between the regular army and rebel groups, which have led to massive population displacement. A total of 5.7 million civilians have been displaced, which is the highest number of displaced persons in Africa. This complex humanitarian crisis in the DRC leaves 26.4 million people in need of emergency humanitarian assistance, 10.3 million of whom are targeted and 5.5 million of whom require emergency health assistance. This situation is also leading to an increase in various health problems, such as sexual violence and mental health conditions.

This situation is further straining a fragile health system that is overburdened and heavily dependent financially on religious denominations, nongovernmental organizations and the UN, as a result of poor government spending. Strikes by public health care providers, the volatile security situation in the eastern provinces (Ituri, North and South Kivu) with attacks on health care facilities, workers, transport and patients, inadequate road infrastructure in some provinces and the lack of essential medicines for basic and emergency care are further complicating the situation.

Vaccination session against COVID-19 for vulnerable populations in the city blocks of Kinshasa province.

Photo credit: WHO/ Marlene Dimegni)

RESPONSE STRATEGY

To ensure that all three levels of WHO (country office, regional office and headquarters) provide adequate support to the response to this humanitarian crisis, interventions will continue to be implemented in accordance with the WHO emergency response framework. This response will also be aligned with WHO's 13th General Programme of Work, the WHO-DRC cooperation strategy and the DRC humanitarian plan, all aimed at reducing excess morbidity and mortality from diseases with epidemic potential and those related to the health consequences of humanitarian crises and health insecurity, as well as improving access to quality essential health services for vulnerable populations in DRC. Efforts will be further strengthened by the Transforming African Surveillance Systems (TASS) and Strengthening and Utilizing Response Groups for Emergencies (SURGE) initiatives, which are projects set up by WHO/AFRO, that aim to ensure the rapid detection of health events in order to bolster emergency health interventions while preventing the interruption of essential health services and reducing morbidity and mortality.

To achieve the strategic objectives, WHO and other partners will support the DRC's Ministry of Public Health, Hygiene and Prevention to strengthen the health response's coordination at national and sub-national levels.

WHO and partners will continue to support the country to scale up and sustain infection prevention and control, surveillance and investigation of infectious diseases, point of entry surveillance and genomic surveillance, as well as to strengthen disease detection by providing sample collection kits, rapid antigenic diagnostic tests and medical and psychological care.

The health information system will be strengthened to generate reliable data in real-time and risk communication and community engagement intensified.

Investments made over the years in terms of the construction of health facilities, donation of medical materials and equipment and rolling stock will be used to build a resilient health system.

KEY ACTIVITIES

The objective of the national response plan for COVID-19 in the DRC is to reduce mortality and morbidity related to COVID-19 in all its forms by helping to interrupt transmission and minimize the health and socio-economic impact throughout the country. WHO will:

- Continue to support the IMS put in place by the government, as well as the emergency operations center
- Ensure that all guidelines and protocols are put in place and disseminated to facilitate COVID-19 response efforts
- Strengthen surveillance capacities for COVID-19 in communities and health facilities through active search and contact tracing, focusing on high-risk settings and points of entry (PoE) at national and sub-national levels.
- Strengthen diagnosis and screening capacities
- Strengthen genomic surveillance
- Strengthen infection prevention and control activities
- Strengthen at-home and medical care in hospitals of patients followed at home and in the facilities, through the supply of drugs (Tocilizumab), home monitoring kits, medical equipment for intensive care and the use of oxygen production units
- Continue polio response
- Strengthen risk communication and commitment as well as the management of infodemics
- Ensure that COVID-19 vaccines are accessible to all those who need them by using available global, regional and national mechanisms and removing barriers to access through relevant strategies (organization of mass immunization campaigns, community engagement)

Maternity health unit at the national hospital in Brazzaville.

Photo credit: WHO / Armel Mboumba

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Strengthen capacities to prepare for and prevent health events and emergencies

WHO will work to strengthen the health system's capacity to prepare for, detect and respond to disease outbreaks and other health emergencies.

- Strengthen national and sub-national capacities to prepare for and prevent public health events through conducting risk assessments, using the Strategic Tool for Assessing Risks (STAR) tool in 16 provinces of the country and developing a multi-hazard contingency plan.
- Train rapid response teams in 16 of the country's 26 provinces, as well as setting up emergency medical teams.
- Popularize the national infection, prevention and control strategy
- Prevent sexual exploitation and abuse,
- Enhance COVID-19 vaccination coverage
- Over 95% of provinces will have trained and established rapid response teams.
- All 26 DRC provinces will have conducted risk assessments.
- DRC will have a multi-hazard contingency plan based on risk assessments.
- DRC will have a working emergency medical team
- Weekly epidemiological reports will have over 95% completeness
- Weekly epidemiological reports will have over 90% accuracy

STRATEGIC OBJECTIVE 1

Strengthen capacities for timely detection, rapid reporting and confirmation of all outbreaks and other health emergencies

WHO will work to strengthen the disease surveillance system.

- Preposition outbreak investigation kits, deploy rapid response teams and emergency medical teams
- Enhance health information capacities
- Strengthen active case finding with the use of antigenic rapid diagnostic tests at the community and health facility levels.
- Enhance diagnostic and sequencing capacities
- 95% of alerts will be investigated within 48 hours of notification.
- 100% of alerts will be investigated and validated within 48 hours of notification.
- Cholera case fatality will be reduced to less than 1%.
- COVID-19 case fatality will be reduced to less than 1%.
- Weekly epidemiological reports will have over 90% accuracy

STRATEGIC OBJECTIVE 3

Strengthen capacities to rapidly respond in a coordinated manner to outbreaks and other public health emergencies

WHO will work to strengthen rapid response capacities.

- Ensure the Incident Management System (IMS) is implemented in response to each emergency,
- Strengthen clinical laboratory practices, infection prevention and control (IPC), contact tracing and case management for priority diseases
- Provide medical equipment, essential drugs and home monitoring kits.
- Enhance risk communication and community engagement as well as disease management
- 90% of outbreaks will be detected and confirmed with timely response.
- 95% of public health events will be contained within sub-national boundaries.
- 50% of the general population will be fully vaccinated against COVID-19.
- At least 3 SURGE teams will be operational in DRC

STRATEGIC OBJECTIVE 4

Strengthen effective coordination to increase access to essential health services for the most vulnerable populations

WHO will ensure the health sector's coordination is maintained to deliver essential health services to the vulnerable population

- Strengthen the coordination of humanitarian actors, including through the Incident Management System (IMS) and the Emergency Operations Centre functionality.
- 5.5 million people affected by humanitarian crises and epidemics will access to basic health services.
- A joint evaluation of the Outbreak, Crisis Response and Scalable Operations (OCR) plan will conducted quarterly.

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ ‘000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	640	1931	2571
P2. Risk communication and community engagement	106	1513	1619
P3. Surveillance, case investigation and contact tracing	692	5674	6367
P4. Travel, Trade and Points of entry	52	761	813
P5. Diagnostics and testing	587	2148	2735
P6. Infection prevention and control	209	6965	7174
P7. Case management and therapeutics	1388	8745	10 132
P8. Operational support and logistics	368	2373	2741
P9. Essential health systems and services	157	811	968
P10. Vaccination	3975	1150	5125
P11. Research, innovation and evidence	426	429	855
Total funding requirements	**8601**	**32 499**	**41 100**

Raising awareness of the population of the city and province of Kinshasa on vaccination against COVID-19 and vaccine preventable diseases.

Photo credit: WHO/Marlene Dimegni

SUCCESS STORIES

OXYGEN PRODUCTION UNITS SAVING LIVES IN KINSHASA

The installation of oxygen units in major health care centers in Kinshasa has helped transform the management of patients requiring oxygen. The DRC has seen five waves of COVID-19, of which the first three were very deadly. One of the main causes identified was insufficient access to pure oxygen in most of the health care institutions of the country, and more particularly in the provincial city of Kinshasa, the epicenter of the epidemic. The donation of the units by the WHO has not only supported the management of COVID-19 patients, but people facing other illnesses.

WHO, with the support of its donors, set up the project to install two oxygen production units in Kinshasa, at the University Clinics of Kinshasa and the Sinocongolese Friendship Hospital. Each unit has a production capacity of nearly 88 bottles of oxygen per day with a purity of 96%.

THIS PROJECT, A FIRST IN THE CITY OF KINSHASA AND MORE PARTICULARLY IN THESE TWO HEALTH CARE INSTITUTIONS, HAS STRENGTHENED, TO THE GREAT SATISFACTION OF THE DRC GOVERNMENT, THE HEALTH CARE SYSTEM AND HAS CONTRIBUTED TO THE MANAGEMENT OF OTHER PATHOLOGIES.

FOR MORE INFORMATION
Dr DJIGUIMDE, Amédée Prosper | OIC, WHO Office DRC| djiguimdea@who.int
Dr DIALLO, Amadou Mouctar | TL ai EPR/WHE, WHO Office DRC | diallom@who.int

nauguration by the Minister of Health of the oxygen production unit installed by WHO at the University Clinics of Kinshasa.

Photo credit: WHO/Marlene Dimegni

ETHIOPIA

GRADE 3 EMERGENCY

People in need

28.6 MILLION[1]

People targeted

26.6 MILLION

People in need of health assistance:

13.1 MILLION

Requirements (US$)

128 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

The humanitarian situation in Ethiopia remains complex and volatile. The combined effects of the conflict in Tigray, access constraints and the drought affecting the south and southern regions, are hampering the health and well-being of millions of civilians. These factors are also causing internal displacement and enhancing the risk of disease transmission.

Following the signing of the Cessation of Hostilities Agreement (CoA), the humanitarian access situation in Northern Ethiopia is gradually improving. Inland access to Tigray resumed via several corridors and humanitarian flights (both for personnel and supplies) have increased their operations. The improvement of the access situation opens new windows of opportunities to scale up WHO interventions to actively participate in the efforts of reconstruction/rehabilitation of health infrastructure as well as the restoration of lifesaving health services through the prepositioning of medical kits, supplies and commodities.

Acute malnutrition remains a major public health concern. The prolonged drought, especially in the south and southern regions, continues to compromise fragile livelihoods, thereby hampering the existing poor nutritional status. Coupled with food insecurity, disease outbreaks and weakened immunity have increased the risk of morbidity and mortality.

The combined effect of these emergencies is leading to a gradual disruption of the health delivery system. The overstretching of health services in towns and cities hosting internally displaced persons (IDPs) has put the most vulnerable at increased risk of disease and death by common causes of illness. Hard-earned gains in epidemiological surveillance and response, including immunization, might be lost and the risk of outbreaks is high due to overcrowded IDP camps and the disruption of routine immunization. As a result, millions of people have been put at risk of epidemic-prone diseases such as measles, polio, cholera, meningitis, malaria and COVID-19.

Afar Health Bureau water, sanitation and hygiene (WASH) officer Birhanu Mulu (left), and WHO WASH and IPC officer Yohannes Gebremichael (right) collect water samples from a borehole in Aysaita, Afar, on 20 October 2022.

Photo credit: Martha Tadesse

RESPONSE STRATEGY

To address these emergencies, WHO will collaborate with the Federal Ministry of Health, the Ethiopian Public Health Institute (EPHI), the Regional Health Bureaus (RHBs) and other health partners to expand on current health sector development initiatives and improve response readiness for a further deterioration of the humanitarian situation. At the same time, WHO and its partners will work to increase capacities and incorporate risk management and resilience-building strategies to promote long-lasting solutions to the crisis.

WHO will provide material and operational support to priority health facilities to ensure continuity in the delivery of essential health services, including emergency and trauma services; newborn, maternal and child health services; emergency and essential surgical care; mental health and psychosocial support (MHPSS); reproductive health services and clinical management of survivors of rape and intimate partner violence (CMR/IPV) for survivors of gender-based violence (GBV); the management of severe acute malnutrition (SAM) with medical complications; the detection and management of priority communicable diseases; and the management of chronic diseases.

WHO will support the broader implementation of public health measures to prevent and manage disease outbreaks, with a focus on malaria, cholera, measles, polio, yellow fever, meningitis and COVID-19. To do so, WHO will invest in capacity building of national and local partners, and resume diagnostic testing, vaccination campaigns, mass drug administration and vectors control activities. WHO will also establish and operate dedicated treatment centers and ensure inter-sectoral collaboration with other clusters (especially Water, Sanitation and Hygiene (WASH) and Nutrition) for the physical improvements of shelters, nutrition and WASH. Public health measures for disease control will be integrated within essential health service delivery as well as epidemiological surveillance and early warning mechanisms.

Activities will cover all of Ethiopia, with a particular focus on the conflict-affected regions (Tigray, Afar, Amhara) and those affected by the ongoing drought (with special emphasis on Oromia and Somali regions). Activities will be harmonized with ongoing interventions undertaken by the UN as well as national and local partners and will be aligned with the health cluster's strategy, as well as with Human Reproduction Programme (HRP)'s country objectives. In this sense, WHO will leverage its role as the health cluster lead to strengthen inter-sectoral coordination and health information systems, with an emphasis on enhancing protection and access to essential health services.

KEY ACTIVITIES

- Enhance surveillance capacities to prevent and manage outbreaks
- Provide supplies, drugs and commodities to refill health facilities' stocks
- Improve the health sector's capacity gaps by providing training on the Integrated Disease Surveillance and Response (IDSR), the treatment of SAM and MHPSS, the response to GBV and the prevention and response to sexual exploitation, abuse and harassment (PRSEAH)
- Provide support for transition and the integration of COVID-19 response into essential health services and other public health emergency programs
- Support the demand for vaccines thereby strengthening immunization programs and improving vaccination coverage
- Strengthen local partners' capacities to provide essential health services in the field (e.g. deployment of mobile health nutrition teams (MHNT) and rapid response teams (RRT)
- Lobby with national and local authorities to ensure that hard-to-reach zones are provided with the necessary level of medical stocks and services and
- Leverage WHO's role as health cluster coordinator to harmonize activities and efforts among health partners

On 19 October 2022, nurse Amin Ahmed weighs and measures 12-month -old Zahara during a check-up from the Eltomale Site Mobile Health and Nutrition Team in Chifra, Afar.

Photo credit: Martha Tadesse

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Ensure the delivery of essential health services in nnorthern Ethiopia

- WHO will ensure continuity in the provision and delivery of lifesaving health services among the population affected by the conflict in northern Ethiopia
- The number of deaths, missing persons and persons affected by disasters per 100 000 population will be reduced
- The number of vulnerable people in fragile settings provided with essential health services will be increased to at least 80%

STRATEGIC OBJECTIVE 2

Reduce mortality and morbidity attributable to drought

- WHO will reduce mortality and morbidity linked to the humanitarian crisis connected to the drought in the south and southern regions of Ethiopia
- The number of deaths, missing persons and persons affected by disasters per 100 000 population will be reduced
- The preventable deaths of newborns (neonatal mortality rate) and children younger than 5 years (under-5 mortality rate) will be reduced by 17% and 30% respectively
- Premature mortality (age 30–70 years) from noncommunicable diseases will be reduced relatively by 20% through prevention and treatment

STRATEGIC OBJECTIVE 3

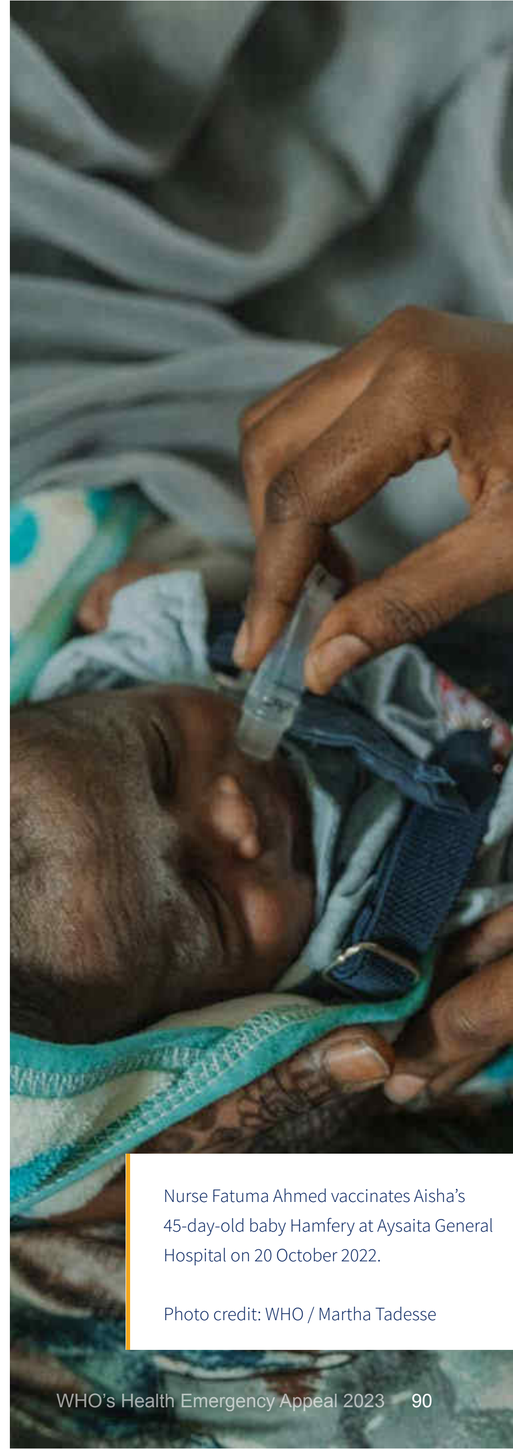
Strengthen the response to COVID-19

- WHO will strengthen Ethiopia's overall COVID-19 response, including its epidemiological surveillance and early warning system
- National and local authorities will be supported to increase immunization coverage against COVID-19
- The availability of essential medicines for primary health care, including those free of charge, will be increased to 80%
- The health system's capacity to cope with COVID-19, including through the management of point of entries and its integration into other programs, will be improved

STRATEGIC OBJECTIVE 4

Strengthen emergency preparedness

- WHO will expand the implementation of prevention and response to disease outbreaks activities
- Immunization coverage for cholera, yellow fever, meningococcal meningitis, polio and measles will be increased
- The availability of essential medicines for primary health care, including those free of charge, will be increased to 80%



Nurse Fatuma Ahmed vaccinates Aisha's 45-day-old baby Hamfery at Aysaita General Hospital on 20 October 2022.

Photo credit: WHO / Martha Tadesse

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	54	10 693	10 746
P2. Risk communication and community engagement	112	1301	1414
P3. Surveillance, case investigation and contact tracing	64	18 061	18 125
P4. Travel, Trade and Points of entry	423	2545	2968
P5. Diagnostics and testing	187	107	294
P6. Infection prevention and control	530	18 132	18 662
P7. Case management and therapeutics	268	2091	2358
P8. Operational support and logistics	375	26 775	27 149
P9. Essential health systems and services	302	41 980	42 282
P10. Vaccination	321	3314	3635
P11. Research, innovation and evidence	321	-	321
Total funding requirements	**2995**	**124 999**	**127 955**

On 18 October 2022, Aisha sits in a temporary shelter that she's been displaced to as a result of ongoing drought in Afar, Ethiopia. "There was no rain for more than four months," she said. "We could not feed our animals, so we were left without milk to drink or sell."

Photo credit: Martha Tadesse

SUCCESS STORIES

VOICES OF THE PEOPLE AFFECTED BY DROUGHT IN THE SOMALI REGION

In early June 2022, WHO Ethiopia's Emergency Preparedness and Response team visited the Somali Regional State to provide technical support and oversight of the health response to the severe health consequences of drought and food insecurity in the region. Over 3.5 million people, half of the population in the Somali region, are affected by the drought, whilst malnutrition among children and breastfeeding mothers continues to rise.

The WHO team visited stabilization centers where children with severe acute malnutrition are treated. The team met with several stakeholders caring for children with acute malnutrition, including WHO-trained doctors and nurses at the facilities, caregivers and communities and officials from the Somali Regional Health Bureau.

The mobile health and nutrition team were deployed among the displaced communities to provide health care services within their settlement sites. The communities were made aware of the team's operating schedule, enabling them to wait under tree sheds to receive health services.

HOPE AND RESTORATION AT GODE HOSPITAL WHERE AILING CHILDREN RECEIVE LIFE-SAVING TREATMENT

When her 11-month-old son, Abdulnasir, refused to breastfeed or eat his food, Amina knew something was seriously wrong with him. He had had diarrhea, vomiting and fever for more than a week, but it was when he kept crying in pain, stopped feeding altogether and got very weak that she got alarmed and brought him to Gode Hospital in Somali Region. Following a thorough examination upon arrival at the hospital, Amina was informed that her baby was suffering from severe acute malnutrition (SAM) with dehydration due to diarrhea and vomiting and that he would need to be admitted to the SAM Treatment Center at the hospital. Dehydration is one of the common medical complications in children with severe acute malnutrition, contributing to morbidity and death.

SUCCESS STORIES

WORLD HEALTH ORGANIZATION ETHIOPIA JOINS EMERGENCY RESPONSE TO CONTAIN THE CHOLERA OUTBREAK

World Health Organization (WHO) Ethiopia has joined Ethiopia's health authorities in their emergency response to a cholera outbreak in Harena Buluk and Berbera Woredas in the Oromia region.

On 14th September 2022, the first cases of cholera were reported to the WHO Ethiopia Country Office after four stool samples with culture grown for vibrio cholerae were tested. In response, WHO Ethiopia, Oromia Region Health Bureau (ORHB) and Ethiopian Public Health Institute (EPHI) dispatched a multidisciplinary rapid response team (RRT) to the two Woredas. The team arrived on the scene on 16th September 2022, within 48hrs after it was first reported.

FOR MORE INFORMATION
Patrick Abok | WHE Lead | WHO Ethiopia | abokp@who.int
Dr Boureima Sambo | WHO Representative | sambob@who.int

On 19 October 2022, Medina and her 12-month-old son Siso are seen by Jemal Endris, a health officerwho is part of the Eltomale Site Mobile Health and Nutrition Team in Chifra, Afar.

Photo credit: Martha Tadesse

GREATER HORN OF AFRICA

GRADE 3 EMERGENCY (CONSOLIDATED APPEAL)

- **Estimated total population:** 294 million (World Bank)
- **Acutely Food Insecure Population (high level):** 46.3 million (IPC 3+ crisis or worse)
- **Number of refugees:** 4.5 million (UNHCR)
- **Internally Displaced Persons:** 13.5 million (UNHCR)
- **Estimated acutely malnourished children (under 5 years):** 1.8 million (Somalia), 1.4 million (South Sudan), 884k (Kenya) and 104K (Uganda)
- **Estimated severely acute malnourished children (under 5 years):** 514k (Somalia), 346k (South Sudan), 223k (Kenya) and 16.5k (Uganda).
- **WHO steering 4 health clusters** and coordinating 262 partners in service of 21.5 million people (Ethiopia, Sudan, South Sudan and Somalia)
- **Attacks on health care:** 73 attacks, 113 injuries, 93 deaths (Jan 21-Dec 22 in 3 countries)
- **Under- five mortality rate (per 1,000 live births, IGME 2020):** Somalia 115, South Sudan 98, Sudan 57
- **Ongoing outbreaks as of 16 December 2022:** Measles (6 countries), Cholera (4 countries), Yellow Fever (2 countries), Mpox, Hepatitis E, Polio, Dengue, Anthrax, Malaria, Ebola disease (caused by Sudan virus)
- **Funding requirements:** US$ 165 million (Jan-Dec 2023)

CONTEXT

The Greater Horn of Africa is one of the world's most vulnerable geographical areas in relation to impacts of climate change and is currently experiencing one of the worst food insecurity situations in decades. It is estimated that more than 46 million people are in Integrated Food Security Phase Classification (IPC) Phase 3 or above.

The sub-region is home to a large pastoralist population with significant vulnerabilities. Currently, the region, which includes Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda is experiencing rising food insecurity due to extreme climate events such as drought and flooding, as well as conflict, socio-economic impacts of the COVID-19 pandemic, and volatile food and fuel prices, all of which are contributing to the creation of a huge humanitarian crisis. Regardless of future rainfall performance, the recovery period from a drought this severe will take years, with extremely high humanitarian needs even set to increase in 2023.

As malnutrition increases both the likelihood of falling sick and the severity of disease[1], a food crisis is therefore a health crisis. In addition, sick people become more easily sick. Many people must choose between food and health care, with serious implications both for conditions that need long-term treatments, such as Tuberculosis (TB) or human immunodeficiency virus (HIV) and non-communicable disease, but also for routine preventive health care services - including for reproductive, maternal and child health – with grave consequences. Disruptions in access to health care can further increase morbidity and mortality, as fragile livelihoods force communities to modify their health-seeking behavior and prioritize access to immediate life-saving assets such as food and water. In addition, displacement often further interrupts utilization of health care services, including preventive services like vaccinations.

More than 46 million people across the region are estimated to be in a 'crisis' situation (IPC 3 or worse), within which approximately 275,000 people across Somalia and South Sudan are experiencing a 'catastrophe' (IPC phase 5) situation.

[1]How is a Food Crisis a Health Crisis? WHO Infographic, see WHO 2022

A mother comforts her severely malnourished baby at Bay Regional Hospital on 8 November 2022 in Baidoa, Somalia.

Photo credit: WHO / Ismail Taxta

In areas affected by food insecurity, outbreaks of communicable diseases are a major public health concern, particularly against a backdrop of often low immunization rates (exacerbated by the COVID-19 pandemic), insufficient health service coverage and the devastating combination of malnutrition and disease. Pregnant and lactating women, newborns, children, the elderly, and people living with chronic diseases such as tuberculosis (TB) and human immunodeficiency virus (HIV), are particularly vulnerable.

While finding food and safe water is a priority, health considerations are essential to avert preventable disease and death. Lastly, the region is largely affected by the continued upsurge of outbreaks of infectious diseases, including Cholera, Measles, Yellow Fever, Mpox, Hepatitis E, Dengue, Malaria and Sudan Virus disease (SUVD) Ebolavirus disease, which WHO considers to be a major concern. Extreme weather events, massive displacement, food insecurity and malnutrition, limited access to health care and low immunization rates all contribute to an increasing risk of disease outbreaks.

Based on WUENIC (WHO/UNICEF) estimates for the last three years, the routine immunization coverage has been below the expected target, especially in Djibouti, Ethiopia, Somalia, and South Sudan, as a result of conflict, the COVID-19 pandemic, and displacement, fueling the risk of disease outbreaks, which are already a public health concern in areas affected by drought and flooding. Additionally, large-scale displacement may hamper surveillance for epidemic-prone diseases, as well as routine immunizations, further worsening the situation. These health risks clash with an already fragile health system.

REGIONAL PRIORITIES

Health is an essential component of the response to the ongoing emergency, in preventing, reducing, and reversing the causal relationship between poor nutrition, disease and death. As part of ongoing efforts to prevent and respond to food insecurity, WHO will ensure the seamless supply of high-quality critical medicines including contingency stockpiles. Also, WHO and its partners will deliver emergency services to people in need either directly or through local partners, placing emphasis on hard-to-reach areas. In addition, WHO aims to improve national capacities for a more rapid, effective, and resilient health system response.

Emphasis will be placed on vulnerable populations, especially women and children, the elderly, pastoralists, internally displaced persons (IDPs), refugees, persons with disabilities and those with underlying health conditions, such as HIV/AIDS.

Where possible, WHO's emergency response will build on the existing health infrastructure and its network of partners and community resources. WHO leads the coordination through Health Clusters and other coordination mechanisms among health sector partners and will continue to support health authorities, UN and NGO partners to deliver a package of high-impact interventions to address food insecurity among affected communities, particularly targeting IDPs, refugees, children under five years, newborns, and pregnant and lactating women. WHO will also safeguard the provision of an essential health services package, to encompass maternal and newborn health, immunization, nutrition, mental health and gender-based violence (GBV) services, ensuring implementation of infection prevention and control measures and water quality monitoring at health facilities. A taskforce based in Nairobi will continue to organize and lead its multi-country response and provide technical support to countries in the region.

A key priority for WHO is to ensure high quality health information to guide response efforts to where they are needed most. This includes ensuring the integration of nutrition into health surveillance, alongside strengthening disease surveillance, including early warning and alert systems, and building mortality surveillance. WHO will work with Member States and partners to further advance capacity in this field. WHO will also identify the availability and use of essential health and nutrition services, address barriers to access and analyze the capacity of the health system to cope. This intelligence helps to steer resources for an early response to save life and enable an efficient and informed response.

Further, WHO will put emphasis on outbreak prevention and control, working with its partners on the analysis of surveillance data to support evidence-based interventions. WHO will support the implementation of preventive actions, such as immunization measures as well as field investigations for outbreak verification and response. Importantly, WHO will ensure procurement and pre-positioning of key supplies for outbreak response.

Above-mentioned priorities are complemented by stringent Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) measures: across the region, WHO has a zero-tolerance approach to sexual exploitation and abuse and abides strictly to the Secretary General Bulletin (2003/13) and to the IASC 6 core principles. To ensure this, several measures were implemented in the drought and floods emergency response in 2022 and will be extended and upscaled in 2023.

To date, dedicated PSEAH focal points have been assigned to all 7 countries to ensure key activities are implemented to prevent and to respond to SEA, including training for staff, effective reporting mechanisms and mindful communication with the community. To facilitate and coordinate PSEAH related activities on country level, a PSEAH expert based in the Nairobi hub provides technical support and mentorship to the countries. In 2023, activities will focus on ensuring training for all frontline staff involved in the emergency response, which enables a solid system allowing for prevention and response measures when it comes to sexual exploitation and abuse (SEA). Also, there will be activities rolled out with focus on beneficiaries ensuring their involvement in developing appropriate response and prevention to SEA, and to customize reporting mechanisms which work for beneficiaries in different countries and contexts.

A health worker at Kapelebyong Health Centre IV checks the circumference of a child's arm using a mid-upper arm circumference (MUAC) measure, which is a quick way of identifying children at risk of malnutrition.

Photo redit: WHO / Esther Ruth Mbabazi

RESPONSE PILLARS

PILLAR 1

Coordination and collaboration

WHO will lead coordination across health sector partners and intersectoral collaboration with the Nutrition, Food Security and Water, Sanitation and Hygiene (WASH) sectors.

Together with Ministries of Health, WHO will ensure the activation and smooth functioning of emergency management platforms, such as Health Emergency Operation Centers (HEOCs). WHO will continue to advocate on the health risks of food insecurity and the role of the health sector in the overall response.

PILLAR 2

Surveillance and information

WHO will work to ensure the integration of nutrition into health surveillance, alongside strengthening disease surveillance, including early warning and alert systems, to ensure rapid response to outbreaks and other public health events is possible.

WHO will work with Member States to map the availability and use of essential health and nutrition services, address barriers to access and assess capacity of the health system to cope with population movements and changing needs.

WHO will also ensure water quality surveillance and collaborate with Nutrition and Food Security Clusters on IPC analysis. WHO will strengthen mortality surveillance across countries

PILLAR 3

Outbreak prevention and control

Together with Member States, WHO will ensure analysis of surveillance data to support evidence-based interventions, considering contextual issues such as seasonality, population movement, morbidity patterns and historical trends.

With its partners, WHO will support the implementation of preventive actions such as large-scale immunization campaigns, vector control measures and field investigations for outbreak verification and response. Focus will also be placed on strengthening capacity for case management. Importantly, WHO will also work on the procurement and pre-positioning of essential medicines and supplies for outbreak response.

PILLAR 4

Essential nutrition actions

WHO will help build capacity for screening and referral systems at community and health facility level, both for malnutrition and disease.

WHO will ensure that relevant actions can be provided in all health facilities, including complementary and micronutrient supplementation and treatment of sever acute malnutrition (SAM) with medical complications. WHO will work with partners to support optimal infant and young child feeding (IYCF) and to provide nutritional/supplementary feeding for people living with acquired immunodeficiency syndrome (AIDS), patients with tuberculosis (TB), and older persons with chronic diseases.

PILLAR 5

Essential health services

WHO will continue to support the development and delivery of a minimum package of health services at health facility and community level.

To boost screening for malnutrition and illness, WHO will work with the Ministries of Health and other partners to use every contact as an opportunity for screening (including vaccination campaigns, home visits, and trained community health workers).

WHO will also coordinate with the nutrition sector to strengthen referral systems between health and nutrition programs. To monitor the quality and availability of health services, WHO will maintain its training outreach for health care workers and undertake regular supervisory visits of health facilities.

GREATER HORN OF AFRICA - CONSOLIDATED APPEAL

DJIBOUTI

- Estimated total population (World Bank): 1 million
- Acutely Food Insecure Population – high level (IPC3+): 192 000
- Number of refugees (UNCHR): 37 000
- Internally Displaced Persons: 6 000
- Ongoing outbreaks (WHO): Measles

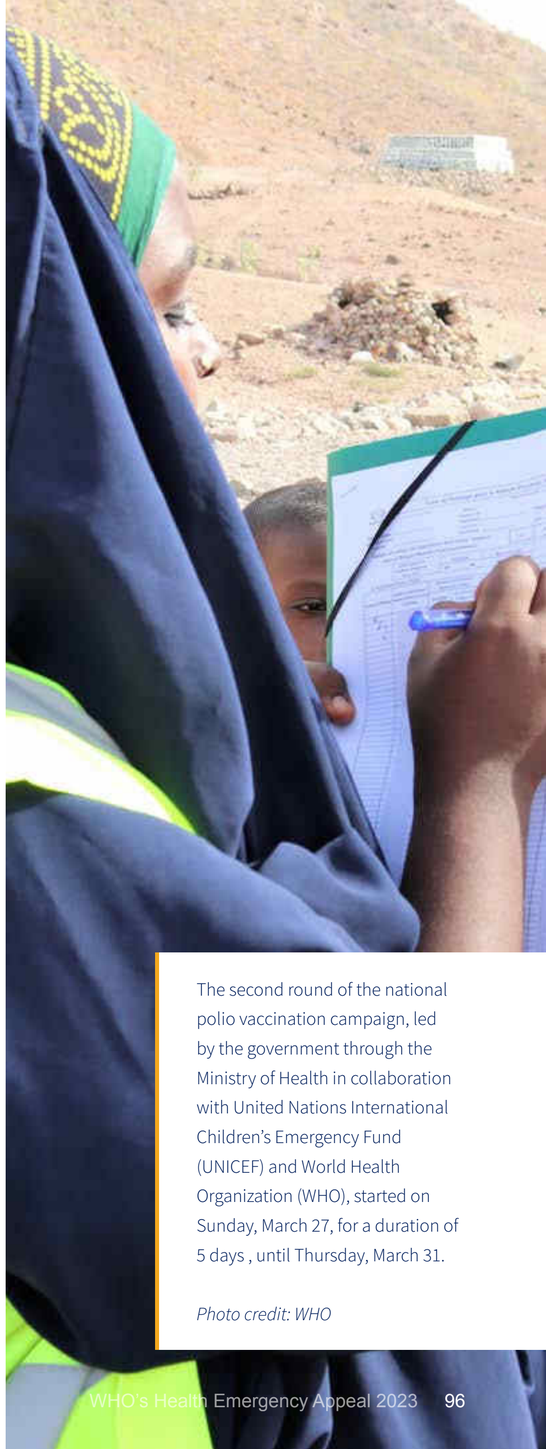
Djibouti has been facing a persistent drought which has left 400,000 people in need of humanitarian assistance and has had major consequences on health, nutrition, and food security. Up to 50% of Djibouti's traditionally rural population's livestock has been lost, and according to the national rapid assessment, 54% of the rural households faced inadequate food consumption.

The drought continues to aggravate pre-existing vulnerabilities and the health consequences on children are severe. Global acute malnutrition (GAM) is prevalent among children under five years of age living in rural settings. The admission trends of children admitted to health posts and clinics and receiving treatment for Severe Acute Malnutrition (SAM) has increased by approximately 26%.

WHO and its partners continue to implement surveillance and response programs, which aim to prevent and cure most non-communicable and communicable diseases including malaria, measles, and polio.

KEY RESULTS IN 2022

- More than 39 000 children vaccinated against measles (90% coverage) and more than 158 000 under-fives reached through a polio vaccination campaign.
- Eight surveillance focal points deployed to strengthen nutritional surveillance and response activities.
- Expert nutritionists were deployed to strengthen nutritional surveillance and response activities and to improve general quality of medical care for management of SAM.
- Supported MoH in strengthening surveillance activity by providing training to health personnel on sample collection and shipment.
- Established a surge team to support the emergency response; deployed 7 nutrition focal points in six regions.
- Focus on quality assurance of vaccination campaigns and improved health information management through provision of technical experts.
- Nutritional kits (13 SAM/MAM kits), and essentials (therapeutic milk, F75, and F100) were distributed.



The second round of the national polio vaccination campaign, led by the government through the Ministry of Health in collaboration with United Nations International Children's Emergency Fund (UNICEF) and World Health Organization (WHO), started on Sunday, March 27, for a duration of 5 days , until Thursday, March 31.

Photo credit: WHO

GREATER HORN OF AFRICA - CONSOLIDATED APPEAL

ETHIOPIA

- Estimated total population (World Bank): 118 million
- Acutely Food Insecure Population- high level (IPC3+) (OCHA HRP 2022): 20.4 million
- Number of refugees (UNCHR): 876 000
- Internally Displaced Persons:: 4.6 million
- Ongoing outbreaks (WHO): Measles, Cholera, Malaria, Polio, Anthrax, Dengue and Chikungunya

Ethiopia is currently experiencing one of the worst drought crises, resulting from delayed and sub-optimal rains for the last five seasons. This has affected at least 17 million people living in the drought affected areas of Somali, Oromia, Afar, Southern Nations Nationalities and People's Region (SNNP) and regions found in the eastern and southeastern parts of the country. Severe water shortages and loss of livestock have led to several thousand people migrating in search for resources including water, food, health and nutrition services. This situation is associated with a significant deterioration in food security, the disruption of essential health services, including routine immunization services, increasing levels of acute malnutrition, and disease outbreaks such as measles, malaria, cholera, meningitis and diarrheal diseases. There is limited capacity and preparedness activity implemented in the drought-affected areas to respond to outbreaks.

Among the reported effects are increased risk of infectious diseases, such as cholera, diarrhea, and pneumonia, lack of water and sanitation, displacement, psycho-social stress and mental health disorders, and disruption of local health services due to a lack of water supplies. WHO and its partners have been able to provide some humanitarian support to affected communities, but is affected by resource and access constraints, resulting in about 51 % of the drought-affected areas being without health partners.

KEY RESULTS IN 2022

- 233.7 metric tons of emergency health kits (IEHK, pediatric SAM, Cholera kits) distributed to the Ministry of Health (MoH) to increase health care management capacity in drought-affected areas.
- Supported implementation of reactive measles vaccination campaigns.
- Trained 736 health workers on severe acute malnutrition management, 120 health workers on gender-based violence and 305 health workers on MHPSS.
- Over 470 Rapid Response teams trained to strengthen surveillance and outbreak response.
- Surveillance officers deployed to support the MoH to strengthen case identification, reporting and outbreak response.
- Supportive supervisions conducted at 40 health facilities to improve and streamline the disease surveillance and reporting activities.

Temira is pictured wtih her 12-month-old daughter Zahara in front of the Eltomale Site Mobile Health and Nutrition Team in Chifra, Afar.

Photo credit: WHO / Martha Tadesse

GREATER HORN OF AFRICA - CONSOLIDATED APPEAL

KENYA

- Estimated total population (World Bank): 55 million
- Acutely Food Insecure Population- high level (IPC 3+): 4.4 million
- Acutely Malnourished Children (Estimated, IPC): 884 000
- Ongoing outbreaks (WHO): Measles, Cholera, Chikungunya, Yellow fever

Kenya is facing a protracted drought that has been ongoing since 2021. It is projected that 4.35 million people will be in need of humanitarian assistance in 2023. The worsening food security situation in 2022 has resulted in acute malnutrition rates across the country, with 942 000 children aged 6-59 months acutely malnourished and 134 000 cases of pregnant or lactating women acutely malnourished and in need of treatment. The situation has resulted in communities becoming more vulnerable, with deaths in some counties, and surges in disease epidemics including most recently cholera, Chikungunya, Dengue Fever, along with deaths related to Yellow Fever and Visceral Leishmaniasis.

Access to adequate essential health services continues to impact regions with remote health facilities leading to under-utilization of static health facilities and reduced health service delivery approaches, such as integrated outreaches. The worsening severe acute malnutrition (SAM) rates are impacting the health status of children and women, with deaths reported in some counties, and an increase in disease outbreaks. Women of reproductive age are increasingly experiencing pregnancy-related complications and limited access to family planning information and services.

KEY RESULTS IN 2022

- In collaboration with the MoH, WHO chaired the development of the National Drought response operational plan and the Strategic response plan for 2023 for a coordinated and response.
- In partnership with the MoH, WHO improved the early warning system in disease detection and monitoring and strengthening community-based surveillance network (CBS) in counties with high risk of Ebola outbreak.
- IMAM (Integrated Management of Acute Malnutrition) training supported in 9 counties - 687 HCWs have been trained.
- Procurement of RUTF - 5000 BOXES of 150 sachets (92 g) - to be shipped to Kenya in December.
- Screening of children for malnutrition and referral for treatment in OTP and SC sites.
- Distribution of IEHK kits – 1334 Basic Module and 548 Basic equipment, (35 Cholera Kits, 500 additional IEHK).
- Mapping of health facilities and outreach sites ongoing in the counties to increase access to health services.
- WHO is leading on the ongoing response to the different outbreaks like measles, cholera and yellow fever through capacity building on surveillance and case management as well as in provision of essential drugs and supplies for outbreak control.

On 23 September 2022 Mary (left), a nurse in Marsabit County in Kenya, gives a child a routine vaccine at a mobile health clinic in Ntiliya village.

Photo credit: WHO/ Billy Miaron

GREATER HORN OF AFRICA - CONSOLIDATED APPEAL

SOMALIA

- Estimated total population (World Bank): 16.9 million
- Acutely Food Insecure Population- high level (IPC 3+): 6.7 million
- Number of refugees (UNCHR): 51 400
- Internally Displaced Persons: 3.1 million protracted IDPs and 752,000 newly displaced
- Acutely Malnourished Children (Estimated, IPC) 1.8 million
- Ongoing outbreaks (WHO): Measles, Cholera

Somalia is experiencing one of the worst droughts in its history due to poor rainy seasons and related water shortages. Decades of conflict, frequent epidemics of cholera and measles, widespread poverty, and recurrent climatic shocks, including the ongoing drought emergency, continue to weaken and cause widespread fragility to the health systems in Somalia. Approximately 8.3 million people across Somalia are expected to face Crisis (IPC Phase 3) or worse acute food insecurity outcomes between April and June 2023. Famine (IPC Phase 5) is projected between April and June 2023 among agropastoral populations in Baidoa and Burhakaba districts of Bay region and among internally displaced people (IDP) in Baidoa town of Bay region and in Mogadishu. These areas are already experiencing very high levels of acute malnutrition and mortality consistent with Emergency (IPC Phase 4) outcomes. In addition, an increasing number of people are expected to be in Catastrophe (IPC Phase 5) in multiple other areas across Somalia through mid-2023. The total estimated acute malnutrition burden in Somalia is expected to reach approximately 1.8 million children, including 513,550 children who are likely to be severely malnourished, through July 2023.

Women and children continue to endure adverse health and nutrition effects the most. With an estimated 6.7 million people already in need of urgent humanitarian assistance and protection, and an estimated 3.1 million internally displaced persons, Somalia has the highest number of internally displaced people in the world.

Increased incidences of waterborne diseases, especially cholera and acute diarrhea, are seen among drought-affected populations. Currently the country is experiencing multiple disease outbreaks including measles, cholera, and dengue fever, resulting in an increase in morbidities and mortalities.

KEY RESULTS IN 2022

- Improved early warning system for disease detection and monitoring and strengthen the CBS network focused on the priority districts (IPC level 3-4-5).
- Ongoing support to rapid response team (RRT) at national and sub-national level, supporting outbreak/alert investigation and the early warning system in disease detection and monitoring.
- Increased distribution of SAM kits to 64 stabilization centers supported in priority areas and enhanced capacity of outreach teams to detect, care for and refer malnourished children in hard-to-reach areas.
- Ongoing coordination on inter-agency Integrated Response Framework response in hard-to-reach areas.
- Ongoing collaboration with 53 health cluster Partners – 17 of 19 regions, 61 of 74 districts. Between March and November 2022, WHO and Health Cluster Partners have reached out to 71% of the population (over 6.5 million people) affected by the severe drought with life-saving healthcare support, including vaccination.
- Acceleration of the ongoing cholera outbreaks response: OCVs campaigns were conducted (950k people received) and 1 million more doses arrived in December 2022 for further campaigns, increased supply of cholera kits for cholera treatment centres and additional training and support is rolled out by WHO in hotspots: Outreach teams deployed with capacity to detect, care and refer including first line responders.
- Supporting ongoing measles outbreak response - Targeted campaigns done and nationwide integrated campaign finalized in December with 2.3 M children between 6 months to 5 years old vaccinated against measles and 2.6 M children (0-59 months) against polio. This campaign involved distribution of Vitamin A (2 million children) and deworming (1.8 million children). Vitamin A vital to child health and immune function.
- Outreach services set up in 54 districts to strengthen routine immunization, screen for malnutrition with referral capacity, and distribute micronutrient supplements with focus on children.
- Also, the country, by December 2022, has achieved 40% of its people fully vaccinated against COVID-19, a sign of building resilience for immunization system in the country.
- Somalia is not only facing a prolonged drought and humanitarian emergency, but the country is also facing security challenges. WHO Somalia is responding to these events too. WHO and its partners extended life-saving support to twin-blast victims of Mogadishu.

GREATER HORN OF AFRICA - CONSOLIDATED APPEAL

SOUTH SUDAN

- Estimated total population (World Bank): 11.4 million
- Acutely Food Insecure Population-high level (IPC3+): 6.3 million
- Number of refugees (UNHCR): 341 000
- Internally Displaced Persons: 2.2 million
- Acutely Malnourished Children (Estimated, IPC) 1.4 million
- Ongoing outbreaks (WHO): Cholera, Measles, Hep E, Malaria and Anthrax

South Sudan continues to face multiple concurrent crises, including high levels of food insecurity, inter-communal violence, conflict, extensive flooding, and disease outbreaks that have persisted for years. In 2023, the food insecurity situation is likely to deteriorate, with 6.3 million people (51% of the population) projected to become highly food insecure, worsened by a fourth year of continued flooding.

South Sudan continues to be in a state of nutrition emergency with a global acute malnutrition (GAM) rate in some states above the WHO classification of 15 %, as indicated in the last Food Security and Nutrition Monitoring System (FSNMS). A critical nutrition situation exists in all the three conflict states of Upper Nile, Jonglei and Unity and other states in Greater Bahr El Gazal (Warrap and Northern Bahr El Gazal) and Equatoria (EES) region. Access to health services is a major challenge, particularly amongst displaced populations. Even in settlements with access to a health facility, functionality and quality of care remain a challenge. Utilization of health services continues to fall below the minimum threshold amongst the general population.

KEY RESULTS IN 2022

- Reactive vaccination campaigns conducted in 16 counties, targeting children aged 6 months to 14 years – a total of 77,0581 children received measles vaccines.
- Two rounds of OCV campaigns (against cholera) were conducted – more than 1.6 million doses were administered in six cholera hotspot and flood-affected areas.
- Distributed 2,151 Interagency Emergency Health Kits (IEHK), and 100 severe acute malnutrition (SAM) with medical complication kits.
- 198 health care workers were trained (99 on nutritional surveillance, reporting in EWARS and 99 on in-patient management).
- 828 frontline health workers were trained (312 on case management, 210 community-based case management/BHWs, 230 on IDSR, 39 on RRTs, 37 on laboratory sample management).

A community leader from Nivasha settlement stands for a portrait.

Photo credit: WHO / Lindsay Mackenzie

GREATER HORN OF AFRICA - CONSOLIDATED APPEAL

SUDAN

- Estimated total population (World Bank): 45 million
- Acutely Food Insecure Population-high level (IPC 3+): 11.7 million
- Number of refugees (UNHCR): 1.1 million
- Internally Displaced Persons: 3.7 million
- Ongoing outbreaks (WHO): Measles, Mpox, Malaria, Hepatitis E, Polio and Dengue Fever

Sudan has been affected by the combined impact of prolonged dry spells and crop failure across 14 states, which has impacted over 5.6 million people. Overall, 3.1 million people need short to long-term assistance and more than 22 million people (50% of Sudan's population) live in the 115 dry spell-affected localities. An increase in localized conflicts has triggered population displacement, which, combined with the deterioration of the economy, has led to higher than usual levels of acute food insecurity. As a result, the highest prevalence of population in Crisis (IPC Phase 3) or worse are observed in North Darfur (25%), followed by West Darfur (22%), North Kordofan (20%), South Kordofan (20%), Gedarif (19%) and Central, East and South Darfur states, ranging from 17-18%.

Sudan also hosts over 1.14 million refugees, including 763,000 South Sudanese refugees and 61,000 Ethiopian refugees, and is a key transit country for migrant populations that are already at increased risk of epidemic-prone disease.

By the end of 2022 Sudan reported multiple severe disease outbreaks such as Mpox, Dengue Fever, Malaria, Measles on top of the ongoing COVID-19 pandemic.

At the beginning of 2022, the Sudan Humanitarian Needs Overview (HNO) estimated that over 3 million children under-five were acutely malnourished and in need of lifesaving humanitarian nutrition assistance. Humanitarian partners estimate that with various challenges and factors that underpin conflict and displacement not resolved, the number of people who need assistance is likely to increase further
in 2023.

KEY RESULTS IN 2022

- WHO spearheaded and interagency rapid needs assessment and missions to flood-affected states
- Deployed STC epidemiologist and data management officer and strengthened epidemiological surveillance (IBS, CBS) and built RRTs capacities for EVD and MPX - trained >500 surveillance staff, >800 CHWs, and 210 RRTs members
- Supported the Pandemic Influenza Preparedness Training and endorsement of PIP National documents and updated the national Laboratory policy 2022
- Ongoing support to 51 vector sentinel surveillance sites, source reduction, and health promotion activities in 9 States
- Supported MoH to strengthen indicator-based and community-based surveillance
- Ebolavirus disease (EVD) preparedness and risk assessment exercises conducted across all 18 states and finalized the national EVD preparedness plan followed by:

ONE HEALTH Mpox outbreak response missions in four states with participation of human, animal and environmental sector experts.Intra state deployments of experts with technical support from WHO Sudan for Dengue Fever outbreak response Continued water quality monitoring and surveillance in 13 StatesSupporting 51 vector sentinel surveillance sites on source reduction, health promotion activities in nine states

- Supported the integrated vector control outbreak response measures - 40 technical MoH staff and 147 community volunteers trained on IVM and On job training for 170 community volunteers on Aedes mosquito control.
- Procurement of drugs, laboratory supplies (RDTs, Reagents), and PPEs - IEHKs (5), TESKs (101), SAM kits (12), Cholera Kits (6)

Medhne with her child Aron in Um Rakuba Refugee camp in eastern Sudan on 18 August 2022. Medhne lives with six family members and two kids in a small hut. "Even though we live near the clinic, we still have to walk very long distance to the other clinic at the gate of the camp to try to find the prescribed medicine," she said.

Photo credit: WHO / Ala Kheir

GREATER HORN OF AFRICA - CONSOLIDATED APPEAL

UGANDA

- Estimated total population (World Bank): 47.1 million
- Acutely Food Insecure Population – high level (IPC 3+): 315 000
- Number of refugees (UNHCR): 1.5 million
- Acutely Malnourished Children (Estimated, IPC): 104 000
- Ongoing outbreaks (WHO): Sudan virus disease, Measles, Polio, Yellow fever, Anthrax and Malaria

Uganda's population mainly resides in rural areas, with their livelihoods based on livestock (nomadic pastoralism) and crop production. Karamoja region, located in the northeast of Uganda, is one of the poorest regions in Uganda and continues to have the highest food insecurity and malnutrition levels in the country, due to inadequate food access, extreme weather/prolonged drought, pest infestation, poor feeding practices, structural poverty, poor hygiene and sanitation, and morbidity. Malaria and diarrhoea cases are still high in the region, which places a high disease burden on children, leading to malnutrition.

The national economy faces high food prices, commodity shortages and restrictive measures to combat inflation, all of which complicate the outlook in Karamoja region and the adjoining districts. Across Karamoja and the surrounding districts, the quality of care for children with severe acute malnutrition (SAM) remains below WHO recommended standards. Despite current support from WHO, the coverage and quality of care from SAM treatment remains a key priority.

KEY RESULTS IN 2022

- 499 health workers were trained in surveillance and outbreak response (IMAM, Tuberculosis, Basis Emergency Obstetric Care (BEmOC), and PSEAH)
- A reactive vaccination campaign against measles conducted in the Lamao district, reaching 17626 children aged from 6 months to 14 years.
- Deployment of 12-bed capacity mobile units for the acute management of SAM cases in Moroto.
- Supported the scale-up of active case detection of TB, Karamoja region has the highest cases of TB among children under 5 years which also adversely affects effective treatment of acute malnutrition
- Procurement of essential medical supplies (Total supplies/ equipment about USD 1,252,435. Delivered $ 190,570; Transit $255,644 and in progress 806,221)
- WHO in collaboration with the Hungarian Government deployed a 12-bed capacity mobile unit for case management of SAM cases in Moroto
- Supported establishment of 3 Field hubs (Moroto, Soroti and Gulu); and trained a total of staffs 46 (Recruited 20, repurposed 26) to enable aid in remote areas.

Members of the Contact Tracing and Risk Communication teams discussing the signs and symptoms of SUDV with the community in Madudu - Mubende District of Uganda.

Photo credit: WHOUganda/ Jimmy Adriko

FINANCIAL REQUIREMENTS

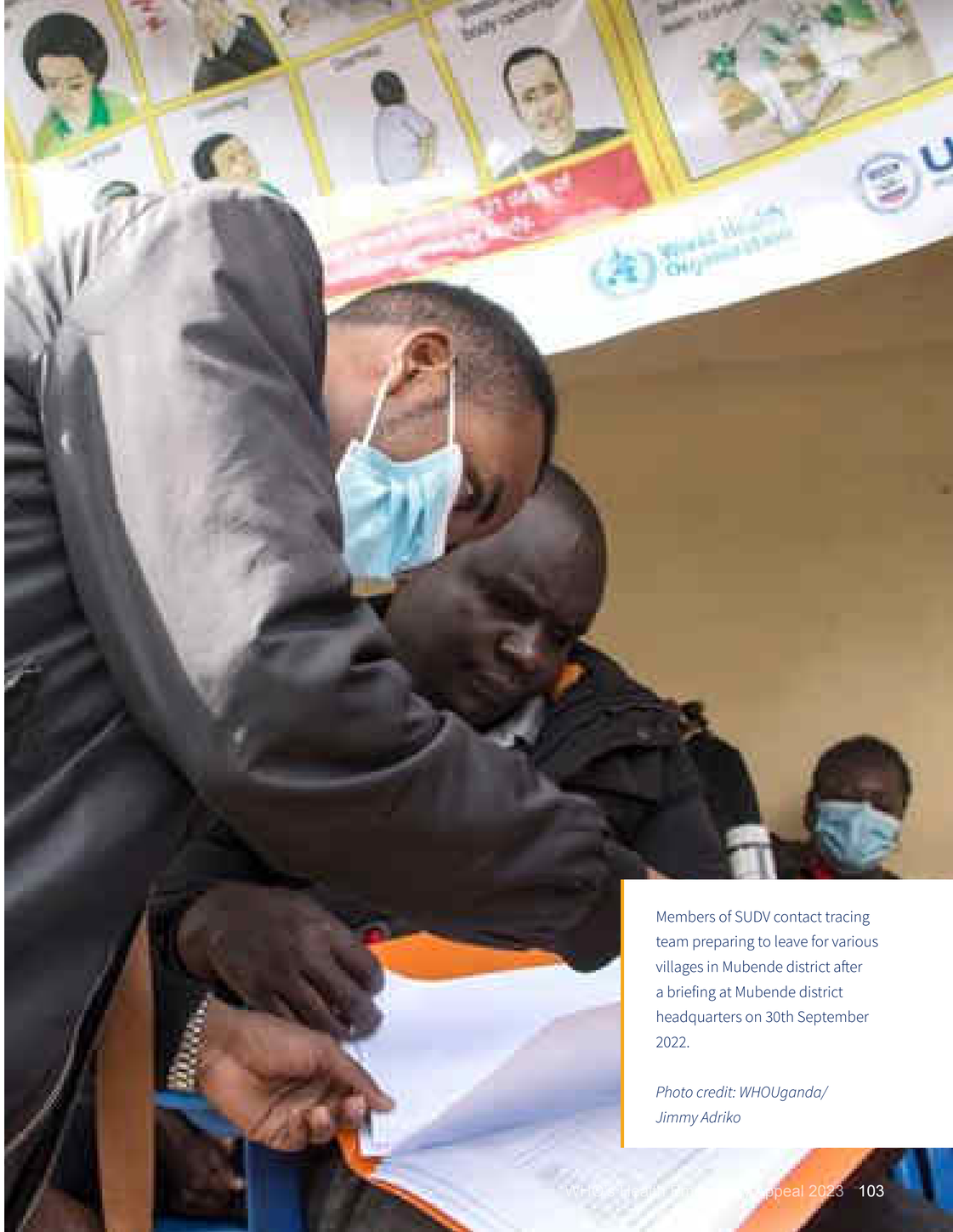
Overall country funding requirements, including COVID-19, by pillar (US$)

Pillar	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda
Pillar 1 – Coordination and Collaboration	102 650	3 509 000	2 793 010	6 656 427	1 775 072	271 677	1 851 944
Pillar 2 – Surveillance and Information	171 900	7 405, 00	3 881 020	7 241 170	1 142 988	966 705	693 648
Pillar 3 – Outbreak Prevention and Control	693 325	15 635 000	9 663 830	4 434 647	2 115 395	2 283 756	4 766 189
Pillar 4 – Essential Nutrition Actions	130 450	8 766 000	9 468 965	6 368 755	3 381 989	2 411 016	4 548 566
Pillar 5 – Essential Health Actions	70 300	17 579 000	5 515 675	10 405 825	8 802 566	3 488 846	
SUBTOTAL	1 168 625	52 894 000	31 322 500	35 106 825	17 218 010	9 422 000	15 76 162
Regional IMST implementation support incl. PSEAH mainstreaming							2 533 474
Total							**165 341 596**

FOR MORE INFORMATION

ghoa_incident_manager@who.int | ghoa_coord@who.int

.



Members of SUDV contact tracing team preparing to leave for various villages in Mubende district after a briefing at Mubende district headquarters on 30th September 2022.

Photo credit: WHOUganda/ Jimmy Adriko

MADAGASCAR

People in need

1.6 MILLION[1]

People targeted

1.2 MILLION

(among which 479 000 malnutrition severe acute and moderate

People in need of health assistance in Grand Sud Flash Appeal:

700 000

Requirements (US$)

7.5 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

In Madagascar, the repeated outbreaks of large-scale and serious epidemics, particularly in connection with hydro-meteorological and environmental risks, highlight weaknesses in the health system's emergency preparedness, response and resilience capacities.

The chronic crisis caused by the drought in the Great South, combined with the shock suffered by the population of the Great Southeast following the passage of cyclones have reduced the population's ability to meet certain basic needs in affected areas, especially those relating to health. For the Integrated Food Insecurity Classification (IPC) for May 2022 to April 2023, there will be approximately 479 000 cases of severe- and moderate acute cases of malnutrition. From September to November 2022, more than 1.2 million people were projected to be in crisis (IPC phase three), as a result of the 2022 crop season being delayed by cyclones and storms, and damaged by the resurgence of migratory locusts and the fall armyworm. This indicates that a very large proportion of the population will remain in crisis and emergency situations, and that without concrete and effective action, the situation is expected to be aggravated in the upcoming periods. The following districts will be IPC 3 PC: Ikongo, Farafangana, Vangaindrano, Betroka, Betioky Atsimo,Beloha, Tsihombe, Ambovombe and Amboasary Atsimo. According to the Flash Appeal 2022, 1 100 000 people are in need of assistance.

The first half of 2022 saw a marked improvement in outpatient consultations in the Great South, and a fairly high attendance rate (35%) in the Great Southeast (Source DHIS2). As of November 2022, approximately 6% of the total population had been vaccinated against COVID-19, with an expected target of 11.94% for June 2023, as per current projections. Despite the strategies already in place, robust interventions need to be implemented to achieve a successful attendance rate, by targeting the vulnerable and high-risk populations. The involvement of leaders and communities will be crucial in this process.

In addition to COVID-19 and the above-mentioned health-related risks, disease outbreaks such as malaria, polio and the pneumonic plague were ranked as high priority in the national risk mapping exercise conducted in July 2022. The need to strengthen preparedness and response capacities was also noted as an urgent priority for ensuring the health system's resilience and reducing mortality rates.

Photo credit: WHO

RESPONSE STRATEGY

WHO's work will focus on strengthening preparedness and response capacities to prepare for and respond to health consequences related to disasters and other public health events, with a focus on disaster-prone regions. The aim will be to contribute to reducing the risk of death and limiting excess morbidity and mortality for the population. Interventions will be carried out jointly with the Ministry of Health's operational teams as well as in collaboration with national and international NGOs and other health partners, and the Institut Pasteur de Madagascar (IPM), including through sub-contracting grants.

WHO's response will reinforce the strategic and operational coordination by supporting the setting up of the Public Health Emergency Operating center (PHEOC) at the regional level for rapid decision-making and actions. Disease surveillance will be enhanced through the Integrated Disease Surveillance and Response (IDSR). Supporting mobile clinics and health facilities will be crucial and emphasis will be placed on risk communication and community engagement activities. Finally, logistic and operational support will be provided to Rapid Response Teams (RRTs).

To ensure accountability, activities will be monitored and evaluated in national and regional operational coordination meetings that will involve the Incident Manager, the Health coordinator and the M&E officer. Communication will also be maintained and reinforced between the WHO Country Office, the Regional Office and the WHO headquarters.

KEY ACTIVITIES

- Set up the PHEOC at regional and central levels
- Ensure capacity building activities and provide supplies
- Ensure the development and implementation of a preparedness and response plan at the regional and district level
- Organize the health sector revitalization workshop and sector performance assessment
- Organize regular health cluster and inter-cluster coordination meetings
- Support Risk mapping levels and the implementation of the National Action plan for health security
- Continue to implement IDSR and offer related training
- Support contact tracing and investigation
- Support entry points priority activities (training, supervision, provision of supplies)
- Support community engagement and risk communication activities
- Provide necessary capacity building support for RRTs and support their logistical needs
- Support surge recruitments
- Deploy RRTs
- Continue polio response
- Ensure logistic and operational support for the implementation of activities
- Procure and preposition necessary supplies in the high-risk areas
- Continue implementing Risk Communication and Community Engagement (RCCE) activities and organize Knowledge, Attitude and Practice surveys
- Support the strategy of intensification of vaccination
- Ensure the implementation of critical activities of the communication plan

Photo credit: WHO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

To strengthen capacities to prepare and respond effectively to health consequences associated with drought and cyclones

WHO will enhance regions' preparedness and response capacities to situations occurring in their areas, by equipping them with the necessary skills and means to ensure the effectiveness of interventions, taking into account each local specific context and conditions.

- An updated contingency plan for the health crisis related to the drought in the Great South will be available for each of the 3 Regions of the Great South
- An updated contingency plan for the health crisis related to the cyclones and floods will be available for each of the 3 Regions of the Great Southeast

STRATEGIC OBJECTIVE 2

Improve the health response's coordination to the drought and cyclone crisis in the Great South and Great Southeast of Madagascar

WHO will strengthen the health cluster through its regional focal points to ensure better partner coordination in line with the regions' priorities and to ensure no one is left behind from benefiting from health services. The running of PHEOC is among the key interventions to ensure stakeholders support regional operations.

- 12 health cluster coordination meetings will be conducted for each of the six Regions of Great South and Great Southeast
- 6 PHEOC will be set up and made functional for the six Regions of Great South and Great Southeast

STRATEGIC OBJECTIVE 3

Strengthen the surveillance system, with a focus on malnutrition, priority diseases, epidemic prone diseases and other important public health events

Support the implementation of the electronic-based surveillance activities with regular joint supervision and follow-up, including by providing necessary supplies and coordinating with regional and district teams.

- e-IDSR will be set up in all 20 districts within 6 Regions of Great South and Great Southeast
- e-IDSR reporting will be at least 80%

STRATEGIC OBJECTIVE 4

Strengthen regional and district Rapid Response Teams' (RRT) capacities

RRTs will be operational and ready to be deployed when public health event occurs in their areas, through refresher training and receiving necessary supplies.

- RRT will be retrained, equipped and ready to be deployed for all of the 6 Regions of the Great South and Great Southeast

STRATEGIC OBJECTIVE 5

Improve access to curative, preventive and promotional health care for affected communities at the time of disasters

WHO will continue to implement strategies to maintain the continuity of health essential services and increase the number of mobile clinics to support the population living in hard-to-reach areas. Focus will also be put on risk communication and community engagement for use of essential services.

- 20 000 persons will receive curative, preventive and promotional health care in the time of disasters

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ ‘000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	35	799	834
P2. Risk communication and community engagement	128	19	147
P3. Surveillance, case investigation and contact tracing	6	708	714
P4. Travel, Trade and Points of entry	-	54	54
P5. Diagnostics and testing	-	439	439
P6. Infection prevention and control	-	193	193
P7. Case management and therapeutics	6	208	214
P8. Operational support and logistics	1 715	1 221	2 936
P9. Essential health systems and services	-	161	161
P10. Vaccination	1 605	-	1 605
P11. Research, innovation and evidence	139	83	223
Total funding requirements	**3 636**	**3 883**	**7 519**

Photo credit: WHO

SUCCESS STORIES

MOBILE CLINICS PROVIDING LIFESAVING SUPPLIES FOLLOWING CYCLONE BATSIRAI

The installation of oxygen units in major health care centers in Kinshasa has helped transform the management of patients requiring oxygen. The DRC has seen five waves of COVID-19, of which the first three were very deadly. One of the main causes identified was insufficient access to pure oxygen in most of the health care institutions of the country, and more particularly in the provincial city of Kinshasa, the epicenter of the epidemic. The donation of the units by the WHO has not only supported the management of COVID-19 patients, but people facing other illnesses.

WHO, with the support of its donors, set up the project to install two oxygen production units in Kinshasa, at the University Clinics of Kinshasa and the Sinocongolese Friendship Hospital. Each unit has a production capacity of nearly 88 bottles of oxygen per day with a purity of 96%.

THIS PROJECT, A FIRST IN THE CITY OF KINSHASA AND MORE PARTICULARLY IN THESE TWO HEALTH CARE INSTITUTIONS, HAS STRENGTHENED, TO THE GREAT SATISFACTION OF THE DRC GOVERNMENT, THE HEALTH CARE SYSTEM AND HAS CONTRIBUTED TO THE MANAGEMENT OF OTHER PATHOLOGIES.

FOR MORE INFORMATION
Dr DJIGUIMDE, Amédée Prosper | OIC, WHO Office DRC| djiguimdea@who.int
Dr DIALLO, Amadou Mouctar | TL ai EPR/WHE, WHO Office DRC | diallom@who.int

THE SAHEL

CONSOLIDATED APPEAL

Requirements (US$):

160.1 MILLION

CONTEXT

The Sahel crisis is one of the fastest growing, yet most forgotten crises in the world. The region is facing unprecedented humanitarian needs due to armed conflict, food insecurity, climate change, disease, loss of livelihoods and political instability.

In 2023, more than 37.75 million people across Burkina Faso, the Far North of Cameroon, Chad, Mali, Niger and northeast Nigeria will need life-saving assistance.

Access to health care has become challenging due to the COVID-19 pandemic, increasing violence and damaged health facilities. The number of new displacements in central Sahel is accelerating. Security incidents, attacks and kidnappings have become a daily reality for millions. The already high risk of food insecurity is compounded by the consequences of COVID-19, climate change and consequences of the war in Ukraine.

Photo credit: WHO / Hans Everts

REGIONAL PRIORITIES

WHO's emergency work in the six priority countries (Burkina Faso, Cameroon, Chad, Mali, Niger and Nigeria) is guided by the Emergency Response Framework (ERF), which sets out the Organization's critical functions and core commitments in emergency response. This includes leadership; partner coordination; information and planning; health operations and technical expertise; operations support and logistics, and finance and administration.

With the continuing deterioration of the humanitarian health situation in the Sahel, WHO is intensifying its role both as support to health authorities in strengthening health systems and as a provider of health services. In 2022, WHO graded the Sahel as a Grade 2 acute emergency and set up an Incident Management Support Team in Dakar, Senegal. A disbursement from the Contingency Fund for Emergencies (CFE) of US$ 8.3 million was released to allow for a rapid scale-up of operations. All six countries within the region have established dedicated Incident Management Teams, which are coordinated by the new Sahel Command Center with 11 full-time staff, hosted in WHO's regional emergency hub in Dakar.

WHO will work with the health authorities and health cluster partners in the six priority countries in the Sahel to strengthen epidemic surveillance and health management information systems (HMIS). To improve the detection of outbreaks of epidemic-prone diseases such as cholera and meningitis, WHO will establish its Early Warning and Response System (EWARS) in parts of Cameroon and Niger, strengthening capacities for Integrated Disease Surveillance and Response (IDSR). WHO will also improve the coverage of the Surveillance System for Attacks on Health Care (SSA), and will strengthen the monitoring of health resources and services availability (HeRAMS)to allow for better planning.

WHO will establish new mobile clinics offering services including routine immunizations against vaccine-preventable diseases, diagnostics and treatment of malaria and pneumonia, and onward referrals for complex conditions to strengthen access to health services by vulnerable populations, including internally displaced persons (IDPs) and refugees.

A specific focus on reproductive, maternal, newborn, child and adolescent health will be strengthened to ensure no one is left behind. WHO is also committed to improving coverage and quality of health services for survivors of gender-based violence (GBV), which remains a challenge in the Sahel, through training health care workers and partners. WHO is also committed to preventing and responding to sexual exploitation, abuse and harassment with a zero-tolerance approach.

To prepare for and respond to the increasing burden of food insecurity and associated health consequences, WHO will strengthen the human resource capacities in the priority countries, to help detect and manage malnutrition and its medical complications.

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Information for action

WHO aims to establish and reinforce country-specific epidemic surveillance intelligence in difficult terrains where the vulnerable are settled. This will include:

- Establishing EWARS in the Far North of Cameroon and expanding EWARS to 4 regions of Niger.
- Establishing and reinforcing active Rapid Response Teams (RRTs) in humanitarian areas.
- Building capacity for IDSR in Cameroon and Niger.
- Strengthening laboratory systems and aligning medical posts for disease detection.

WHO will also seek to improve Health Information Systems with the deployment of data managers to priority areas to establish HeRAMS in Cameroon and Niger. WHO will sustain continued data collection and analysis to support HeRAMS analysis in the other 4 focus countries.

STRATEGIC OBJECTIVE 2

Access to essential health services

WHO will work to support access to health care services through the provision of mobile clinics, providing a comprehensive range of essential health care packages, medicines and storage units, in order to establish medical posts in locations receiving displaced and vulnerable persons.

WHO will support capacity-building of health personnel to manage medical complications of severe acute malnutrition and strengthen operational response, by boosting the capacity of medical staff and ensuring availability of essential medicines. Capacity to produce quality nutrition data for improved crisis monitoring will also be enhanced.

Improving the coverage and quality of health services for gender-based violence survivors and strengthening capacity of health providers to identify and meet their needs will also be prioritized.

Minimal Essential Service provision for maternal and child health will be integrated into essential health care packages in vulnerable settings.

WHO will build capacity for the implementation of logistics and supply chains for health care products in vulnerable locations and will procure vaccines, surgical kits and infectious and epidemic-prone disease kits.

THE SAHEL - CONSOLIDATED APPEAL

BURKINA FASO

People in need

4.65 MILLION[1]

People targeted

3.14 MILLION

Requirements (US$)

12.3 MILLION

CONTEXT

Burkina Faso continues to experience high insecurity due to political instability. More than 1.7 million people were forced to leave their homes in 2022 and are now living in precarious conditions. Since January 2022, 79 alerts relating to a security threat have already been published. The demand for health care has increased sharply as attacks further impact and reduce the number of functional health facilities. Numerous epidemics are affecting the population, particularly measles, polio, cholera, COVID-19 and Hepatitis E, resulting in serious health and socio-economic consequences. As of October 31, 2022, 606 health facilities had been affected by insecurity across the eight regions most affected by the current crisis, of which 32% are now completely closed. In 2023, a total of 2.8 million people will need urgent health care.

WHO is committed to ensuring equitable access to quality health services and strengthening health systems in the context of these security crises, with a particular focus on enhancing preparedness capacities, especially in relation to health information management. The Organization's response priorities include deploying mobile clinics to provide essential physical and mental health care, strengthening transfusion capacity and availability of oxygen for the management of malnourished children, ensuring the vaccination of internally displaced people and host communities against preventable diseases and distributing health emergency kits (cholera, COVID-19, gender-based violence, trauma, dignity kits). WHO will also prioritize building resilience through community education and awareness-raising.

[1] Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

THE SAHEL - CONSOLIDATED APPEAL

CAMEROON

People in need

4.7 MILLION[1]

People targeted

2.8 MILLION

Requirements (US$)

22.3 MILLION

CONTEXT

Cameroon continues to experience humanitarian and health impacts from ongoing security crises, which currently affect seven of the 10 regions in the country. As of October 2022, there were an estimated total of 481,000 Central African and Nigerian refugees in Cameroon, one million internally displaced persons (IDPs) and 519,000 returnees or former internally displaced persons who had returned to the main regions affected by armed conflict and terrorist attacks.

Since October 2021, Cameroon has been facing the longest and the mostwidespread cholera outbreak since 1970. The country also faces other epidemics such as mpox, polio, yellow fever, measles and COVID-19. WHO's support will ensure equitable access to quality health services in the context of these security crises, thereby improving outbreak response. The Organization's response priorities include deploying mobile clinics to provide essential health care, e.g., for reproductive health services. Support will be offered for dignified and safe deliveries for vulnerable women and gender-based violence cases will be referred to the protection sector. Focus will be placed on establishing an early warning and rapid response to epidemics mechanism for regions in crisis, as well as strengthening the management of physical and psychological trauma for people affected by crises. In response to the ongoing COVID-19 pandemic, a key objective for WHO will be to support the national vaccination campaign to increase COVID-19 vaccination coverage rates. WHO will also prioritize building resilience through community education, awareness-raising and empowerment.

THE SAHEL - CONSOLIDATED APPEAL

CHAD

People in need

6.9 MILLION[1]

People targeted

4.5 MILLION

Requirements (US$)

10.8 MILLION

CONTEXT

The humanitarian crisis in Chad is impacted by multiple factors, including ongoing armed conflicts, economic fragility, a precarious health context, and the impacts of climate change, floods, acute food insecurity and associated infectious disease epidemics. More than 2.1 million people are experiencing food and nutrition insecurity in Chad.

The decline in agro-pastoral productivity is affecting the nutritional status of the population. Since September 2022, heavy rains have battered the country's south, causing the Chari and Logone rivers, which meet in the capital city of N'Djamena, to overflow their banks, forcing 149,936 people to flee their homes and take refuge in public spaces.

Chad is affected by circulating vaccine-derived poliovirus type 2 (cVDPV2).

WHO's response strategy will focus on scaling up its response in collaboration with existing health facilities and Health Cluster partners, enabling mobile clinics in areas that are difficult to access or are without functional health facilities, improving early warning systems and implementing community-based surveillance for early detection of potential epidemic diseases.

[1] Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

THE SAHEL - CONSOLIDATED APPEAL

MALI

People in need

9 MILLION[1]

People targeted

6.2 MILLION

Requirements (US$)

15.5 MILLION

CONTEXT

The humanitarian situation in Mali deteriorated significantly over the first half of 2022 due to the intensification of internal conflict and intercommunity clashes. The level of need is at its highest since the conflict crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. The number of internally displaced persons (IDPs) is increasing and more than 350,000 people have had to flee their homes. In addition, 1.8 million people are in need of food aid - a 50% increase from last year. As of November 2022, a total of 32,755 confirmed COVID-19 cases have been reported in the country, including 742 deaths. The case fatality rate is among the highest in West Africa (2%). Vaccination coverage against COVID-19 during this period was just 9.76%.

WHO's priorities in Mali include building capacity of health care workers through training and technical supervision and reinforcing access to quality health care, including monitoring the Minimum Package of Activities and Complementary Package of Activities. Mobile clinics and information and referral systems will be strengthened, and greater support offered to conduct vaccination sessions for children targeted under the Expanded Vaccination Program. WHO will also strengthen preparedness and response for disease outbreaks, including COVID-19, measles and other diseases. This will be underpinned by the strengthening of the health information system and by enhancing preparedness and response capacities. The Organization will also work to ensure that populations, especially those impacted by gender-based violence, have access to psychosocial support services.

THE SAHEL - CONSOLIDATED APPEAL

NIGER

People in need

4.2 MILLION[1]

People targeted

2.3 MILLION

Requirements (US$)

12.9 MILLION

CONTEXT

Niger is currently experiencing complex and protracted emergencies. The security situation in the country remains precarious and volatile in the border areas between Burkina Faso, Mali and Nigeria, marked by an upsurge in attacks by non-state armed groups. In 2022, the country experienced four health crises related to epidemics (meningitis, measles, polio and cholera) in addition to cyclical natural disasters due to the geographic environment, e.g. floods, drought, food crisis, COVID-19 and the risk of emerging and re-emerging diseases.

WHO aims to employ several strategies including supporting existing health structures to ensure equitable access to health care, deploying mobile clinics and temporary structures in refugee camps, setting up early warning systems in fragile and hard-to-reach areas, enhancing preparedness and response capacities, and strengthening the surveillance of diseases with epidemiological potential.

[1] Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

THE SAHEL - CONSOLIDATED APPEAL

NIGERIA

People in need

8.3 MILLION[1]

People targeted

5.4 MILLION

Requirements (US$)

81.6 MILLION

CONTEXT

Tens of thousands of people have been killed and millions internally displaced s ince Boko Haram launched its campaign in 2009, creating one of the world's worst humanitarian crises and causing a near-total breakdown in education and health services.

Throughout the northeast region, the violence has destroyed schools, hospitals and other social facilities, leaving affected communities, particularly women and children, in urgent need of assistance. Overall, around 8.3 million people, primarily women and children, are in need of humanitarian assistance. Nigeria is currently a grade 2 emergency, and is witnessing various floods as well as outbreaks of cholera, mpox, measles and yellow fever. In addition, the country's health system is under pressure due to the ongoing COVID-19 pandemic (a WHO grade 3 emergency) and circulating vaccine-derived poliovirus type 2 (a WHO grade 2 emergency).

WHO is working to enhance capacities to respond to emergencies, including through the strengthening of lab services and risk communication and community engagement (RCCE) training and implementation. In the northeast, WHO's response aims to support the continued provision of essential health services including gender-based violence, mental health and psychosocial support, and strengthening the health system while rapidly responding to acute health emergencies through local capacities. This will complement the overall humanitarian response, addressing health needs detailed in the Humanitarian Response Plan - 2022 and the yearly rolling WHO response plan to the northeast including coordination of the health sector.

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

2023 Funding requirements	Emergency Response		Total Funding Requirements
Country Office	COVID-19	Other Emergency Responses	
Burkina Faso	3 119	9 203	12 323
Cameroon	7 783	14 470	22 253
Mali	4 456	11 054	15 511
Mozambique	1 103	3 618	4 721
Niger	8 449	4 422	12 870
Nigeria	12 896	68 744	81 641
Chad	9 325	1 498	10 823
Total	**47 132**	**90 334**	**160 141**

Emergency Response Pillar	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	15 520
P2. Risk communication and community engagement	10 726
P3. Surveillance, case investigation and contact tracing	20 520
P4. Travel, Trade and Points of entry	1 798
P5. Diagnostics and testing	10 704
P6. Infection prevention and control	6 621
P7. Case management and therapeutics	15 936
P8. Operational support and logistics	22 255
P9. Essential health systems and services	18 991
P10. Vaccination	33 216
P11. Research, innovation and evidence	3 854
Total	**160 141**

Photo credit: WHO / Hans Everts

FOR MORE INFORMATION

Magdalene Armah | Incident Manager Sahel Crisis | armahm@who.int

Kerstin Bycroft | External Relations Officer, WHO HQ | bycroftk@who.int

SOUTH SUDAN

GRADE 3 EMERGENCY

People in need

9.4 MILLION[1]

People targeted

6.8 MILLION

People in need of health assistance:

5.5 MILLION

Requirements (US$)

52.1 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

Perennial security threats occasioned by political differences between rebel Sudan People's Liberation Movement-in-Opposition (SPLA/IO) factions and the ruling government since 2013, along with localized violence and climatic shocks account for South Sudan's social, economic, and political vulnerabilities. In 2022, the country continued to face its fourth consecutive year of incessant floods that affected 37 of its 80 counties, destroying 45 health facilities and causing massive population displacement. Localized violence in Upper Nile, Warrap, Unity and other states in 2022 further contributed to the displacement index, increasing humanitarian needs. An estimated 2.2 million people remain internally displaced in the country with an additional 2.3 million who are refugees in neighboring countries (HNO 2022).

South Sudan is also facing acute food insecurity that is exacerbated by persistent annual cereal deficits, diseases, pests and hyperinflation. The Integrated Food Security Phase Classification (IPC) projected that over half (6.6 million people) of South Sudan's population experienced high levels of acute food insecurity (IPC Phase 3 or worse) in October and November 2022, including 2.2 million people in IPC Phase 4 (Emergency) and 61 000 people in IPC Phase 5 (Catastrophe). These numbers are expected to hit 7.8 million during the lean season April-July 2023. A combination of conflict and disasters within the context of a weak and underfunded health system is responsible for several disease outbreaks. In 2022, the country registered an explosive measles outbreak that has now spread to 15 counties in eight states. Outbreaks of cholera and Hepatitis E virus have also been recorded, and the country continues to respond to COVID-19. In addition, the country is now in preparedness mode for a possible Ebola Virus disease outbreak following an outbreak in Uganda.

A 50-year-old beneficiary, Mary Nyakon Chuol (center), who came to Bentiu State Hospital, Unity State in early July 2022 to seek medical care for consistent joint pain and headaches benefited from the WHO essential and often life-saving drugs and supplies delivered to Bentiu State Hospital.

Photo credit: WHO/Jemila M. Ebrahim

RESPONSE STRATEGY

An estimated 6.1 million of the crisis-affected population currently need health services. The Humanitarian Response Plan 2023 and the Health Cluster are targeting 3.4 million people in need who will be provided with life-saving health services through the three broad priorities.

To ensure the effective delivery of services, WHO will use its Emergency Response Framework, ensuring the three levels of the organization (Country Office, Regional Office and HQ) are adequately supporting the response. It will support the 64 Humanitarian Response Plan (HRP) partners to maintain readiness and response capacities while ensuring the Ministry of Health is equipped with the requisite technical capacity to supervise the country's health services delivery. The strategy will entail scaling up and maintaining infectious disease surveillance capacities, providing outbreak investigation and sample collection kits and essential medicines (Interagency Emergency Health Kits) to health responders, offering capacity building to the health workforce and supporting vaccination campaigns for vaccine-preventable diseases.

WHO's response will ensure responders are provided with technical guidelines, tools and standard operating procedures. A strong framework for coordination through the health cluster mechanism will be in place to ensure response interventions are well-aligned and avoid overlaps and duplication among partners. This will also ensure proper linkages between the emergency response strategies with the development and peace efforts, and, when possible, will provide building blocks for early recovery and the development of a resilient health system.

WHO will also leverage existing resources in the country office, its 10 field offices, and the network of technical experts to provide valuable local capacity. The network of surveillance officers across the country will be used to support disease surveillance activities. Finally, the response strategy will focus on cross-cutting issues in the humanitarian context: security and access constraints in South Sudan, the Prevention of Sexual Exploitation Abuse (PSEA) and global warming. WHO will continue to monitor and report on attacks on health facilities and use environmentally friendly mechanisms for waste disposal. WHO country office recently recruited a PSEAH focal point who is responsible for monitoring PSEAH adherence, awareness creation and capacity building of personnel on PSEAH.

KEY ACTIVITIES

- Strengthen national and sub-national preparedness and response capacities against public health events, including through strengthening capacities in key points of entry in hazards management and through strengthening clinical laboratory practices, Infection Prevention and Control, Early Warning, Alert and Response System (EWARS), the 3rd Edition of Integrated Disease Surveillance and Response (IDSR), contact tracing and case management for priority diseases.
- Deploy Rapid Response Teams for outbreak investigation, risk assessment, alert investigation and response to disease outbreaks.
- Support suspected disease sample collection, packaging and management, including through referral to international laboratories for confirmation as well as genomic sequencing from disease alert shipments.
- Deploy vaccines to combat vaccine-preventable diseases e.g., measles, cholera and hepatitis among others.
- Deploy COVID-19 vaccines to priority locations to increase uptake of the vaccines in the country.
- Stregthen health information systems and invest in capacities for real-time IDSR/EWARS systems.
- Support health cluster partners to assess, prioritize, plan and optimize the provision of essential health care services to the most vulnerable populations through regular national and sub-national coordination meetings.
- Provide Interagency Emergency Health Kits (IEHK) to responding partners in priority locations affected.
- Provide SAM/MC kits to nutrition stabilization centers to treat children with medical complications.
- Support key functions of the Public Health Operations Center (PHEOC) to reinforce readiness and response capacities against major public health events, including monitoring and evaluation capacities of operational plans in line with the provision of the International Health Regulations (IHR) 2005.
- Deploy technical experts to provide technical support and coordinate response.
- Strengthen coordination between humanitarian and development actors towards a strong Humanitarian-Development-Peace Nexus (HDPN) while pursuing a stronger linkage between emergency response and the wider health sector response.

Photo credit: WHO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Prevent and control disease outbreaks and other public health emergencies and strengthen surveillance and health information

WHO will support the country to build the core capacity for preparedness and response to priority public health emergencies including disease outbreaks and humanitarian emergencies. This will be achieved through investment in a strong public health surveillance system/ IDSR, disease early warning systems, Rapid Response Team (RRT) and laboratory capacity and coordination using the concept of the Public health Emergency Operation Center (PHEOC).

- Over 80% of disease alerts, rumors and outbreaks will be investigated within 48 hours of notification
- Case Fatality Rate (CFR) from cholera will be <1%
- Coverage of the targeted population reached with two doses of Oral Cholera Vaccines (OCV) will be over 85%

STRATEGIC OBJECTIVE 2

Strengthen effective coordination toward increasing access to essential health services for the most vulnerable populations

Through the health cluster mechanism, WHO will maintain effective coordination at the national and sub-national levels to leverage partners' capacities and resources in the provision of essential health and nutrition services in emergencies.

- A total of 3.4 million people in need of health services will be provided emergency health care
- 34 589 children under 5 with severe acute malnutrition and medical complications will access treatment at stabilization centers
- 70% of functional health facilities in affected communities will be given emergency health kits

STRATEGIC OBJECTIVE 3

Increase health systems resilience and capacity of the health system

WHO will strengthen the linkages between emergency and development health interventions through advocacy and coordination, to ensure emergencies are transcending recovery and development to achieve humanitarian development and peace nexus.

- 5 response plans aligned with the development plans

Photo credit: WHO

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ ‘000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	425	4 373	4 798
P2. Risk communication and community engagement	567	161	728
P3. Surveillance, case investigation and contact tracing	341	2 254	2 595
P4. Travel, Trade and Points of entry	220	567	788
P5. Diagnostics and testing	218	1 046	1 263
P6. Infection prevention and control	265	2 570	2 835
P7. Case management and therapeutics	134	1 284	1 418
P8. Operational support and logistics	-	18 669	18 669
P9. Essential health systems and services	-	15 472	15 472
P10. Vaccination	3 526	-	3 526
P11. Research, innovation and evidence	-	-	-
Total funding requirements	**5 696**	**46 396**	**52 093**

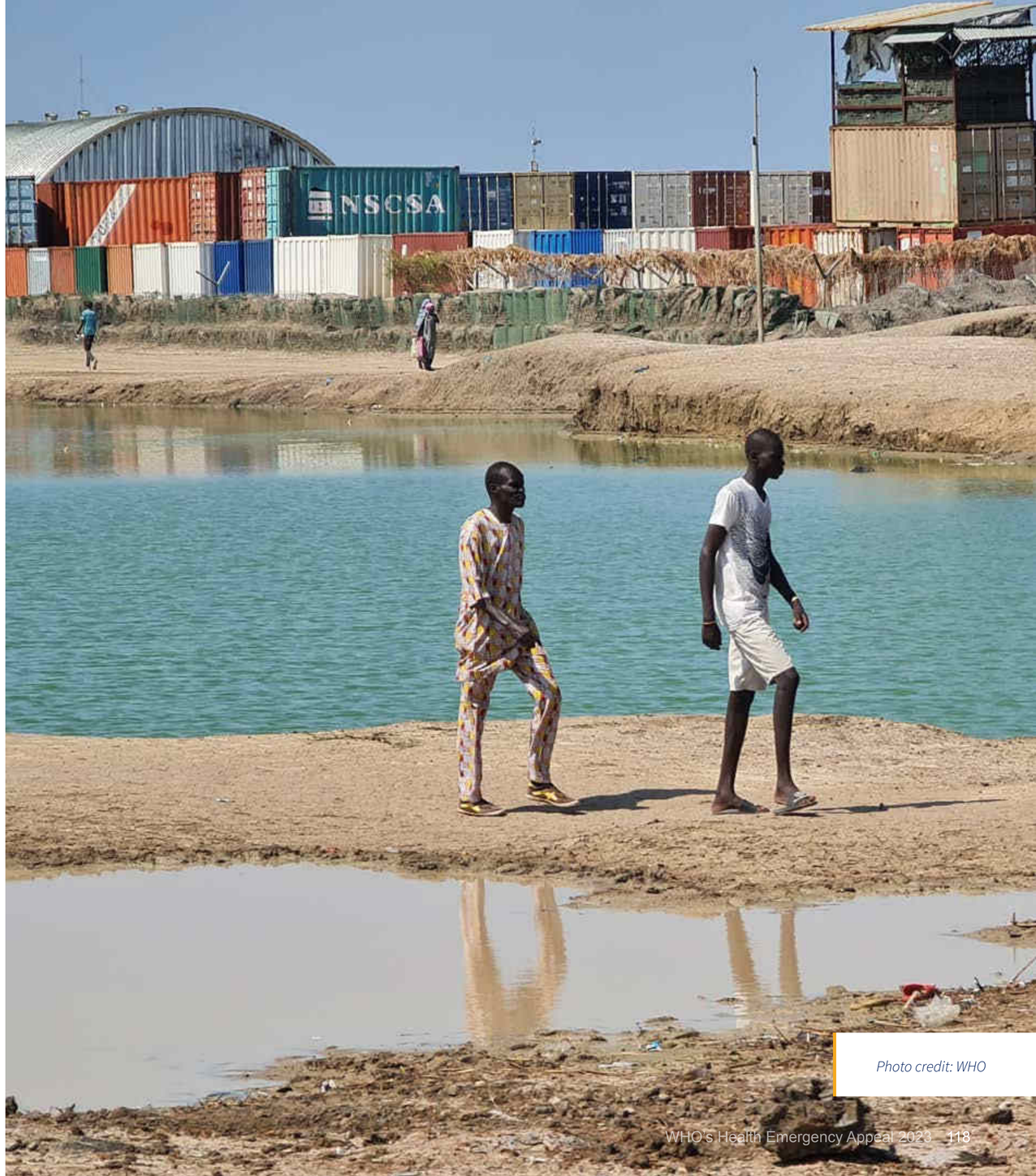


Photo credit: WHO

SUCCESS STORIES

SOUTH SUDAN'S INNOVATIVE COVID-19 VACCINATION STRATEGY

South Sudan has been stepping up COVID-19 vaccination campaigns across the country. Key activities have included outreach initiatives to access hard-to-reach communities, mobilizing communities through local and political leaders, regional campaigns, house-to-house activities and rolling out widespread public communications.

Through the introduction of an innovative vaccination strategy, with the support of WHO and its partners, vaccination coverage increased significantly from less than one percent in January 2022 to 15.6 percent by October 2022. In the same period, 91 percent coverage among health care workers was achieved, alongside close to 50 percent coverage of the elderly population.

The Global Lead Coordinator of the COVID-19 Vaccine Delivery Partnership, Mr Ted Chaiban, concluded a high-level advocacy visit to South Sudan to ensure the continued acceleration of COVID-19 vaccination efforts in the country. He met with top government officials including H.E. Mr Hussein Abdelbagi, the Vice President for Social Services Cluster and COVID-19 National Taskforce Chair; Vice President Rebecca Nyandeng De Mabior; Honorable Yolanda Awel Deng Juach, the Minister of Health; Honorable Dier Tong Ngor, the Ministry of Finance and Economic Planning; Dr Victoria Achut, the Undersecretary Ministry of Health as well as Ms Sara Beysolow Nyanti, Deputy Special Representative of the Secretary-General, Resident and Humanitarian Coordinator.

"WHO, UNICEF, Gavi, the Vaccine Alliance and other partners have been instrumental in supporting the Ministry of Health in improving vaccine uptake across the country", said Honorable Deng, the Minister of Health. "South Sudan is grateful for the visit of the Global Lead Coordinator of the COVID-19 Vaccine Delivery Partnership and the commitment demonstrated by visiting the country to boost vaccination in the country and integrate COVID-19 vaccination into primary health care services".

FOR MORE INFORMATION
Dr. Fabian NDENZAKO | WHO Representative, South Sudan |+ 211920630624 | ndenzakof@who.int
Lynette SUDI I External Relations Officer: | WHO South Sudan|+ 211922645645 | sudil@who.int

Photo credit: WHO

UGANDA

Requirements (US$)

30.6 MILLION

CONTEXT

Uganda is epidemiologically vulnerable to public health emergencies arising from its geographical location in the meningitis and yellow fever belts, the 'filo virus triangle,' and proximity to the biodiversity-rich 'hot spot' of the Congo basin. It registers the second largest number of public health emergencies in the Africa region annually and is the largest refugee hosting country in Africa, currently hosting over 1.53 million refugees.

Malaria remains Uganda's leading cause of death, especially in children under five. In 2022, Uganda also saw outbreaks of Rift Valley fever (RVF) and Crimean-Congo hemorrhagic fever (CCHF).

The country is currently responding to two Grade 3 emergencies: the drought in the Greater Horn of Africa and COVID-19. The Ministry of Health and its partners are actively implementing public health and social measures against COVID-19, though community adherence has remained low. As of November 2022, 58% of the population was fully vaccinated and 23% partially vaccinated.

On 11 January 2023, the Ministry of Health (MoH) of Uganda declared the end of the Ebola disease outbreak caused by the Sudan ebolavirus that affected nine districts. A total of 164 cases (142 confirmed, 22 probable) with 77 deaths (55 among confirmed cases and 22 among probable cases) were reported during the outbreak.

Although the outbreak has been declared over, health authorities are maintaining surveillance to rapidly identify and respond to any re-emergence. A follow-up programme has been put in place to support survivors. Neighbouring countries remain on alert and are encouraged to continue strengthening their capacities to detect and respond to infectious disease outbreaks.

WHO and partners are continuing to bolster the efforts of the national health authorities to strengthen medical and psychosocial support to Ebola survivors and help them return to a normal life.

Uganda is classified by the International Health Regulations (IHR) as a state infected with circulating vaccine-derived poliovirus type 2 (cVDPV2), with or without evidence of local transmission.

Despite its agricultural potential and significant exports, Uganda's food insecurity levels remain classified as 'serious' by the 2019 Global Hunger Index, and malnutrition is widespread across the country. 1.2 million people in the Karamoja region (Eastern Uganda) are facing severe public health consequences from the deteriorating drought situation and at least 42% (520,000 individuals) are experiencing high levels of food insecurity (IPC Phase 3 or above). Poor rainfalls, below average crop production, recent intensification of cattle rustling associated insecurity and increased national food prices for most of the staple foods associated with the post COVID 19 emergency are also worsening the situation.

Uganda is also prone to disasters caused by natural hazards and epidemic outbreaks. Devastating floods struck the country in 2022, displacing 65,000 people and affecting a total of nearly 300,000.

A billboard promoting Ebola awareness in Kampala, Uganda, on 7 November 2022.

Photo credit: WHO / Esther Ruth Mbabazi

RESPONSE STRATEGY

In line with national response plans and WHO's mandate, WHO leads the coordination of health partners and supports the Ministry of Health in mobilizing and tracking resources to respond to health emergencies. IWHO will strengthen traditional coordination mechanisms for epidemic preparedness and response at national and sub-national levels, which provide sustained oversight of public health actions during peace and outbreak response times. WHO will also enhance the functionality of the National Task Forces and District Task Forces and support capacity building for District Rapid Response Teams and national and sub-national teams to effectively manage the surveillance system. To ensure a uniform approach, the Ministry of Health and partners will be supported to roll out the Integrated Disease Surveillance and Response (IDSR) in all districts and cities. WHO will also strengthen the community-based surveillance approaches through Village Health Teams which oversee the implementation of care to patients.

A centralized data and information management system, coordinated by the Ministry of Health, will continue to receive support from WHO. The DHIS 2 platform is a vital aspect of the national surveillance system and WHO will address the unmet need to translate data from the various sources into information products and policy briefs.

WHO will support medical countermeasures (MCMs) stockpiling and capacity strengthening for MCMs management, through making plans and policies available and physically prepositioning and well managing supplies.

Finally, WHO will support progress monitoring in the implementation of International Health Regulations (IHR), including through State Party Annual Reporting (SPAR), Joint External Evaluation (JEE) and notification of public health events.

KEY ACTIVITIES

- Submit States Party Annual Reporting
- Implement the National Action Plan for health security
- Develop a concept of operations for rapid response teams
- Conduct other IHR monitoring activities
- Conduct simulation exercises and after-action reviews
- Review national risk assessments and develop contingency plans to mitigate outbreaks, including for ongoing Grade 3 responses
- Functionalize the system for rapid risk assessment
- Support capacity development for district and national task forces
- Mobilize and train Rapid Response Teams (RRTs)
- Support regional IDSR focal points operations
- Support the rolling out as well as supervision and monitoring of the IDSR at the district level
- Support epidemiological field investigations and community-based risk assessments
- Develop a food safety surveillance system
- Support sub-national level laboratory capacity, preposition essential diagnostic reagents and transport media for common pathogens, support sample referral, packaging, transportation and testing
- Consolidate and develop a national Infection Prevention and Control program
- Develop contingency plans for chemical emergencies and mass causality management
- Deploy national Emergency Medical Teams and support them through capacity building activities
- Preposition emergency medical countermeasures and mobile isolation facilities
- Complete multi-sectoral response plans and establish effective coordination mechanisms
- Support public health communication during emergencies
- Support response to floods, droughts and mudslides
- Support supply chain management for emergency commodities
- Support the implementation of the refugee response plan, and support the transition from acute emergency to recovery from emergency situations

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Respond to the Ebola disease, caused by Sudan virus outbreak

WHO will aim to rapidly contain the Ebola disease, caused by Sudan virus, in Uganda, with low morbidity and mortality and to limit disruption of social and health systems.

- The Early detection and rapid containment of the SUDV outbreak will be strengthened.

STRATEGIC OBJECTIVE 2

Strengthen detection

WHO will support the national and district actors to assess risks, prevent, rapidly detect, respond to diseases, outbreaks, including epidemic prone diseases and natural hazards and put in place appropriate health measures.

- The 3rd edition of IDSR will be rolled out countrywide to 5 500+ public health facilities.
- The transmission of common outbreak prone diseases will be interrupted quickly.

STRATEGIC OBJECTIVE 3

Strengthen the health response

WHO will build capacity to respond to public health emergencies.

- Recommended response measures will be applied to each emergency in order to contribute to reducing morbidity and mortality resulting from disease outbreaks.

STRATEGIC OBJECTIVE 4

Strengthen preparedness

WHO will support national and sub-national preparedness capacities to public health emergencies, by assessing and ensuring targeted strengthening of preparedness efforts as outlined in IHR (2005) and the National Action Plan for Health Security.

- Capacities at the national and sub-national levels in preparedness to public health emergencies will be strengthened.

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	263	2 512	2 775
P2. Risk communication and community engagement	92	1 114	1 205
P3. Surveillance, case investigation and contact tracing	595	4 450	5 045
P4. Travel, Trade and Points of entry	-	-	-
P5. Diagnostics and testing	74	-	74
P6. Infection prevention and control	899	5 100	5 999
P7. Case management and therapeutics	54	-	54
P8. Operational support and logistics	766	569	1 335
P9. Essential health systems and services	21	8 950	8 971
P10. Vaccination	5 136	-	5 136
P11. Research, innovation and evidence	-	-	-
Total funding requirements	**7 899**	**22 694**	**30 395**

Members of SUDV contact tracing team preparing to leave for various villages in Mubende district after a briefing at Mubende district headquarters on 30th September 2022.

Photo credit: WHOUganda/Jimmy Adriko

REGION OF THE AMERICAS

World Health Organization

COLOMBIA

People in need

7.7 MILLION[1]

People targeted

1.6 MILLION

People in need of health assistance:

6 MILLION

Requirements (US$)

7.1 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

Colombia is characterized by a fragile and prolonged humanitarian situation, which is notably affected by recurrent multiple hazards across different territories and serious structural and systemic challenges within the health system. Such chronic challenges have been aggravated by a series of recent shocks, including the COVID-19 pandemic, growing violence within the Colombian territories and along the border with Venezuela, as well as repetitive hydro-meteorological disasters over the last 12 months.

In 2022, the number of people in need of humanitarian assistance increased by 300 000 as a consequence of deteriorating indicators of maternal and child mortality, pregnancy in adolescent girls, HIV, suicides, sexually transmitted illnesses (STIs), gender-based and sexual violence and communicable diseases. Increasing population trends, primarily a result of mass migration, and the persistence of armed conflicts create mobility restrictions, forced displacement and access barriers to the provision of essential health services. The combination of these issues further impacts the health, lives and wellbeing of vulnerable populations. In many territories, the provision of appropriate health care is further hindered by geographical distance to health facilities and attacks against medical missions.

In 2022, increased heavy rainfall from the beginning of the first rainy season (which lasts from mid-March to June), affected most of the Colombian territory, causing flash floods, landslides and a number of severe weather-related incidents, which resulted in human casualties and important infrastructural damage. In October 2022, the National Disaster Risk Management (UNGRD per its acronym in Spanish) declared a national disaster situation as a result of the acute humanitarian impact caused by the second rainy season influenced by the 'La Niña' phenomenon. Official reports state that 289 municipalities, located in 26 departments, declared a public disaster.

Internal displacement and confinement remain a major barrier to accessing essential services such as health care for vulnerable Colombian populations. An estimated 104 800 people were affected in 2022 by mobility restrictions due to the armed conflict and over 174 000 have suffered from violent events. This represents an increase of 90% compared to the previous year. Forced displacement is also on the rise and is indicative of a worrying trend associated with the intensification of the armed conflict, causing almost 70 000 people to leave their homes this year. Beyond mobility restrictions, weak local health networks and the limited presence of state health facilities in many territories results in long distances between rural areas and health centers, seriously reducing access to health. Nationwide, it is estimated that at least eight million people in Colombia have limited access to health services, which are located more than one hour from where they live.

Humanitarian needs in Colombia are anticipated to increase in 2023, with a sharpening of the humanitarian impact in the country and the intensification of armed actions in the Pacific and northwestern regions and border area territories.

Photo credit: WHO/G Elham

RESPONSE STRATEGY

The health sector's response strategy in Colombia focuses mainly on two objectives:

1. Contributing to the reduction of avoidable morbidity and mortality rates through effective access to essential health services for the population affected by emergencies and situations of violence; and
2. Strengthening community capacities to promote primary health care, first response, epidemiological surveillance and active participation in decision-making regarding health issues.

WHO efforts are aimed at protecting and saving lives by supporting and expanding local health emergency coordination, readiness, response and monitoring capacities to address the urgent and unmet needs of vulnerable populations impacted by sudden and prolonged emergencies. The emphasis will be placed on rural territories, with little or no access to health institutions, and confined communities.

Considering the multiplicity of humanitarian emergencies in Colombia, and the diversity of regional dynamics, it is key to promote the delivery of comprehensive humanitarian health assistance in prioritized geographical areas and prioritized populations.

Efforts will support the preparation, coordination and delivery of health services to the most vulnerable communities in a complementary manner to the services offered by state institutions. This will help ensure the delivery of comprehensive care, including primary health care, sexual and reproductive health, care for chronic non-communicable diseases, mental health, support to routine and COVID-19 vaccination and care for gender-based violence.

WHO will also assist local health authorities in collective public health actions, including epidemiological surveillance and community capacity-building in preventive health, a nd early detection of major public health events. Considering the cultural diversity of the country and the disproportionate impact of humanitarian emergencies on ethnic groups, needs-oriented intercultural approaches involving traditional specialists, midwives and community agents in the provision of indirect care are key. Recognizing and valuing the responsibility of the state to guarantee the protection of people as the first responder in an emergency, WHO will also continue to strengthen effective mechanisms that allow for better articulation and efficient coordination of the multiple humanitarian health actors in the country.

KEY ACTIVITIES

- Scale-up emergency readiness, response and coordination mechanisms and capacities
- Strengthen contingency plans, activation and operationalization of national and territorial coordination spaces and the reinforcement of community capacities for first response, primary health care delivery and public health surveillance
- Expand local community and institutional health response capabilities, including support for the deployment of the health response in affected communities and low complexity adaptations to health facilities to support operations during and after an emergency
- Support local health authorities in strengthening early warning and response, public health surveillance networks, laboratory diagnosis of major infectious events with epidemic and pandemic potential and information management
- Implement low complexity technical solutions that improve access to safe water and adequate basic sanitation and hygiene conditions
- Implement technical support for the strengthening of environmental health, solid waste management and disease prevention

Photo credit: WHO/G Elham

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Strengthen coordination and readiness processes

- WHO aims to strengthen health emergencies coordination, response and monitoring mechanisms, leveraging existing community and institutional capacities

STRATEGIC OBJECTIVE 2

Contribute to timely and efficient health response

- WHO will work to protect and save lives by supporting and expanding local community and institutional health response capabilities to address the urgent and unmet health needs of vulnerable populations affected by sudden-onset and protracted emergencies

STRATEGIC OBJECTIVE 3

Strengthen agile public health systems

- WHO will assist local health authorities with collective public health actions, including epidemiological surveillance, and strengthening community capacities in preventive health and early detection of major public health events

STRATEGIC OBJECTIVE 4

Reduce health risks associated with water, sanitation and hygiene

- WHO will support communities and health entities for the improvement, maintenance and/or provision of access to safe water, basic sanitation and hygiene

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	522	522
P2. Risk communication and community engagement	585	585
P3. Surveillance, case investigation and contact tracing	925	925
P4. Travel, Trade and Points of entry	376	376
P5. Diagnostics and testing	684	684
P6. Infection prevention and control	910	910
P7. Case management and therapeutics	1 144	1 144
P8. Operational support and logistics	1 176	1 176
P9. Essential health systems and services	179	179
P10. Vaccination	408	408
P11. Research, innovation and evidence	155	155
Total funding requirements	**7 065**	**7 065**

SUCCESS STORIES

PROTECTING THE LIVES OF DISPLACED PEOPLE IN TIMES OF COVID-19

In April 2021, clashes between the Bolivarian National Air Force and an organized criminal group in Venezuela meant municipalities such as Arauquita, in Arauca, faced a massive influx of displaced people into their territory.

As a result of the clashes, just over 1 800 displaced families including children, young people and pregnant mothers, arrived in Arauquita with nothing but the clothes on their back. With the support of partner organizations, the municipal authority set up 57 emergency transitional shelters for the victims of this displacement, in order to provide urgent access to food, education, protection and in particular, health care. PAHO/WHO provided additional support to help increase available human resources and capacity building of health personnel.

“They strengthened our knowledge, infrastructure, equipment and above all, they supported us with people with great human warmth,” says Karen Ortiz, a public health surveillance professional in Arauquita.

Following coordination between local authorities and PAHO/WHO experts, a communication strategy was implemented to encourage the displaced population to remain in the shelter, where they could receive comprehensive life-saving care. The strategy was successful and well received by the population.

A coordinated strategy was developed with support of the Health Cluster and the Territorial Health Board, resulting in structured and unified action to provide health and mental health care in the context of emergencies. A community surveillance strategy was also implemented to characterize the demographic, epidemiological and health situation of the population living in the shelters.

FOR MORE INFORMATION
Mauricio Cerpa | Health Emergencies Advisor | PAHO/WHO Colombia | cerpamau@paho.org

Photo credit: WHO/Zakarya Safari

EL SALVADOR

People in need

1.1 MILLION[1]

People targeted

496 600

People in need of health assistance:

1 MILLION

Requirements (US$)

3.5 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

The recurrence of severe climate events combined with economic, social, and institutional fragilities leave El Salvador in an extremely vulnerable and critical humanitarian situation. Located in a disaster-prone subregion, El Salvador is among the 20 countries in the world at highest risk of disasters.

The successive hydrometeorological hazards that have impacted El Salvador over the past two years, including Tropical Storms Amanda and Cristóbal, and Hurricanes Eta, Iota and Julia, have profoundly affected the lives and livelihoods of almost 900 000 people. This has significantly disrupted health services, particularly at the primary care level. In addition, the country is constantly exposed to earthquakes, floods, and droughts. Infrastructural and institutional limitations to deal with emergencies, and low capacity to respond to adverse events, are an additional challenge. These limitations place the population, particularly the most vulnerable, at even higher risk of adverse impacts to health.

According to the Humanitarian Response Plan (HRP) 2021-2022, vulnerable economic conditions and income inequality were amplified by the effects of the COVID-19 pandemic, resulting in an 8% reduction in the country's GDP and a 4.6% increase in poverty in 2022. The number of people facing food insecurity rose from 620 000 in the year prior to the pandemic to around 1 043 661 as a result of the profound economic crisis caused by COVID- 19 and the repeated impact of extreme climate events and structural challenges. These recurrent shocks have disproportionately affected individuals in vulnerable situations, particularly those faced with extreme poverty and limited safety nets. Increasing homicide rates and rampant violence in recent years have also hampered social development and economic growth and are among of the main causes for forced internal displacement.

House-to-house vaccination team administering vaccines in a colony in San Salvador, El Salvador.

RESPONSE STRATEGY

WHO will take a multisectoral response approach to the health sector's needs in El Salvador, providing coordinated and targeted assistance to address critical health needs in high-priority areas prone to the impact of disasters and violence. While focusing on immediate and short-term interventions to restore and scale-up the capacities of local health institutions to address the acute and unattended health needs of the community, WHO will also seek to support and strengthen sustainable solutions through humanitarian-development collaboration. The core objective will be to help restore essential health services and systems and to strengthen community and institutional resilience.

This strategy is aligned with the Humanitarian Needs Overview (HNO) and the health sector's strategic objectives for the Humanitarian Response Plan (HRP). It responds to the identification of population needs and strategic partner demands and efforts. Implementing a whole-of-society approach, WHO will continue to work in close coordination with all health and humanitarian stakeholders, including not only governmental entities, starting with the Ministry of Health and the Directorate of Civil Protection, but also United Nations partners, civil society organizations and other non-governmental institutions.

.

KEY ACTIVITIES

- Coordinate health networks to ensure a comprehensive and multi-hazard response to adverse events, using evidence-based, first-hand field evaluation to adequately tackle the multiple challenges faced in different territories. This will cover migratory flow, environmental or epidemic threats and social conflict
- Implement corrective measures to increase local capacities for quality health service delivery, including infrastructure repairs and rehabilitation
- Procure life-saving and essential health supplies and equipment, training and capacity building of health professionals
- Strength water and sanitation systems to support infection prevention and control in healthcare settings
- Strengthen primary care health services and response programs for vulnerable populations
- Prevention and early diagnosis of communicable and non-communicable diseases and conditions, worsened by the effects of existing emergencies
- Implement mobile clinics and field activities for enhanced coverage of priority public health programs

Photo credit: WHO/Iraq

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Increase access to primary care services for the most vulnerable

- WHO will work to maintain the operational capacity of, and improve access to, essential health services for vulnerable populations affected by emergencies and humanitarian crises, including people in shelters, victims of violence, migrants, older people, mothers and children, and persons with disabilities.

STRATEGIC OBJECTIVE 2

Increase resilience of primary care services for migrants

- WHO will strengthen the Ministry of Health's governance and primary health care (PHC) capacity for the provision of integrated care services. This will particularly target populations in areas affected by emergencies, mass migration routes and exposure to multiple threats through the provision of adequate equipment, infrastructure, and logistics.

STRATEGIC OBJECTIVE 3

Improve risk communication and knowledge management in emergencies

- WHO will develop a risk communication strategy, and support community response capacities and health services resiliency, through the implementation of knowledge management practices that enable the adoption of best practices and sustainable standards. This will support preparedness, response to, and recovery from, public health emergencies.

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	214	214
P2. Risk communication and community engagement	161	161
P3. Surveillance, case investigation and contact tracing	262	262
P4. Travel, Trade and Points of entry	54	54
P5. Diagnostics and testing	348	348
P6. Infection prevention and control	428	428
P7. Case management and therapeutics	663	663
P8. Operational support and logistics	278	278
P9. Essential health systems and services	803	803
P10. Vaccination	214	214
P11. Research, innovation and evidence	27	27
Total funding requirements	**3 451**	**3 451**

Photo credit: WHO/Iraq

SUCCESS STORIES

EXPANDING COVID-19 VACCINATION COVERAGE

Through of a combination of geographical, economic and social challenges, El Salvador's population remains at high risk to the adverse impacts of these challenges on health. The country has been subject to successive extreme meteorological events which have significantly disrupted primary health care services, including the delivery of life-saving vaccines. The situation has been worsened by infrastructural limitations to respond to health emergencies.

In a recent visit to a house doubling up as a COVID-19 vaccination center, the Minister of Health took time to talk to people about the country's program of vaccination, while a PAHO representative explained more about symptoms people may experience after receiving their dose. Through this program, led by the Ministry and supported by PAHO, more remote communities have and will continue to be reached with vaccine doses, helping to support the prevention of severe disease amongst the most hard-to-reach communities.

PAHO has been providing support since the beginning of the pandemic with the provision of supplies, equipment, diagnostic tests and, through the COVAX program, has helped manage the donation of vaccines to the government of El Salvador. Additionally, an agreement between PAHO and the National Health Council has enabled the hiring of vaccinators so COVID-19 vaccines can be brought to more Salvadorans regardless of their location. Teams of vaccinators have worked in partnership across different municipalities to identify and deliver vaccination programs to rural communities.

In Solimán Cantón, located in the Santa Ana municipality, around 200 families had not received any COVID-19 vaccine doses due to transportation issues. The municipality's vaccination teams were divided into three groups to ensure the maximum number of people could be reached. Teams worked with local doctors, nurses and health promoters, going house to house, visiting families to provide vaccinations.
.

FOR MORE INFORMATION
Dr. Giovanni Escalante | PAHO/WHO Representative, El Salvador | gescalante@paho.org

Photo credit: WHO/Iraq

GUATEMALA

People in need

5 MILLION[1]

People targeted

2.3 MILLION

People in need of health assistance:

930 000

Requirements (US$)

4.1 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

Recovery from COVID-19 has been challenging in Guatemala. As a result of the prolonged socio-economic impact of the pandemic, the average poverty rate nationwide has increased by almost 5%. This rise in poverty levels is further exacerbating preexisting vulnerabilities and eroding the limited safety nets available to populations living in precarious conditions.

Year after year, the historical social gaps that result in high levels of vulnerability, multidimensional poverty and overall deprivation of basic services among hundreds of thousands of Guatemalans, are further aggravated by recurrent disasters and humanitarian crises. According to the World Risk Report 2020, Guatemala has the tenth highest level of exposure to disaster in the world. Globally, it ranks 28th in terms of vulnerability according to the 2021 INFORM's risk index and 62nd in the Global Climate Risk Index 2021.

Well into 2022, the operational and functional capacity of the health services network is still recovering from the severe damages caused by Tropical Storms Eta and Iota at the end of 2020, with more than 180 health facilities still in need of repair. Sustained mass migration and increasing violence and social disturbance additionally impact the health system negatively, posing additional challenges to the delivery of essential health services, particularly to the most vulnerable.

Almost three years into the COVID-19 response, vaccination coverage in Guatemala is still far below target, with only 38.2% of the population completing a full vaccination schedule against COVID as of 28 October 2022. This low coverage leaves a large portion of the population vulnerable to new infections and hospitalization and continues to put the Guatemalan health system and its limited resources under strain.

The UN estimates that approximately 5 million people in Guatemala are in need of humanitarian assistance, including urgent medical care. Pregnant and lactating women, children, people with disabilities and individuals settled in the areas previously affected by Hurricanes Eta and Iota are among the most vulnerable.

Photo credit: WHO

RESPONSE STRATEGY

WHO in Guatemala aims to protect and save the lives and dignity of severely affected people through effective and coordinated humanitarian response efforts, embracing a human rights approach and intersectional and differential perspective respectful of age, gender, diversity, cultural and linguistic relevance. WHO seeks to promote sustainable solutions that contribute to the right to health and foster self-sufficiency, empowerment and resilience of affected people with a focus on protection, intersectionality and diversity inclusion, as well as a comprehensive approach to emergency response from humanitarian action, recovery to resilience and development.

In 2023, WHO will continue to prioritize territories that have been most impacted by COVID-19, extreme weather events including tropical storms Eta and Iota and more recently Hurricane Julia, disruptive social phenomena including violence and mass migratory flows, as well as the increased burden of communicable diseases such as dengue fever.

Activities and interventions will restore and increase the capacity of local health networks to meet existing health needs, increase surge capacity to deal with outbreaks, post-traumatic stress derived from health emergencies and disasters and ensure continuity of essential health services, such as sexual and reproductive health, in the midst of adverse events. Prioritization will be given to persons with disabilities, the elderly, migrant populations and improving the right to health and access to health care for those in need, based on a rights-based and culturally relevant approach.

WHO will continue to strengthen coordination at the national and sub-national levels, including the health cluster, and promote strategic alliances and working agreements with local NGOs and civil society organizations that can contribute to the achievement of its objectives. Community engagement and empowerment will also be encouraged to support ownership and sustainability of appropriate actions.

KEY ACTIVITIES

- Strengthen and reestablish capacity for the provision of critical and essential services in facilities impacted by disasters and emergencies. This will include rehabilitation works, recuperation of lost supplies and equipment and a surge in human resources capacity.
- Strengthen capacities of health institutions and communities to anticipate and respond to health emergencies and disasters, with a focus on primary health services and improving capacity for the early detection of infectious diseases.
- Priority response activities will include:
- Update and implement the country's multi-hazard health emergency plan, and emergency response protocols.
- Rehabilitate target primary health care facilities in affected areas to ensure the operational capacity of prioritized health facilities and safety of operation through increased access to safe water and waste management.
- Provide supplies, equipment, material and tools for epidemiological surveillance, the establishment of situation rooms in prioritized health facilities, the operation of water collection systems, monitoring and control of safe water quality in selected health care units.
- Build capacity of health personnel on epidemiological surveillance, standards and protocols for sexual and reproductive health, clinical management of sexual violence, maternal and child health, nutrition and disability, with a focus on rights, cultural relevance and gender; psychosocial first aid and mental health care in emergencies; information management and reporting in emergency situations; risk analysis, management and timely response to health emergencies and disasters.
- Strengthen community capacities for first response and health prevention and promotion, including sexual and reproductive health and infection prevention and control.

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Ensure access to and delivery of essential health services

WHO will work to recover and increase operational and functional capacity of critical, essential services at health facilities impacted by health emergencies and disasters, including COVID-19, with a focus on children, adolescents, women of childbearing age, pregnant women, adults, people with disabilities and migrants.

STRATEGIC OBJECTIVE 2

Scale-up emergency detection and response capabilities of the health sector

WHO will facilitate increased capabilities of health authorities, local institutions and communities to anticipate adverse events, rapidly detect major health threats and effectively respond to needs during health emergencies and disasters.

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	295	295
P2. Risk communication and community engagement	107	107
P3. Surveillance, case investigation and contact tracing	128	128
P5. Diagnostics and testing	166	166
P6. Infection prevention and control	21	21
P8. Operational support and logistics	395	395
P9. Essential health systems and services	2 956	2 956
P10. Vaccination	107	107
Total funding requirements	**4 175**	**4 175**

SUCCESS STORIES

IMPROVING ACCESS TO HEALTH SERVICES THROUGH EMERGENCY CARE MODULES IN GUATEMALA

As a result of tropical storms Eta and Iota at the end of 2020, health services were severely disrupted, with more than 180 health facilities in Guatemala still in need of repair. To ensure sustained access to vital health care services for the population, the country needed an immediate solution to plug gaps in the system.

PAHO/WHO therefore partnered with the Guatemalan foundation 'Un Techo para Mi País' to install temporary wooden emergency care units (MAET). These were integrated into the socio-cultural and health environment of priority communities to provide health services, contributing towards strengthening health system resilience. They also improved access to services, and the health and welfare conditions of vulnerable communities, especially where infrastructure was precarious and in poor condition as a result of extreme weather events.

Given the technology used to develop the units, these can be disassembled and reinstalled at the request of local health authorities. The units can therefore be used as a sustainable, temporary intervention in response to future emergencies and disasters requiring immediate action.

To allow for effective, safe and collaborative action, PAHO/ WHO and Un Techo para Mi País established working practices. These have been implemented together with communities in Campur and Saquixim in Alta Verapaz, Tenedores and Sepur Zarco in Izabal, San Felipe in Retalhuleu and central Guatemala.

FOR MORE INFORMATION

Gerardo Alfaro Canton | PAHO/WHO Representative, Guatemala | alfaroge@paho.org.

HAITI

People in need

5.2 MILLION[1]

People targeted

3 MILLION

Requirements (US$)

26.1 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

For several years, Haiti has been engulfed in a socioeconomic, political and humanitarian crisis. The situation reached critical levels in mid-September 2022 following the intensification of gang violence and social unrest. Combined with political instability, this widespread insecurity has paralyzed the country, resulting in drastic consequences for access to basic goods and services, including food, water and health.

The current fuel supply crisis has affected the supply of water and electricity to the population, health centers and hospitals. Due to problems of insecurity and violence, patients and health personnel have difficulty accessing hospitals and health services. In parallel, the public health system and international partners are faced with limited response capacity due to a reduction of international personnel in Haiti, combined with logistical issues and difficulties concerning the import of supplies.

Insecurity, roadblocks and lockdowns are affecting the import of internationally procured goods, which may slow the arrival of lifesaving essential supplies to support cholera response efforts in particular. This is a concerning scenario as cholera recently resurfaced in early October.

Armed gangs now control over 60% of the metropolitan area of Port-au-Prince, affecting at least 1.5 million people. They have also expanded their influence outside of the capital city, causing disruption to key humanitarian programs in most of the national territory, including COVID-19 vaccination campaigns. The national road to the south has been blocked since June 2021, cutting off around three million people in the southern peninsula. This has affected response and recovery efforts following the severe earthquake that affected southern departments in August 2021. At the same time, the country experienced a third consecutive year of recession, with an inflation rate that reached 30% in July 2022. Food prices have increased by 63% over a year and international inflation on fuel and gas has further increased the price of imported goods.

Community Health Workers disseminate information and messages to promote COVID-19 vaccines in Haiti. September 2022

Photo credit: PAHO/WHO

According to the most recent Humanitarian Response Plan (HRP 2022), nearly half of Haiti's population is facing high levels of acute food insecurity – a figure that has doubled in the last four years. Civil and political unrest, chronic poverty, natural disasters and COVID-19 are considered the main drivers of food insecurity. In this volatile socio-economic context, the government's decision to scrap expensive oil subsidies set off massive and sometimes violent nationwide protests and blockades. In addition, the fuel shortage, exacerbated by the rise in international oil prices in early 2022 and resulting in the blockade of the oil terminal at Varreux by armed gangs from mid-September, is seriously disrupting water distribution, power supply and telecommunications and causing hospitals to shut down critical services.

The resurgence of cholera in early October, after over three years with no confirmed cases in Haiti, occurs against an extremely challenging backdrop of restricted humanitarian access to the population and severely deteriorating living conditions where over two-thirds of the population have no, or limited, access to basic drinking water and sanitation. Despite initial pledges by the international community, improved access to potable water, sanitation and hygiene (WASH) has been marginal since 2010. From 2010 to 2020, the proportion of the Haitian population with access to basic drinking water services increased from 62.2% to 66.7% and sanitation services from 27.2% to 37.1%. Currently, electricity power supply problems, fuel shortages and movement restrictions affect the population's access to water, which exacerbates the already precarious situation many Haitians face, increasing their risk factors for cholera infection. Malnutrition was already present in areas affected by violence and is set to worsen, further increasing vulnerability and risk of severe cases of cholera, especially among children.

Photo credit: WHO/G Elham

RESPONSE STRATEGY

WHO's humanitarian priorities for 2023 in Haiti will focus on saving lives and addressing the immediate needs of the population in areas affected by the resurgence of cholera, as well as protecting the most vulnerable groups impacted by violence, insecurity and rising poverty levels. Response efforts will focus on supporting, expanding and strengthening the response capabilities of the Ministry of Public Health and Population (MSPP) and its health partners already operational on the ground, in order to manage and control cholera outbreaks (reducing mortality and morbidity) and limit its spread to other communities, departments and countries. Efforts will also be directed at supporting and sustaining essential preventative and curative health programs at the primary care level to avoid excess morbidity and mortality from preventable causes, primarily targeting individuals in vulnerable situations and those most disproportionately affected by the ongoing complex crisis.

Crucial support is needed to expand the lifesaving care delivery capacity of health institutions and partners providing cholera treatment services to the affected population, as well as keeping essential services operational, including maternal and neonatal care and emergency services. Strong efforts are being made by all health partners to rapidly ramp up care delivery capacities throughout the country to avoid the loss of life and preventable mortality. WHO will focus on ramping up capabilities for early detection and confirmation of cholera cases and the timely and adequate clinical management of cholera patients. Activities will also aim to address disruptions to essential health services caused by multiple simultaneous crises, through the provision of critical medical supplies and equipment, fuel, human resources and the deployment of emergency medical teams to assist saturated and overstretched health services.

As cholera prevention and treatment requires a multi-sectoral approach, incorporating public health actions as well as water, sanitation and environmental health interventions, complementary and coordinated intervention will be carried out within and across sectors.

The current context of violence and insecurity, as well as limited access to health services, means community-based strategies are particularly important to protect families and support timely access to care. WHO will continue its efforts to engage and empower community members to support preventive and control measures and protect at-risk individuals through sensitization and risk communication actions.
.

KEY ACTIVITIES

- Control and limit the spread of cholera to wider communities and departments to help prevent morbidity and mortality
- Procure lifesaving essential medicines and health supplies for cholera case detection, confirmation and treatment
- Facilitate the establishment and operation of cholera treatment centers in or near affected communities, monitoring availability and occupancy rates of cholera beds, supporting effective referral of severe cases and disseminating protocols for cholera case management
- Establish and strengthen community-based surveillance systems, training and increasing available human resources to support the national and departmental surveillance system. This will include case investigation, data management, contact tracing, community response activities and sample collection
- Procurement of essential water, sanitation and hygiene (WaSH) supplies and the implementation of Infection Prevention and Control (IPC) measures in cholera treatment facilities to ensure appropriate practices are in place
- Address acute health and humanitarian needs including severe malnutrition, recuperation of care delivery capacity in areas impacted by the 2021 earthquake
- Promote vaccination against COVID-19 (only 2.1% of the population has completed a full two-dose vaccination series as of 15 November 2022) and other vaccine-preventable, epidemic-prone, diseases such as polio and measles, to prevent future outbreaks

Photo credit: WHO/G Elham

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Strengthen surveillance for cholera & other epidemic / pandemic-prone diseases

- WHO will work to strengthen and scale-up national and departmental surveillance systems to support case investigation, data management, contact tracing, sample collection and laboratory detection capabilities

STRATEGIC OBJECTIVE 2

Scale-up health service emergency response capabilities

- WHO will facilitate the rapid reactivation and expansion of health emergency response structures and mechanisms of the Ministry of Public Health and Population (MSPP) and its health partners to save lives through timely and appropriate emergency clinical care

STRATEGIC OBJECTIVE 3

Maintain continuity of essential health services

- WHO will support the continuity of health service delivery to maintain access to essential services, including sexual and reproductive health, prevention of endemic and epidemic diseases and immunization against vaccine-preventable diseases

STRATEGIC OBJECTIVE 4

Protection of vulnerable groups at risk of cholera infection

- WHO will increase water, sanitation and hygiene (WaSH), Infection Prevention and Control (IPC) and risk communication interventions in health facilities, and at the community level, to protect patients, relatives and frontline workers in areas at increased risk of cholera and other health issues

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	1 338	1 338
P2. Risk communication and community engagement	1 284	1 284
P3. Surveillance, case investigation and contact tracing	2 033	2 033
P4. Travel, Trade and Points of entry	856	856
P5. Diagnostics and testing	2 301	2 301
P6. Infection prevention and control	2 408	2 408
P7. Case management and therapeutics	6 153	6 153
P8. Operational support and logistics	2 675	2 675
P9. Essential health systems and services	2 675	2 675
P10. Vaccination	4 387	4 387
Total funding requirements	**26 108**	**26 108**

SUCCESS STORIES

COVID-19: INCREASING VACCINATION COVERAGE IN HAITI THROUGH COMMUNITY OUTREACH

More than a year after the first doses arrived, Haiti still has one of the lowest COVID-19 vaccination coverage rates in the world. Only 2% of the population are fully vaccinated, despite efforts to make COVID-19 vaccines freely available to all.

Ongoing political and social unrest, widespread security threats, logistical challenges, an earthquake and reported high levels of hesitancy around the vaccine, severely hindered the Ministry of Public Health and Population (MSPP) from achieving its immunization goals. The National Coordination Unit of the Ministry's Expanded Program on Immunization (EPI) launched a new initiative in June 2022 to intensify vaccination operations against COVID-19, focusing on risk communication and community engagement as key strategies to overcome information and perception barriers and increase vaccine uptake across Haiti.

"The success of this new phase of the COVID-19 immunization campaign is based on outreach work made possible by the Agents de Santé Communautaires Polyvalents (Community Health Workers) who go door-to-door to mobilize the population to get vaccinated," explains Kadebe Blam, a PAHO/WHO consultant.

In each department of the country, advocacy meetings have been organized to inform religious leaders, representatives of administrative and political bodies and media associations on the benefits of the COVID-19 vaccine and garner their support during vaccination efforts so people know that vaccines are safe and effective. Provisional vaccination data collected in the six departments of the country show that the number of people who received at least one dose of vaccine has risen from 248 000 to almost 400 000 since the start of a new phase of the vaccination campaign up until 19 October 2022. PAHO/WHO will continue to provide support to Haiti to facilitate the storage and handling of COVID-19 vaccines by strengthening the country's cold chain capacity.

FOR MORE INFORMATION
Chantal Calvel | Health Emergencies Advisor | PAHO/WHO Haiti | calvelch@paho.org

Photo credit: WHO/Iraq

VENEZUELA

People in need

7 MILLION[1]

People targeted

5.2 MILLION

Requirements (US$)

151.5 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

The Bolivarian Republic of Venezuela has been facing a prolonged socio-political and economic situation that has profoundly and negatively impacted social and health indicators. The humanitarian context in the country was further aggravated by the COVID-19 pandemic, which stretched the limits of an already weakened national health system. Violence and social conflicts, hyperinflation, constant political tensions, the persistence of migratory movements and intensification of climate threats and natural hazards have worsened the living conditions and health status of populations in situations of vulnerability including women, children and indigenous populations.

While the first two years of the pandemic were marked by the large influx of returnees back to Venezuela, the continued deteriorating political, socio-economic and human rights situation in the country resulted in renewed increased migration of Venezuelans in 2022. The profile of Venezuelan migrants has progressively changed over the years, from single men in search of better economic opportunities to families with women and children in situations of extreme vulnerability. The increasingly irregular and unsafe journeys of those migrants are constantly putting their lives at high risk.

Besides its socio-economic impacts, the COVID-19 health emergency itself remains a health threat to Venezuelans, with less than 50% of the population being vaccinated with two doses. Indirectly, the COVID-19 pandemic has caused major disruptions in the provision of health services and treatment of medical conditions resulting in the worsening of pre-existing conditions and increases in preventable morbidity and mortality. The lack of appropriate infrastructure, as well as adequate water, sanitation and hygiene in many health institutions and households additionally hinders the provision of timely and quality health care services. The fragility of the health system deepens the vulnerability of at-risk populations, especially in the event of potential natural disasters.

Recurrent floods and landslides caused by intense rainfalls in 2022 have also resulted in deaths, destruction of homes and health facilities, human displacement and increases in health issues that often follow such disasters, such as respiratory infections, dehydration, water-borne diseases, skin and eye infections and mental health disorders.

Photo credit: WHO

RESPONSE STRATEGY

In this complex humanitarian environment, WHO's priorities for 2023 in Venezuela will focus on sustaining – and where possible strengthening – operational and functional capacities of critical and essential health services, through a primary health care approach, so as to ensure the operationality, safety and resilience of local health systems.

Humanitarian assistance in health will target improving access to health services, especially to the most vulnerable populations and those living in hard-to-reach areas, by supporting the continued availability of essential medicines, medical equipment and supplies through direct procurement and strategic partnerships with other humanitarian actors; carrying targeted improvement works and rehabilitation of priority health facilities to support the provision of comprehensive, timely and quality services, facilitating capacity building and protection of health workforce; and embracing an intersectoral approach to incorporate water, sanitation and hygiene interventions at institutional and community level. Interventions will also focus on strengthening preparedness and response capacities of the health system to face multiple hazards through better coordination with other humanitarian actors.

The response strategy is mainly framed within sectoral objective 1 of the Health Cluster, which focuses on strengthening the operational and functional capacity of critical and essential services of health facilities (hospitals and primary health care units) with a focus on primary health care (PHC) aimed at strengthening their resilience and operational safety.

KEY ACTIVITIES

- Strengthen human resources in health for the identification and clinical management of health threats
- Strengthen initial response capacity of health care centers
- Strengthen community response capacity for emergencies and natural disasters
- Strengthen epidemiological surveillance and health monitoring.
- Improve vital lines and critical services in health facilities, with a focus on saving lives and strengthening integrated health service networks based on primary health care.
- Deliver medicines and supplies
- Rehabilitate health units
- Support education and capacity building campaigns for health personnel and patients, as well as other health promotion and disease prevention interventions, especially aimed at the most vulnerable and at-risk populations.
- Update institutional and community emergency preparedness and response plans, including contingency plans focused on multi-hazards with an emphasis on health, information management and patient referral and counter-referral, procedures and protocols including triage, diagnosis and treatment, infection control and patient referral, critical patient management and staff training in emergency management and care.
- Better coordinate efforts with partner organizations, including relevant ministries, other state institutions and national and international NGOs, within the framework of health policies and strategies, and humanitarian principles.
- Enhance the coordination of sectoral and intersectoral responses in order to avoid duplication of efforts and ensure the most efficient use of health resources, and on strengthening the capacities of decision-makers and strategic partners in information management, project management, strategic planning and decision-making.

Photo credit: WHO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1	STRATEGIC OBJECTIVE 2	STRATEGIC OBJECTIVE 3	STRATEGIC OBJECTIVE 4	STRATEGIC OBJECTIVE 5
Strengthen operation continuity of critical health services to face emergencies and disasters	Improve access to water and sanitation in integrated health network facilities and communities	Increase the efficiency of health services and improve comprehensive quality care	Support the national health network through the strengthening of comprehensive community health areas (ASIC).	Strengthen coordination of humanitarian response at sectoral and cross-sectoral levels.
Sustain and improve the capacity of strategic health facilities to continue functioning in emergency and disaster situations, particularly those that provide primary health care.	Implement interventions aimed at improving basic sanitation, hygiene and adequate access to quality water at institutional and community levels to prevent and contain disease outbreaks.	Strengthening stewardship and governance in the health system. Establishment of health information and surveillance and monitoring systems that include standard operating procedures for reporting events relevant to the quality and safety of care.	Strengthen preparations for emergencies and disasters through technical cooperation, support for the development and updating of national, local and hospital disaster plans, strengthening of human talent in the health sector and other related sectors.	Guarantee technical support and capacity building to Health Cluster partners in Venezuela, especially national non-government organizations, in alignment with national and international standards and guidelines.

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	9 513	9 513
P2. Risk communication and community engagement	3 484	3 484
P3. Surveillance, case investigation and contact tracing	14 165	14 165
P4. Travel, Trade and Points of entry	9 229	9 229
P5. Diagnostics and testing	8 272	8 272
P6. Infection prevention and control	16 895	16 895
P7. Case management and therapeutics	8 094	8 094
P8. Operational support and logistics	16 323	16 323
P9. Essential health systems and services	43 335	43 335
P10. Vaccination	22 122	22 122
Total funding requirements	**151 533**	**151 533**

SUCCESS STORIES

STRENGTHENING VENEZUELA'S IMMUNIZATION AND DISEASE SURVEILLANCE CAPACITY TO SUPPORT ITS COVID-19 RESPONSE

As part of Venezuela's long-term plan to strengthen its vaccination services and diseases surveillance, the country has committed to developing its information systems in the areas of immunization and epidemiological surveillance. In support of this goal, PAHO/WHO has helped facilitate the acquisition and installation of 102 pieces of computer equipment.

Up-to-date computer equipment has been distributed across different departments of the Ministry of Health and the country's 24 states, together with software and licenses to support correct use of the equipment. Training sessions have also been held, introducing useful tools for the proper management of databases. These donations have enabled the optimization of the monitoring and analysis of epidemiological data. Information is now readily available to support decision-making and improve the response to epidemiological alerts.

Commenting on the impact of this program, Dr Lisbeth Suárez, assistant at the Epidemiological Directorate of the Capital District said: "Having such equipment is a very important achievement. We are impressed with all the tools provided to carry out analyses and enable compliance with basic requirements. Thanks to PAHO/WHO, which always works hand-in-hand with us, the team is growing in terms of information systems."

Strengthening of the country's surveillance systems has helped support the country's mass vaccination in response to the COVID-19 pandemic. With the support and management of the Organization, more than 18.5 million doses of vaccines, acquired with the country's own resources, have reached the national territory through the COVAX mechanism. In part due to WHO's efforts to get COVID-19 vaccines into the country, millions of people in Venezuela have been vaccinated, ensuring their protection against the disease.

FOR MORE INFORMATION
Cristian Morales | PWR | WHO Venezuela | moralesc@paho.org
Heriberto Puello | Humanitarian Incident Manager | WHO Venezuela | puelloher@paho.org

Photo credit: WHO

SUCCESS STORIES

CONTACT TRACERS AND VILLAGE HEALTH TEAMS TAKE ON SUDV IN UGANDA

Contact tracers are crucial to ending the spread of SUDV which causes Ebola. Since an outbreak was declared in September 2022 in Uganda, around 300 contract tracers have been deployed to assess if contacts are displaying Ebola disease symptoms. Each tracer works with up to 10 village health workers from the local communities; these are volunteers trained in disease surveillance and recruited to help build trust and overcome fear among communities.

Health assistant Nyangoma Kirrungi is a contact tracer in Madudu sub-county. On average, she follows up on 40 contacts a day. "I work closely with the investigation unit," she explains. "Once they record a confirmed case of Ebola, my team and I go to the field to follow up with the patient's contacts to ensure that they are symptom-free and then we remain on alert to identify and report symptoms should they develop."

Communities can report suspected cases using two hotlines. Once a case is confirmed, a case investigation team establishes a list of contacts who are then located and screened. Village health teams take over the monitoring of any symptoms for 21 days – the Ebola incubation period – and provide invaluable assistance in raising awareness within their communities. "When the community cooperates in the response and contacts are identified, it becomes easier to contain the disease," says Dr Bernard Logouomo, the Ministry of Health Surveillance Team Lead in Mubende District, another Ebola-hit area.

Since the start of the epidemic, the Ugandan Ministry of Health has trained over 1,200 village health team members with support from WHO. By mid-October, nearly 94% of 552 contacts were seen and monitored daily for 21 days.

Contact tracers and village health teams, however, face numerous daily challenges, including a lack of personal protective equipment, reliable transport and difficulties in monitoring contacts who may not be at home when visited. Contact tracers are also often faced with community members' fear of being stigmatized or isolated in a health facility, which may put their livelihoods at risk.

With support from the United States Agency for International Development and the Norwegian government, WHO has provided four Ebola kits to Mubende Regional Hospital and redeployed 108 technical staff to assist with case management, risk communication, community engagement and laboratory testing.

FOR MORE INFORMATION
Dr Yonas Tegegn Woldemariam | WHO Representative, WHO Office Uganda | tegegny@who.int

Members of the Contact Tracing and Risk Communication teams discussing the signs and symptoms of SUDV with the community in Madudu - Mubende District of Uganda.

Photo credit: WHOUganda/Jimmy Adriko

EASTERN MEDITERRANEAN REGION

World Health Organization

AFGHANISTAN

GRADE 3 EMERGENCY

People in need

28.3 MILLION[1]

People targeted

23.7 MILLION

People in need of health assistance:

17.6 MILLION

Requirements (US$)

188.4 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

For decades, Afghanistan has remained one of the most complex humanitarian emergencies in the world. The withdrawal of international forces and the transfer of the government to de facto authorities in August 2021 had a further devastating impact on the country and the health system. This political and economic instability has left 28.3 million people in need of humanitarian assistance in 2023 – an increase of 16% from 24.3 million in 2022.

This turbulence also means that health facilities remain understaffed and under-resourced, with shortages of medicines and supplies affecting the delivery of essential and quality health care services. Many rural areas have no health facilities at all. In 2022, WHO digitally mapped all underserved areas and identified over 13 million people living in 13 558 villages who have little to no access to basic health services.

The highest burden of this health emergency is borne by women and children in Afghanistan, who continue to be marginalized and are increasingly at risk of poor health outcomes, specifically in the context of reproductive, maternal, newborn and child health.

Areas of health requiring strengthening include:

- Primary and secondary health care delivery, including reproductive health, non-communicable diseases, gender-based violence, mental health and psychosocial support and trauma care services.
- Outbreak preparedness and response, especially in rural and underserved areas. Major disease outbreaks have continued to affect the country in 2022, including outbreaks of acute watery diarrhea, COVID-19, measles, dengue fever, Crimean-Congo Haemorrhagic Fever and malaria, which remains endemic. WHO will also continue prioritizing polio eradication by improving campaign quality and addressing immunity gaps in high-risk populations.

Shakila, midwife, listens to the heartbeat of a pregnant woman at the mobile clinic organized by WHO at the Garm Abak of Waras district in Bamiyan, Afghanistan.

Photo credit: WHO/Rada Akbar

RESPONSE STRATEGY

WHO has vastly scaled up its operations in 2022 to match the staggering needs within the country and has established a strong network of 7 sub-offices and 1 085 affiliated staff. As of October 2022, WHO is supporting 190 health care facilities and deploying 121 surveillance support teams and 34 outbreak/surveillance teams across the country.

Under the coordination of the UN humanitarian/resident coordinator, WHO leads Afghanistan's health and humanitarian cluster coordination. WHO largely contributed to establishing the Health Strategic Thematic Working Group (H-STWG) and serves as its permanent co-chair. Its operations are aligned with the Transitional Engagement.

Framework (TEF), the Humanitarian Response Plan (HRP) and the new Health Sector Transition Strategy (HSTS) 2023-2025 – core components supporting the operationalization of the New Aid Architecture for Afghanistan. Believing in the "delivering as one" approach that enhances the coherence, efficiency and effectiveness of the UN at the country level, WHO works hand-in-hand with other UN agencies, funds, programs, key NGOs and civil societies across the country. WHO also plays a leadership role in convening key sectors to foster a "Health in All Policies" approach to improve health care delivery.

Building on its experience, positive track record and stable network in Afghanistan, WHO will use an integrated approach for its strategic objective of "reaching everyone everywhere and putting mothers and children first" by expanding the coverage and increasing the quality of health service delivery, especially in underserved areas, while sustaining the momentum of polio eradication. WHO will also aim to "protect people every day" by scaling up the response to ongoing emergencies and emerging health threats with a focus on disease outbreaks. WHO will continue to "lead the health cluster by coordinating the health sector" and its response to health-related humanitarian needs at national and sub-national levels.

WHO actively engages in mainstreaming gender- and rights-based approaches in all stages of developing national health policies and strategies and in implementing its own programs and policies and advocates for these approaches among UN task forces and forums. As a leading member of the UN Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) Task Force, WHO will continue to support implementing partners to ensure holistic PRSEAH systems are in place and maintained actively. WHO will continue to follow the PRSEAH task force's recommended protocol and conduct capacity-building sessions for WHO staff and all implementing partners, as well as self-assessments to identify gaps and provide the required support.

KEY ACTIVITIES

- Provide basic and essential health services and increase their coverage, with a focus on emergency maternal and child health services and routine immunization programs
- Increase capacity for nutritional surveillance and enhance frontline health workers' capacities to identify gender-based violence (GBV) cases and provide standard services
- Continue to prioritize polio eradication by improving campaign quality and addressing immunity gaps
- Establish a real-time medical supply chain management, a monitoring system and a regulatory framework
- Support response to all natural disasters and infectious disease outbreaks, including COVID-19
- Support public health laboratories to improve case identification, train and deploy rapid response teams (RRTs), provide medical supplies and foster case management to reduce case fatality to a minimum
- Increase vaccination campaigns and the delivery of emergency and trauma care services, including mass casualty response
- Set up a model of care by establishing the drug addiction management program, which is closely linked with the mental health and psychosocial support (MHPSS) program within the existing health system
- Ensure coordination of interventions of all health actors to be guided by evidence and strategy

A boy getting treated at the Emergency hospital in Helmand.

Photo credit: WHO/G Elham

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Reaching everyone everywhere and putting mothers and children first

- WHO will sustain and expand a revitalized model of health care based on a basic package of health services (BPHS) and an essential package of hospital services (EPHS), while substantially increasing their reach to all underserved areas in Afghanistan
- 2.3 million people, including internally displaced people in underserved areas, will be reached with Primary Health Care (PHC) services
- 4 080 deliveries will be assisted by skilled birth attendants
- 350 severe gender-based violence cases will receive comprehensive services and counseling
- 10 849 242 children under five will be vaccinated against polio
- 41 000 children under five with complicated severe acute malnutrition will receive treatment
- 1 332 024 people will be reached by WHO-supported hospital services

STRATEGIC OBJECTIVE 2

Protecting people every day

- In acute humanitarian emergencies, WHO will sustain and strengthen the emergency health response using an all-hazards and coordinated multisectoral approach addressing public health risks and preventing, mitigating and responding to infectious disease outbreaks
- 4 794 trauma cases will be transported to nearby hospitals
- The case fatality rate among cholera-confirmed cases will be kept below 1% as per the international standard
- 125 water, sanitation and hygiene facilities will be installed in targeted health facilities
- Health Resources and Services Availability Monitoring System will keep updated information for 4 000+ health facilities

STRATEGIC OBJECTIVE 3

Leading and coordinating the health sector response

- WHO will ensure effective leadership and coordination of the health sector and response to health-related humanitarian needs in Afghanistan at national and sub-national levels, recognizing the importance of efficient collaboration among critical stakeholders within the health sector
- The health cluster humanitarian response plan (2023) and 3-year Health Sector Transition strategy (2023-2025) will be developed
- 12 Health Sector Thematic Working Group Meetings will be co-chaired
- 96 national and sub-national health cluster coordination meetings will be conducted

Mehram, 30, mother of 2 children, getting examined at the mobile clinic organized by WHO in Kaj Naw village of Panjab district in Bamiyan, Afghanistan.

Photo credit: WHO/Rada Akbar

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	-	6 263	6 263
P2. Risk communication and community engagement	333	2 318	2 650
P3. Surveillance, case investigation and contact tracing	-	13 752	13 752
P4. Travel, Trade and Points of entry	-	2 942	2 942
P5. Diagnostics and testing	3 122	3 991	7 113
P6. Infection prevention and control	383	-	383
P7. Case management and therapeutics	11 496	-	11 496
P8. Operational support and logistics	-	5 691	5 691
P9. Essential health systems and services	8 239	119 337	127 576
P10. Vaccination	440	10 092	10 531
Total funding requirements	**24 013**	**164 386**	**188 398**

A child gets her finger marked after being vaccinated against polio in Kandahar.

Photo credit: WHO/Tuuli Hongisto

SUCCESS STORIES

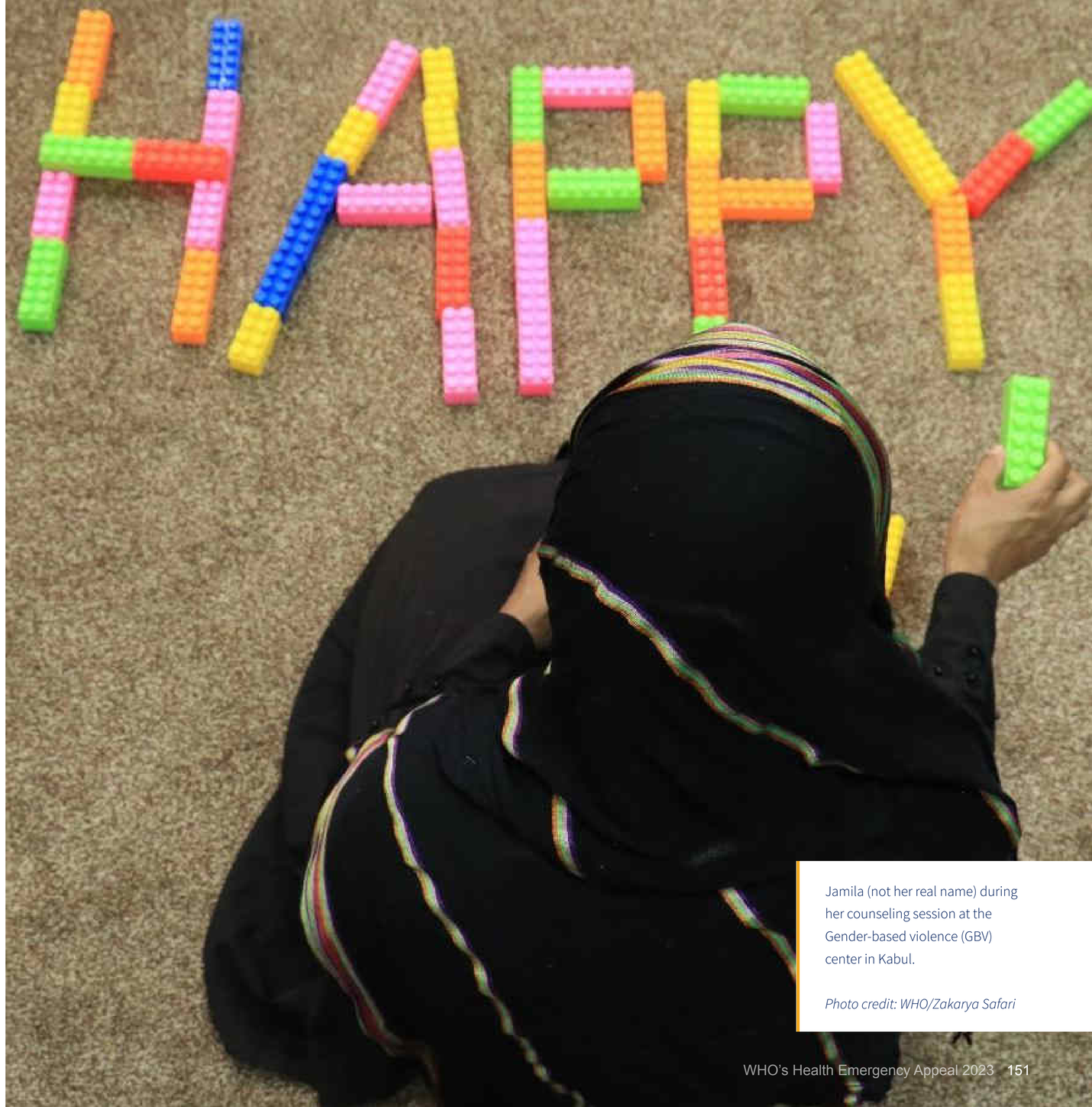
EMPOWERING SURVIVORS OF GENDER-BASED VIOLENCE THROUGH COUNSELLING SERVICES

Jamila*, 34, is a mother of four young children and a survivor of domestic violence. She was forced into marriage at the age of 17. On the third day after her wedding, she was beaten by her father-in-law because she prepared the food a little late and was deprived of food for a week as a punishment.
Every day, she was beaten by her in-laws and husband even during her pregnancy, especially when they found out that she was carrying a girl.

"I will never forget that my husband's family locked me in a barn and treated me like an animal.
One day I was beaten almost to death by my in-laws, and they had to take me to the hospital.
I arrived at the Jamhoriate hospital with a broken leg and an injury to my head, but that was the best day of my life. I was referred by the doctors to the National Advanced GBV Referral Center and my life has changed since then. I received full support from the staff at the center. Thanks to them, I became aware of my rights and that I shouldn't tolerate any kind of violence. "I AM A STRONG WOMAN," Jamila recalls.

**Name changed to protect the survivor's identity.*

FOR MORE INFORMATION
Dr. Dapeng Luo | Country Representative | WHO Afghanistan | luod@who.int
Mr. Mohamed Kakay | External Relations & Partnership Team Lead | WHO Afghanistan | kakaym@who.in



Jamila (not her real name) during her counseling session at the Gender-based violence (GBV) center in Kabul.

Photo credit: WHO/Zakarya Safari

IRAN

(ISLAMIC REPUBLIC OF)

People in need of health assistance

3.7 MILLION[1]

(excluding undocumented Afghan refugees)

People targeted for health asisstance

1.9 MILLION[2]

Requirements (US$)

1.1 MILLION

CONTEXT

The Islamic Republic of Iran is prone to natural disasters and has over the years seen influxes of refugees due to its geographical location at the border of Afghanistan and Iraq. Over eight million Afghan refugees currently reside in the country, with the most recent wave dating from 2021, stretching the capabilities of Iran's otherwise well-developed health systems.

Given this continuous migration, the country is at risk of cross-border transmission of cholera, dengue, malaria, measles, rubella, polio and tuberculosis. Iran's readiness to rapidly respond to outbreaks, including through disease detection, diagnosis and treatment among incoming refugees, is critical. With health care utilization by Afghan refugees costing the Iranian government $32 million per year, the Ministry of Health has asked for support to ensure it can continue to extend essential health services to refugees. In addition, the COVID-19 pandemic revealed health inequities and exposed vulnerabilities in emergency preparedness and response, which have become even more pronounced with the application of international sanctions. This has disrupted the procurement and delivery of medical and laboratory equipment and supplies as well as life-saving medicines because of restricted financial transactions and the unwillingness of suppliers to sell or deliver goods to Iranian entities even for humanitarian purposes.

Delivering next generating sequencing equipment to the National Influenza Center.

Photo credit: WHO/Islamic Republic of Iran

[2]Provisional in-country data, subject to change

[3]Provisional in-country data, subject to change

RESPONSE STRATEGY

WHO will work to support the scale-up of equitable and timely access to essential and lifesaving health services, equipment, vaccines and therapeutic interventions, particularly for vulnerable populations such as refugees, migrants, women and children.

For refugees, WHO will enhance access to emergency services by establishing a more systematic dispatch system while extending health services to the most vulnerable (e.g., maternal and child health needs, provision of medical equipment and supplies and essential medicines).

To ensure the Islamic Republic of Iran is better prepared to detect and respond to outbreaks, WHO will also support in the areas of surveillance, laboratory facilities, risk communication, preparedness and response. Considering that international sanctions inevitably cause delays in emergency response, preparedness is key to ensuring response capability. WHO will therefore support access and procurement of critical equipment and supplies. In addition, because the Islamic Republic of Iran is prone to high threat pathogens (i.e., cholera and Crimean-Congo hemorrhagic fever) and re-emerging infectious diseases (i.e., measles and polio), WHO will strengthen surveillance and laboratory capabilities at the sub-national and district levels Risk communication is also expected to be part of the continuum of emergency preparedness and response to ensure correct information is available to influence positive behavior.

KEY ACTIVITIES

- Providing essential health services to refugees and migrants
- Improving access to inclusive health services for maternal and neonatal care and endemic communicable diseases (e.g., HIV, TB, hepatitis and vector-borne diseases)
- Enhancing access to health care among refugees, migrants and host community through an improved emergency dispatch system
- Strengthening surveillance and laboratory capacity, including for emerging and re-emerging diseases (e.g., mpox)
- Conducting operational research in surveillance and laboratory to inform evidence-based interventions
- Procuring life-saving medical and laboratory equipment to enable timely response to sudden public health emergencies
- Improving infection prevention and control in health facilities
- Integrating risk communication in a variety of preparedness and response activities in the post-COVID-19 era
- Establishing linkage between public health emergency operation center and other essential response pillars, including emergency medical team (EMT)

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Support health care for the refugee population

- WHO aims to ensure the provision of a package of essential health services is made available to refugees, migrants and other vulnerable groups
- 85 000 Afghan refugees will be screened and managed for communicable diseases
- 2 million direct and indirect beneficiaries will have access to emergency health care with the establishment of the dispatch system and trained staff
- 150 000 pregnant women, 150 000 newborn and 1 000 000 under five children will benefit from reduced mortality and morbidity
- 1.3 million people will have improved access to primary, secondary and tertiary health care services through capacity building of the health workforce

STRATEGIC OBJECTIVE 2

Health emergency preparedness

- WHO will work to strengthen the health system's capacity to prepare for, detect and respond to disease outbreaks and other health emergencies
- 85 000 people will be covered by epidemiological and laboratory surveillance systems, including genome sequencing
- The establishment of emergency medical teams (EMT) and strengthening of existing Public Health Emergency Operating Centers (PHEOC) and referral system will enhance emergency preparedness and response nationwide
- 1 500 lives will be saved by trauma and emergency surgery kit and 100 patients by cholera kits
- 2 million people will receive evidence-based information about disease prevention and control

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	-	559	559
P2. Risk communication and community engagement	-	75	75
P3. Surveillance, case investigation and contact tracing	43	129	172
P4. Travel, Trade and Points of entry	-	-	-
P5. Diagnostics and testing	-	193	193
P6. Infection prevention and control	-	-	-
P7. Case management and therapeutics	-	-	-
P8. Operational support and logistics	-	-	-
P9. Essential health systems and services	-	-	-
P10. Vaccination	-	-	-
P11. Research, innovation and evidence	37	99	137
Total funding requirements	**80**	**1 056**	**1 136**

SUCCESS STORIES

RESPONSE TO THE COVID-19 EMERGENCY

With the support of a donation of six next-generation genomic sequencing machines from WHO, the COVID-19 Incident Management Team of the WHO Country Office in the Islamic Republic of Iran has achieved significant milestones at three major reference centers.

The sequencing machines have enabled the republic to scale up its sequencing capacity from only 86 samples of COVID-19 in December 2021 to 5 769 samples in April 2022, allowing the detection of all variants as they continued to emerge.

While these sequencing machines will continue to be used to scale up response to COVID-19, looking beyond the pandemic, they will also be used to sequence other respiratory viruses, such as influenza and measles. These are diseases which carry a significant public health burden in the country, as well as across the eastern Mediterranean region. According to the WHO Country Office, together with the Ministry of Health and Medical Education and reference laboratories, this expansion is an important strategic goal to support the country proactively prepare for, and respond to, future health emergencies.

FOR MORE INFORMATION
Dr Syed Jaffar Hussain | Country Representative and Head of Mission | WHO Office, Islamic Republic of Iran | hussains@who.int
Dr Mikiko Senga | Deputy Representative | WHO Office, Islamic Republic of Iran | sengam@who.int

IRAQ

People in need of overall humanitarian assistance

2.5 MILLION[1]

People targeted overall humanitarian

1 MILLION

People in need of health assistance:

1.7 MILLION

Requirements (US$)

46.5 MILLION

[1]*Provisional in-country data, subject to change*

CONTEXT

Following years of devastating conflict and economic stagnation, an estimated 2.5 million people in Iraq remain in need of humanitarian assistance, and the country's health system continues to be negatively impacted by its consequences.
In 2022, the country had over 180 000 internally displaced persons (IDPs) in camps, 549 000 out-of-camps and over 1.7 million returnees, who have minimum access to essential services. An estimated 578 000 IDPs and returnees are facing barriers in accessing lifesaving and life-sustaining health care as a result of primary health care centers being either nonexistent or located more than one hour from their dwellings. Moreover, almost all the displaced, resettled and host communities are vulnerable to common communicable and non-communicable diseases and psychological problems. In addition to the ongoing COVID-19 pandemic, the latest critical health risks of concern include Crimean-Congo hemorrhagic fever, cholera and measles. With over 30% of hospitals destroyed in some locations, and with a lack of government capacity to take over services from humanitarian partners, short-term humanitarian support alongside stabilization programs is required to meet the lifesaving and life-sustaining health needs of these vulnerable people.

WHO Warehouse in Iraq.

Photo credit: WHO/Iraq

RESPONSE STRATEGY

Despite the decision to deactivate the Humanitarian Response Plan (HRP) for 2023, needs remain in the area of health in Iraq. WHO therefore adapted its strategy to focus on the most vulnerable populations by sustaining essential primary health care (PHC) services in camps where health structures are already present. As part of this strategy, WHO is prioritizing informal settlements and any camps where the current partners may not be able to continue to support health services, where this is supported by the population size and where there is no option for IDPs to access health services in the public health facilities. WHO will focus on ensuring that the lifesaving and life-sustaining health needs of IDPs both within and outside camps are met, particularly in underserved areas.

WHO will also support the government in providing primary care services in locations where there is no functioning health system or its components. Reducing avoidable morbidity and mortality will remain a focus. To tackle this, WHO will offer treatment for common diseases and will ensure referrals of complicated cases, with a focus on mental health and psychosocial support services as well as the physical rehabilitation of amputees and those who have sustained disabilities or have been wounded during armed conflict. WHO intends to achieve this through operationalizing PHC centers, mobile medical clinics, and offering referral services in selected IDP and secondary displacement locations. Another key area of support will be to strengthen early detection and response to disease outbreaks and strengthen the health information management system.

KEY ACTIVITIES

- Continue to support the provision of primary health care services to IDPs in camps, and continue to maintain and, where required, enhance basic minimum standards of quality of health care services
- Procure and distribute medicines, medical supplies and medical equipment
- Support the integration of mental health and psychosocial support services, and support gender-based violence interventions in health programming
- Work towards the handover/integration of emergency health services with routine health care services of the Directorates of Health
- Monitor, mitigate and manage common communicable diseases by ensuring the continuity of an effective early warning and response mechanism
- Support prevention, control and rapid response activities related to communicable and vaccine-preventable disease outbreaks in previously conflict-affected areas
- Conduct water quality monitoring and vector-control activities in IDP camps, informal settlements and highly vulnerable hosting communities
- Conduct risk communication and community engagement (RCCE) activities to keep the public informed about how to protect their health and that of others
- Conduct health resource availability mapping in selected governorates

Dr Ahmed Zouiten WHO Representative to Iraq visiting Heevie Hospital, Dahuk.

Photo credit: WHO/Iraq

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Ensure uninterrupted provision of essential primary health care services

- WHO will ensure the provision of uninterrupted essential primary health care services, including mental health and psychological support as well as physical rehabilitation services, for vulnerable people in IDP camps, out-of-camps and secondary displacement locations as well as host communities, including through the provision of essential medicines, medical supplies, equipment and services
- 400 000 vulnerable people will benefit from improved and expanded availability of comprehensive primary health care services
- Gaps in medicines, medical supplies, and medical equipment will be filled, to ensure the provision of essential health care services in the target governorates
- Integrate gender-based violence, mental health and psychosocial support services in health programming

STRATEGIC OBJECTIVE 2

Strengthen outbreak preparedness and response

- WHO will develop outbreak preparedness and response strategies, plans and capacities for outbreaks in Iraq
- Case management will be supported and continuity in essential health care services will be ensured
- 300 staff from the Ministry of Health and Directorates of Health will receive refresher training on the Early Warning Response Network (EWARN) reporting, efficient use of the EWARN system, and outbreak preparedness and response to the common communicable diseases
- Selected public health laboratories will be supported with essential equipment and supplies
- Selected health professionals from all governorates will receive training in infection prevention and control

WHO IRAQ Team Conducting Community Engagement Activities.

Photo credit: WHO/Iraq

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ ‘000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	-	1 271	1 271
P2. Risk communication and community engagement	856	1 065	1 921
P3. Surveillance, case investigation and contact tracing	1 840	5 803	7 643
P5. Diagnostics and testing	1 070	1 605	2 675
P6. Infection prevention and control	321	1 220	1 541
P7. Case management and therapeutics	535	3 176	3 711
P8. Operational support and logistics	1 926	7 264	9 190
P9. Essential health systems and services	2 140	15 315	17 455
P10. Vaccination	-	1 070	1 070
Total funding requirements	**8 688**	**37 789**	**46 477**

Dr Ahmed Zouiten WHO Representative to Iraq visiting Pediatrics Hospital, Duhok Iraq, 2022.

Photo credit: WHO/Iraq

SUCCESS STORIES

HARNESSING SOCIAL MEDIA AND RISK COMMUNICATION AND COMMUNITY ENGAGEMENT TO RAISE AWARENESS

Across Iraq, there have been serious outbreaks of Crimean-Congo hemorrhagic fever and cholera amongst the ongoing COVID-19 pandemic. In response, WHO has collaborated with the Ministry of Health to reach millions to raise awareness of the outbreaks and train communities to help their prevention.

Notably, this has been achieved through social media channels, including Instagram, Facebook, Twitter, YouTube and TikTok. Over the past year, dozens of high-quality videos, motion graphics, animations, cartoons, radio drama and infographics were produced in Arabic and Kurdish to disseminate awareness messages on different outbreaks affecting the country. Celebrities and community influencers were also engaged to help amplify these messages across platforms.

Risk Communication and Community Engagement (RCCE) workshops were also conducted, targeting hundreds of faith and tribal leaders, health workers, health educators and community volunteers across Iraq. These training workshops contributed substantially to help these groups communicate the importance of taking preventive measures against different diseases.
Its activities helped build trust among communities by engaging them in and fostering their sense of ownership and accountability to take action to address health-related issues. WHO’s response therefore adopted new trends and approaches to reach target audiences with eye-catching, appealing products and contextualized materials, considering Iraqi culture, norms and dialects.

FOR MORE INFORMATION
Dr. Ahmed Zouiten | Representative and Head of Mission, WHO Iraq | zouitena@who.int

LEBANON

People in need

2.3 MILLION[1]

People targeted

1.3 MILLION

People in need of health assistance:

1.3 MILLION

Requirements (US$)

59.2 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

Lebanon has seen a series of exceptionally severe and compounded crises over the past two years, including the Beirut port explosion, the COVID-19 pandemic, financial and economic collapse and political gridlock. These have resulted in high inflation, rising unemployment and poverty rates and have seriously affected the operation of public and private institutions.

The severe economic crisis has led to nationwide shortages of fuel, water and electricity, which have greatly impacted all aspects of life and, importantly, the country's infrastructure. Health, education, water, energy and nutrition sectors have also been impacted. This has also led to repeated outbreaks of water-borne diseases (Hepatitis A, cholera).

The crisis has also directly affected all six building blocks of the Lebanese health system: governance, health services, human resources, information systems, medical products and technologies and health financing. Subsequently, a decrease in the availability, affordability, accessibility and quality of health care has been observed. Delays in the population seeking health care have also been noticed, which has resulted in an increase in avoidable medical complications.
Overall, the current situation is having a major impact on communities and the population's health. Gains made in support of the Sustainable Development Goals (SGDs) are also being lost.

WHO supports the primary health care center at Rafik Hariri University Hospital, Beirut, with medication reaching thousand beneficiaries across the country.

Photo credit: WHO/Hala Habib.

RESPONSE STRATEGY

WHO aims to follow the Humanitarian-Development-Peace Nexus, supporting alignment of efforts across humanitarian, development and peacebuilding responses. Along with its health partners, WHO will continue to support the 'health for all' approach, which aims to strengthen the health system's sustainability, resilience and development towards universal health coverage (UHC).

This approach will place an emphasis on service integration and equitable provision of essential services within the primary health care system. WHO will contribute to the hospital sector with an emphasis on improving the quality and safety, mainly in public hospitals.

Working to strengthen the Ministry of Public Health's (MoPH) governance capacity, WHO will support the regulation of this sector and ensure essential public health functions with an emphasis on the national sector strategy, plan of action and selected programs. These will include the Expanded Program on Immunization (EPI) and the pharmacovigilance, mental health and HIV/AIDS programs.

In order to protect public safety and ensure the quality of medications circulating in the market, WHO will continue to assist the pharmaceutical sector, with an emphasis on the digitalization and re-establishment of drug quality testing in-country. WHO will expand surveillance capabilities at the national level to enhance national capabilities to respond to health emergencies and outbreaks. This will include strategic planning, and expansion and digitalization of the Early Warning, Alert and Response System (EWARS). WHO will also ensure the recently reactivated Public Health Emergency Operation Center (PHEOC) is fully operational as a platform for leading and coordinating the health response as part of the national disaster risk management (DRM)efforts, which aim to enhance preparedness for the prevention of disease outbreaks.

In line with the International Health Regulations (IHR) requirements for emergency preparedness and response strategy, the MoPH is re-establishing the Central Public Health Laboratories (CPHL), with a focus on pharmaceuticals, microbiology and water and food safety monitoring.

WHO will also continue to lead and coordinate multiple response plans in collaboration with other sectors, following the 'one health' approach and actively participate in UN Country Team, Health Country Team and related coordination groups.

KEY ACTIVITIES

- Continue to build capacities for early detection (surveillance and laboratory capacity), case management (including hospitalization) and infection prevention and control
- Support the continuation of essential health services during disease outbreaks, including COVID-19
- Support the implementation of the EPI strategy to assure the coverage of routine and emerging disease vaccination (such as COVID-19, influenza, cholera and others)

WHO Director of Programme Management, Dr Rana Hajjeh, accompanied by WHO representative in Lebanon, Dr Iman Shankiti, visiting Tripoli Governmental Hospital to meet the hospital team headed by its Director Dr Naser Adra. The team discussed current challenges and areas of concern facing the hospital.

Photo credit: WHO/Hala Habib

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Ensure access to quality health care

- Ensure access to and sustainable supplies of essential medicines for chronic noncommunicable diseases, and acute and catastrophic illnesses at the primary health care level for vulnerable patients, focusing on the rational use of medicine (Target: 750 000 beneficiaries)
- Ensure that the most vulnerable patients suffering from COVID-19 and non-COVID-19 conditions are covered for hospitalization without enduring financial hardship (Target: 20 000 hospitalizations)
- Support public hospitals with equipment, staffing and personal protective equipment, helping them to provide adequate COVID-19 and non-COVID-19 care and play a better role in referral and public health emergencies response (Target: 12 hospitals)
- Train health care workers on infection prevention and control, advanced life support and quality of care for communicable and non-communicable disorders (Target: 1 000 health care workers)
- Provide support in developing and implementing lifesaving and life-sustaining service delivery guidelines for the assessment, management and referral of a patient at the primary health care level in the following areas: immunization (including support for the introduction of new vaccines), child health, reproductive health, maternal and newborn health, communicable diseases, non-communicable diseases and mental health (including medication of chronic, acute and catastrophic illness), water and environmental, nutrition case management, specialized services (e.g. palliative care integration at all levels of health care, rehabilitation services for persons with disabilities, dialysis, burns and cancer treatment) and emergency referral services (Target: 257 primary health care centers, 800 vaccination centers, 143 hospitals)
- Ensure the generation of critical information for upgrading the primary health care (PHC) national strategy and designing the national plan for retention of the health workers (Target: 1 PHC strategy with proposed models of care, 2 health demographics and salary scale proposals for human resources)

STRATEGIC OBJECTIVE 2

Ensure health security

- Expand and decentralize epidemiological surveillance of integrated disease at the district level (Target: operational surveillance teams set up in each of the 27 districts)
- Ensure the recently reactivated PHEOC is fully operational to respond to current and future health emergencies of all types (Target: PHEOC is fully equipped and staffed for operation)
- Provide support in developing guidance on the operational microplanning of measles and polio vaccines campaigns (Target: Increase the measles, mumps and rubella (MMR) coverage rate to 90%)
- Enhance the Central Public Health Laboratories' (CPHL) capacity to monitor emerging disease, drug and pharmaceutical quality, water and food safety with up-to-date guidance and the provision of supplies and equipment (Target: CPHL is fully equipped and staffed for operation)
- Develop an implementation plan for the EWARS (including influenza and pharmacovigilance) for an effective and timely surveillance and response (Target: DHIS2 is fully operational in all sites and linked to the PHEOC at the MOPH)
- Support and strengthen vital elements of the health information and management system (HIMS), including the logistic management system, health technology assessment and support integration of the pricing medication programmes within the MOPH. WHO will also support the expansion of HMIS. (Target: Master plan of HIMS with an automation plan is in place)
- Reduce immediate risks for the health of the affected population, due to acute water diarrhea (mainly cholera outbreak), with interventions such as improving surveillance for early case detection, timely response and effective case management (Target: Cholera epidemic is contained)

STRATEGIC OBJECTIVE 3

Enhance coordination and partnerships

- Ensure the health sector's coordination is maintained (Target: health coordinator and support teams are maintained)
- Maintain active coordination and harmonization with relevant sectors – namely education, WASH, protection, nutrition and food security - as part of one health approach.
  (Target: National plan for one health approach is finalized and activities to be implemented are initiated)

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	302	470	772
P2. Risk communication and community engagement	-	179	179
P3. Surveillance, case investigation and contact tracing	717	1070	1 787
P4. Travel, Trade and Points of entry	-	-	-
P5. Diagnostics and testing	1 070	2 140	3 210
P6. Infection prevention and control	214	375	589
P7. Case management and therapeutics	14 980	19 528	34 508
P8. Operational support and logistics	321	367	688
P9. Essential health systems and services	161	14 064	14 224
P10. Vaccination	2 194	1 070	3 264
Total funding requirements	**19 958**	**39 261**	**59 219**

SUCCESS STORIES

STRENGTHENING HEALTH IN PRISON DURING COVID-19 PANDEMIC, SO THAT NO ONE IS LEFT BEHIND

Overcrowding and poor hygiene in prisons and detention centers left incarcerated and detained persons disproportionately vulnerable to outbreaks of COVID-19 during the height of the pandemic. To help transform Lebanon's prison health care system, WHO is collaborating with Roumieh Central Prison to pilot an action plan to limit the impact of the pandemic on inmates, and medical and security staff operating inside central prisons. The program has been funded by the European Union and the Norwegian Embassy in Beirut.

Focusing on prevention, early identification and treatment, the action plan developed by WHO aims to coordinate preparedness and response efforts with Roumieh Central Prison. This will ensure that prisons like Roumieh are able to rapidly respond to COVID-19 cases, preventing the threat of outbreaks posed to the health of the wider inmate and staff population.

As part of the program, a team of 11 nurses, one social worker and three family physicians have been deployed to Roumieh Central Prison. Nurses deployed to the prison have completed a broad education program on preventative measures and have been provided with cloth masks and hygiene materials. Additionally, Internal Security Forces were trained on COVID-19-related protocols. Teams of nurses have assisted the Internal Security Forces with the provision of adequate monitoring and timely referral of cases from two further locations – Zahle and Qobbe Central Prisons. Protocols of care for patients with chronic conditions have also been adapted to the prison's context to ensure they are able to continue receiving the necessary care. Additionally, infection prevention and control measures have been implemented.

FOR MORE INFORMATION
Dr Abdinasir Abubakar | WHO Representative | WHO Lebanon abubakara@who.int

LIBYA

People in need

2.47 MILLION[1]

People targeted

800 000

People in need of health assistance:

3.8 MILLION

Requirements (US$)

25.3 MILLION

** Although Libya does not have a humanitarian response plan (HRP), health needs remain extremely important in the country and the emergency remains a WHO-grade 2 emergency. For this reason, it has been included in the Global Health Emergency Appeal.*

[1]Provisional in-country data, subject to change

CONTEXT

This past year has continued to challenge Libya's* already fragile and severely damaged health system. Health care continues to be the most significant need for many people, particularly non-Libyan migrants and refugees who lack sustained access to primary and secondary health care. This includes limited access to appropriate health care for chronic and infectious disease, obstetric complications and mental health conditions and disorders.

In addition, the COVID-19 pandemic has exacerbated the system's fragility, highlighting issues such as poor capacity and uneven distribution of the health workforce; chronic shortages of medicines, equipment and supplies; and the paucity of public health facilities that offer a standard package of essential health care services.

In 2021, reports indicated that up to 90% of primary health care (PHC) centers were closed in some areas. One-third of all health facilities in the south and east of Libya were not functioning and 73% in the south and 47% in the east were functioning only partially, mainly due to shortages of staff and medical supplies. Of the total number of health facilities assessed in 2021, 37% were reported to be either fully or partially damaged. The situation is even more critical in remote and hard-to-reach areas. Over the course of 2022, there have been recurrent surges of COVID-19 cases, and reported shortages of routine vaccines, life-saving medicines and human resources in health facilities across the country.

WHO-supported mobile medical teams provide essential health services and promote COVID-19 preventive measures.

Photo credit: WHO Libya

RESPONSE STRATEGY

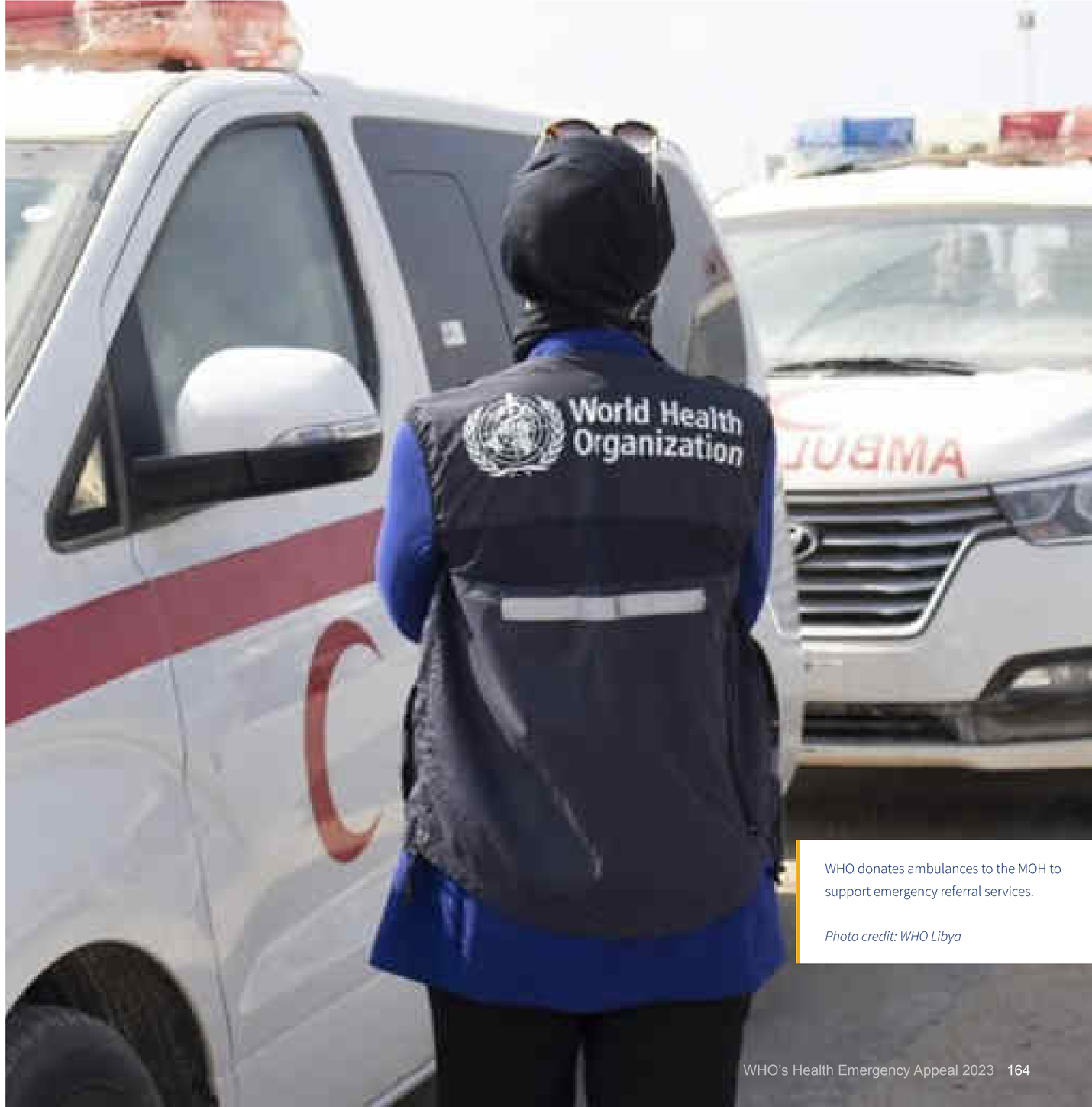
WHO coordinates the health sector's humanitarian response and continues to work across the political divide to help Libya rebuild its health system.

Libya remains one of the most vulnerable countries in the region due to the presence of foreign armed groups, trafficking of drugs and migrants, uncontrolled borders and organized crime and corruption. Some areas are still difficult to reach, making it challenging to assess needs or distribute supplies. To address this, WHO relies on its network of locally recruited representatives, including field coordinators, infection prevention and control officers and mobile medical teams.
These representatives have access to restricted areas, and can therefore monitor the distribution of supplies, and confirm they are effectively going to the areas of greatest need. This provides clear added value for WHO's activities, particularly as the country faces a new wave of polarization driven by political leadership.

As a result, WHO's emergency response operations cover all 22 districts in Libya. WHO provides fully equipped health facilities and deploys emergency medical teams across the country, mainly in areas where there is an acute humanitarian need. WHO's humanitarian assistance accounts for over one third of all health sector medical procedures and consultations.

KEY ACTIVITIES

- Advocate for and provide health service delivery and technical support, capacity building, training and rehabilitation services; working with health partners; facilitating outreach activities; conducting monitoring and supervision activities and building health information systems
- Collaborating with national health authorities to support strategic planning, provide technical advice, strengthen disease surveillance, train health care staff, assess health needs and provide medicines, equipment and laboratory supplies to keep essential health care services running
- Act as the United Nations technical adviser on COVID-19 in Libya, briefing the international diplomatic corps on the status of COVID-19 and immediate needs, obstacles and gaps
- Collaborate on behalf of Libya with other international mechanisms set up by WHO and partners to tackle the pandemic at the global level



WHO donates ambulances to the MOH to support emergency referral services.

Photo credit: WHO Libya

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1	STRATEGIC OBJECTIVE 2	STRATEGIC OBJECTIVE 3	STRATEGIC OBJECTIVE 4	STRATEGIC OBJECTIVE 4
Improve access to quality essential health services (including medicine and supplies) at primary health care level, particularly for reproductive and child health and routine immunization	Strengthen the provision of non-communicable diseases (NCD) services, including cancer and effective mental health care services, including in response to gender-based violence, at primary health care level	Improve prevention and access to communicable disease services (including TB/HIV and zoonotic and neglected tropical diseases) across Libya with a focus on the most vulnerable populations	Scale up integrated disease surveillance and response systems, and the national health management information system (HMIS) by rolling out the district health information system 2 (DHIS2) and improving data management capacity	Strengthen the ministry of health's (MOH) all-hazard emergency preparedness and response, including international health regulation (IHR) capacities, preparedness for epidemic/pandemic-prone diseases and COVID-19
• Gaps in critical life-saving medicines will be filled in over 200 health facilities across the country • Health workers' capacity to support quality essential services at primary health care level will be strengthened	• Medicines and supplies will be provided for NCD patients, including child cancer patients • Health workers' capacity to support quality NCD essential services at PHC level will be strengthened	• TB screening and management services will be improved • Critical gaps in services and medicines for HIV, zoonotic and neglected tropical diseases will be filled	• EWARN will be expanded to 300 sentinel sites, and laboratory and rapid response capacity will be strengthened • The national health management information system will be improved and DHIS2 rolled out in 25 municipalities	• A national emergency preparedness plan will be developed • 8 emergency operations centers (EOCs) will be sustained, and their staff trained • Critical gaps in trauma and life-saving supplies will be filled in hospitals across the country • Health professionals' capacities in trauma management and emergency care will be strengthened Emergency medical teams will be deployed to fill in critical human resource gaps at emergency hospitals

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	533	657	1 190
P2. Risk communication and community engagement	425	389	814
P3. Surveillance, case investigation and contact tracing	774	1 263	2 037
P4. Travel, Trade and Points of entry	-	107	107
P5. Diagnostics and testing	626	2 693	3 319
P6. Infection prevention and control	217	981	1 198
P7. Case management and therapeutics	161	1 141	1 302
P8. Operational support and logistics	1294	1 467	2 761
P9. Essential health systems and services	-	11 416	11 416
P10. Vaccination	813	391	1 204
Total funding requirements	**4 842**	**20 504**	**25 347**

[3] Source: https://www.emro.who.int/lby/programmes/mental-health-programme.html

[4] Source: https://www.libyaherald.com/2021/06/mental-health-services-in-libya-almost-non-existent-approximately-one-million-people-need-mental-health-care-who-2020-report/#:~:text=Mental%20health%20services%20in%20Libya%20almost%20non%2Dexistent%20%E2%80%93%20approximately%20one,health%20care%3A%20WHO%202020%20report&text=(Logo%3A%20WHO).&text=By%20Sami%20Zaptia.,care%20(Logo%3A%20WHO).

WHO-trained Psychiatrist provides training to 25 primary health care GPs on Mental Health GAP intervention guide (mh-GAP IG), Tripoli – 2022.

Photo credit: WHO Libya

SUCCESS STORIES

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TRAINING TO HELP TRANSFORM MENTAL HEALTH SERVICES IN LIBYA

Armed conflicts cause significant psychological and social suffering to affected populations, with the incidence of mental health conditions more than doubling as a result. The conflict in Libya during the post-revolution period has led to the flow of thousands of cases to the limited number of the existing mental health facilities across the country. Service providers have not been able to cope with the urgent need given the lack of service capacity[3].

Beyond this, COVID-19 has led to increased levels of anxiety, vulnerability and psychological stress among all parts of the population. COVID lockdowns and curfews have further exacerbated these challenges given people's reduced access to primary health care (PHC) centers, which are the common entry point for identifying and referring patients who need mental health care. It is currently estimated that approximately one in seven Libyans - nearly one million people - require access to mental health services[4].

To help support the strengthening of mental health services in the country, WHO Libya has committed to continue training general practitioners (GPs) on mental health and psychosocial support (MHPSS). Currently, over 150 GPs in 30 PHC centres are offering MHPSS services.

WHO is also working to support improved access to mental health services among young people in school settings. 30 schools in Libya are currently implementing the WHO School Mental Health Package which aims to develop the skills of teachers, social workers and counsellors in recognizing young people's needs. Approximately 150 staff have been trained so far.

FOR MORE INFORMATION

Ms Elizabeth Hoff | WR WHO | WHO Libya | +41795068721 | hoffe@who.int
Ms Hala Khudari | WHE Team Lead | WHO Libya | khudarih@who.int

OCCUPIED PALESTINIAN TERRITORY (OPT)

People in need

2.1 MILLION[1]

People targeted

1.6 MILLION

People in need of health assistance:

1.5 MILLION

Requirements (US$)

24.6 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

The occupied Palestinian territory (oPt) remains a protracted protection crisis, characterized by nearly 55 years of Israeli military occupation, internal Palestinian political divisions and recurrent escalations of hostilities. In 2022, humanitarian vulnerabilities were exacerbated by the escalation of hostilities and mobility restrictions, aggravating socioeconomic conditions. According to the Humanitarian Country Team (HCT), 2.1 million Palestinians across the oPt require some form of humanitarian assistance, of whom 64% (1.3 million people) live in Gaza.
Outbreaks of violence in Gaza during May 2021 and August 2022 have also increased the population's aid dependency and their reliance on negative coping strategies to address basic needs.

The health sector is also suffering from restrictions and both health workers and patients face delays, reducing contact time with patients or resulting in missed appointments. Patients are sometimes unable to reach health facilities,
preventing access to services. Ambulances are experiencing delays crossing checkpoints, threatening the life of patients in transit and, in certain instances, attacks on paramedics and health workers have been recorded. WHO will continue to advocate for access to health services for vulnerable communities and strengthen protection against attacks on health care staff and facilities.

WHO staff hand over essential trauma care and medical supplies to the Ministry of Health in Gaza, oPt. October 2022.

Photo credit: WHO/WHO-oPt

EMERGENCY STRATEGY

WHO's response strategy is aligned with the Strategic Health Cluster Objectives. The response will focus on supporting the capacity of the national health system to prepare for and respond to different emergencies and promote and advocate for Palestinians' right to health.

Activities will aim to minimize the equity gap in service availability and accessibility and achieve equitable access to essential services for vulnerable populations, including women, girls, the elderly and people with disabilities across different age groups. Capacity-building activities will also provide equal, and non-discriminatory opportunities for participants. Through its different interventions, WHO will promote protection and accountability to the affected population. To enhance preparedness and response to (re)emerging communicable diseases, WHO will strengthen the oPt's International Health Regulation (IHR) core capacities, and support life-saving emergency interventions. As part of its work on addressing the humanitarian-development-peace-nexus, WHO will contribute by enhancing access to essential health services, focusing on non-communicable diseases (NCDs), including mental health, with specific emphasis on gender-based violence.

In 2023, WHO plans to strengthen the emergency preparedness response in Gaza, expand into the West Bank and support health partners including the Ministry of Health (MOH), NGOs and the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) to improve access to essential services during times of crisis or any sudden onset disaster.

Israel has closed off communities and cities in the West Bank during incursions, confrontations, or in retaliation following attacks carried out by Palestinians, demonstrating the need to increase response capacities at different levels of care. This is particularly pertinent at the primary health care level, as this will help sustain essential services, provide life-saving emergency responses and serve communities isolated from the wider health system.

WHO will work closely with the MOH in Gaza and in the West bank to respond to the needs identified in the Humanitarian Response Plan (HRP). WHO will also continue working with the Palestinian Red Crescent hospital entities in Gaza, West Bank and East Jerusalem to strengthen their ambulance services and support their role as the first respondents in Palestine. Work will be undertaken at a community level to increase emergency preparedness and response for vulnerable communities, like those in East Jerusalem, Hebron and several communities in Area C of the West Bank.
WHO will continue to convene the trauma working group to streamline and strengthen coordination between key stakeholders, including local and international NGOs as well as donors and the MOH. Furthermore, WHO is partnering with UNICEF through the COVID-19 vaccine delivery support (CDS) program to further enhance the MOH's capacity to manage COVID-19 outbreaks and improve the capability of the health system to better respond and sustain essential services in the event of additional waves.

KEY ACTIVITIES

- Enhance trauma and emergency response by improving emergency response capacity for mass casualty incidents in six primary health care centers and supporting blood bank services in Gaza
- Enhance emergency medical service (EMS) coordination at the national level, health information systems and data management at prehospital and hospital levels of care and emergency preparedness at the community level
- Provide essential medical supplies for 30 000 patients and train 500 health workers on their management, expanding the integration of the HEARTS approach at primary health care centers
- Enhance health information systems at primary health care level
- Train 400 health workers on mhGAP intervention guidelines, with a specific emphasis on child and adolescent mental health and gender-based violence. Procure five essential psychotropics, and carry out awareness-raising campaigns related to mental health
- Provide essential drugs, supplies and equipment for diagnostics, case management, infection, prevention and control (IPC), surveillance of and vaccines for emerging and re-emerging communicable diseases. Train 300 health care workers on the use of these resources, enhance the surveillance system and operationalize the PHEOCs
- Improve detection and surveillance capacities of the two points of entry in Palestine
- Introduce and implement the 'One Health' approach
- Monitor, document and report barriers to health care access and attacks against health care, undertaking capacity-building activities to strengthen health care workers' understanding of barriers to health access

Mass casualty training at Shifa Hospital in Gaza, oPt. December 2021.

Photo credit: WHO-oPt

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Improve trauma and emergency care preparedness and response for the most vulnerable communities in the oPt

- 500+ health care workers will be trained, including in advanced case management and emergency preparedness
- 20 000 patients will benefit from the blood bank services and 5 000 from essential supplies.
- 500 patients will benefit from the multi-disciplinary service at the Limb Reconstruction Center
- 15 physiotherapists and psychotherapists will be trained

STRATEGIC OBJECTIVE 2

Improve access to essential services during times of crisis or any sudden onset disaster

- 30 000+ NCD patients will have improved access to essential health care services
- 500 health care workers will be trained on the HEARTS approach
- 400 health care workers will be trained on the WHO Mental Health Gap Action Programme (mhGAP) intervention guidelines
- 6 000 patients will benefit from improved access to mental health services

STRATEGIC OBJECTIVE 3

Ensure the health system and vulnerable communities are ready to respond to potential outbreaks of high-threat and new/emerging communicable diseases

- 300 000+ patients will have improved access to essential diagnostic, case management and vaccination services
- 300 health care workers and 500 Public Health Emergency Operations Centre (PHEOC) staff will be better prepared to respond to outbreaks

STRATEGIC OBJECTIVE 4

Strengthen protection against attacks on health care and the right to health for the most vulnerable communities in the oPt

- Attacks on health care will be reported in a timely manner within WHO's Surveillance System for Attacks on Health Care (SSA)
- Health advocacy will be better coordinated

Nurse giving twins, sayf and yousf sharyan, polio vaccines in Palestine

Photo credit: WHO

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ ‘000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	512	567	1 079
P2. Risk communication and community engagement	152	119	270
P3. Surveillance, case investigation and contact tracing	203	327	531
P4. Travel, Trade and Points of entry	43	-	43
P5. Diagnostics and testing	781	139	920
P6. Infection prevention and control	193	75	268
P7. Case management and therapeutics	712	4 965	5 677
P8. Operational support and logistics	143	385	528
P9. Essential health systems and services	642	13 658	14 300
P10. Vaccination	803	161	963
Total funding requirements	**4 183**	**20 395**	**24 578**

Dr. Naseem tends to a patient in the emergency ward at Al-Aqsa Hospital in Gaza, oPt. Oct 2022.

Photo credit: WHO

SUCCESS STORIES

MASS CASUALTY MANAGEMENT TRAINING IN ACTION

Dr. Naseem was off-duty when the August 2022 escalation in Gaza began. Within an hour of the news breaking, he was back at the hospital supervising his staff to prepare for receiving and treating casualties.

“I knew from previous experience that the situation could deteriorate quickly, so we needed to act fast and get ourselves organized. Delay in getting the injured immediate care could cost their lives”, says Dr. Naseem, Head of Emergency at the Al-Aqsa Hospital in Gaza.

Equipped with new skills from the Mass Casualty Management (MCM) training delivered by WHO, he declared a state of heightened readiness and worked with key teams to reorganize the hospital’s entrances and exits to avoid crowding and to ensure optimal patient flow. An emergency triage area was set up, family and press waiting areas were defined, non-emergency patients were discharged or moved to make space for critical cases and 50 emergency medical kits were prepared to be deployed.

“We had developed the hospital emergency plan during our MCM training and now we are putting it into action. We had all done our best during previous emergencies but lacked a cohesive approach and plan. This time was different. We were like a well-oiled machine, all units working together as one”, says Dr. Naseem.

He is one of 90 clinical and non-clinical health workers trained on MCM protocols since June 2021, using a standardized curriculum developed by the WHO Academy. In the future, this approach will allow the emergency deployment of Dr. Naseem, and many like him, to any of the seven main hospitals in Gaza, to

FOR MORE INFORMATION
Dr. David Lai | Health Emergencies Team Lead | WHO oPt | laidavid@who.int
Eng. Hazim Khwais | Project Management Officer | WHO oPt | khwaish@who.int

PAKISTAN

People in need

20.6 MILLION[1]

People targeted

9.5 MILLION

Requirements (US$)

70.8 MILLION

[1]*Provisional in-country data, subject to change*

CONTEXT

Pakistan is prone to natural and manmade disasters, including flooding.
In 2022, severe flooding resulted in the displacement of over 600 000 people and caused significant damage to houses and infrastructure, as well as 2 000 health facilities - 13% of all health facilities in the country. Three million acres of crops and over 1.2 million livestock were destroyed, thereby gravely affecting food supplies.
As a result, at least 6.4 million people are in need of humanitarian assistance in flood-affected areas, access to health care is severely impeded and medicine stocks need to be entirely replenished. As water levels are receding, about 50% of the displaced population have returned to their places of origin but continue to suffer from poor access to safe water and sanitation, which exposes them to the risk of disease outbreaks.

Pakistan is currently seeing outbreaks of acute watery diarrhea (AWD), cholera, malaria, dengue and measles, whilst COVID-19 and diphtheria cases continue to be reported. Global acute malnutrition (GAM), which dangerously increases the risk of death, rates are above the emergency threshold of 15%, particularly among children. Pakistan also hosts over 2.6 million refugees from Afghanistan – accounting for the second largest refugee population in the world after Turkey – whose access to health care is poor.

Pakistan is one of only two remaining countries endemic to wild poliovirus, together with neighboring Afghanistan. Coordinated, cross-border activities are ongoing to urgently eradicate the disease. In 2022, 20 cases were reported nationally, all occurring in the same province; however, the risk of renewed spread nationally and internationally is magnified due to the recent floods affecting the country.
Polio infrastructure continues to support flood relief efforts, while polio operations are being adapted in response to the crisis.

Flood affected population.

Photo credit: WHO

RESPONSE STRATEGY

The response to this humanitarian crisis will be implemented either directly by the WHO Country Office (WCO), or through the Ministry of National Health Services, Regulation and Coordination (MoNHSR&C) and with the support of implementing partners such as NGOs, academic institutions, and others. WHO is the co-chair of the Health Sector Coordination (HSC), with the Ministry of National Health Services, Regulation and Coordination. WHO is contributing to the provision of essential services for displaced populations through static and mobile camps and procuring and distributing medicines and medical supplies to address the impact on health. WHO also provides a platform for daily coordination meetings, enabling national level planning and has put in place ten Emergency Operations Centres (EOCs) and three operational hubs in Sukkur, Naseerabad and Hyderabad.

KEY ACTIVITIES

- Improve access to health care for the Afghan refugee population, hosting communities, flood-affected populations and internally displaced persons (IDPs). This will involve the provision of human resource, medicines and other medical supplies, training of health care workers, targeted rehabilitation of health facilities, monitoring of disease trends through the establishment of an Emergency Disease Surveillance System (EDSS) and rolling out the Integrated Disease Surveillance and Response (IDSR) system in affected districts

- Address malnutrition among children in the flood-affected provinces of Sindh and Balochistan.
  This will be achieved through creating additional nutrition stabilization centers and the provision
  of nutrition supplies, medical equipment and medicines, human resources and training

- Strengthen disease surveillance and response to disease outbreaks in all areas, including the flood-affected areas of Sindh and Balochistan. This will be achieved through training of surveillance and laboratory officers, provision of surveillance tools, supporting disease outbreak investigation and strengthening referral laboratories

- Strengthen the government's capacity to prepare for and respond to other emergencies. This will be achieved through training government counterparts in emergency coordination, response plan development, assessments, provision of emergency supplies and full implementation of national polio emergency action plans.

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVES	
1. Ensure access to an integrated package of essential health services for the flood-affected population in Pakistan and refugees from Afghanistan	• All affected populations have access to health care
2. Address severe acute malnutrition with complications and ensure nutritional screening	• Children with severe, acute malnutrition and complication receive treatment
3. Expand and strengthen active outbreak surveillance and rapid response to outbreaks of COVID-19, malaria, dengue, cholera, AWD and others	• Disease outbreaks are identified and responded to within 72 hours
4. Support the response to other humanitarian emergencies such as earthquakes, avalanches, drought and others	• Other humanitarian emergencies are identified and responded to within 72 hours
5. Enhance the coordination of the health emergency response at national and sub-national levels to ensure the health sector delivers support in an effective and efficient manner	• Coordination for an established and functional response in all emergencies

FUNDING REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US $ million).

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	505	3 585	4 090
P2. Risk communication and community engagement	375	3 210	3 585
P3. Surveillance, case investigation and contact tracing	857	9 630	10 487
P4. Travel, Trade and Points of entry	214	2 140	2 354
P5. Diagnostics and testing	402	2 889	3 291
P6. Infection prevention and control	-	3 799	3 799
P7. Case management and therapeutics	-	1 017	1 017
P8. Operational support and logistics	860	7 490	8 350
P9. Essential health systems and services	1 092	31 640	32 732
P10. Vaccination	1 070	-	1 070
Total funding requirements	5 374	65 398	70 772

Flood affected population.

Photo credit: WHO

SUCCESS STORIES

HEATH EMERGENCY AND POLIO ERADICATION STAFF WORKING TOGETHER RESPONDING TO HEALTH NEEDS AMONG FLOOD AFFECTED POPULATIONS IN PAKISTAN

In 2022, severe flooding resulted in the displacement of over 600 000 people and caused significant damage to houses and infrastructure, as well as 2 000 health facilities - 13% of all health facilities in the country. Despite 50% of displaced populations having returned to their places of origin, they continue to suffer from poor access to safe water and sanitation, exposing them to the risk of disease outbreaks.

As part of the WHO's Pakistan Country Office's core work, the polio eradication program has been implemented in health camps following large scale immunization campaigns on a regular basis. This year, the program coincides with the health response following the devastating flooding.

Responsible for its implementation, the Heath Emergency and Polio eradication teams took the opportunity to collaborate on their work in these health camps. The teams have worked to provide free basic health services to the flood-affected populations in 37 flood-affected districts of Pakistan through fixed and mobile health camps.

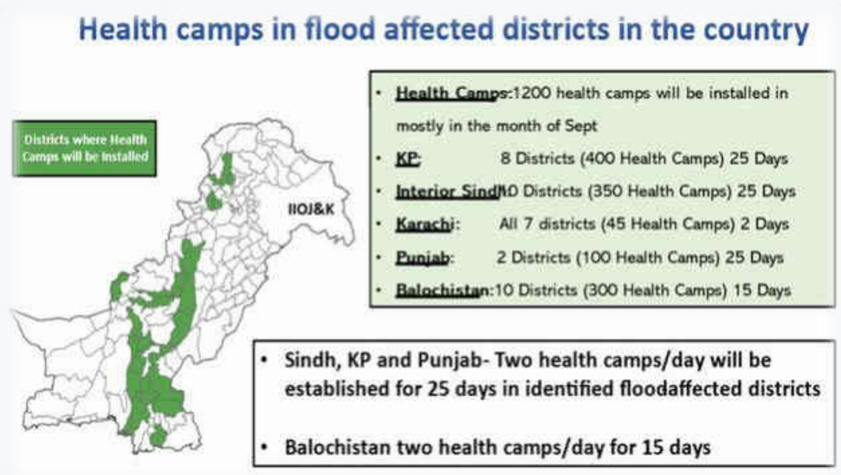
In consultation with the provincial and district authorities, two health camps (one mobile and one static) were installed for 25 days in each of 37 flood-affected districts. With the guidance of the district authorities, the locations for health camps in each district were selected. The health camps have provided vital, life-saving medical services for maternal and child health, skin diseases and vector-borne and water-borne diseases (diarrhea and enteric fever).

ESTABLISHING EMERGENCY DISEASE SURVEILLANCE SYSTEM (EDSS) TO ENHANCE EARLY DETECTION AND RESPONSE TO EPIDEMIC-PRONE DISEASES AMONG FLOOD-AFFECTED POPULATION IN PAKISTAN

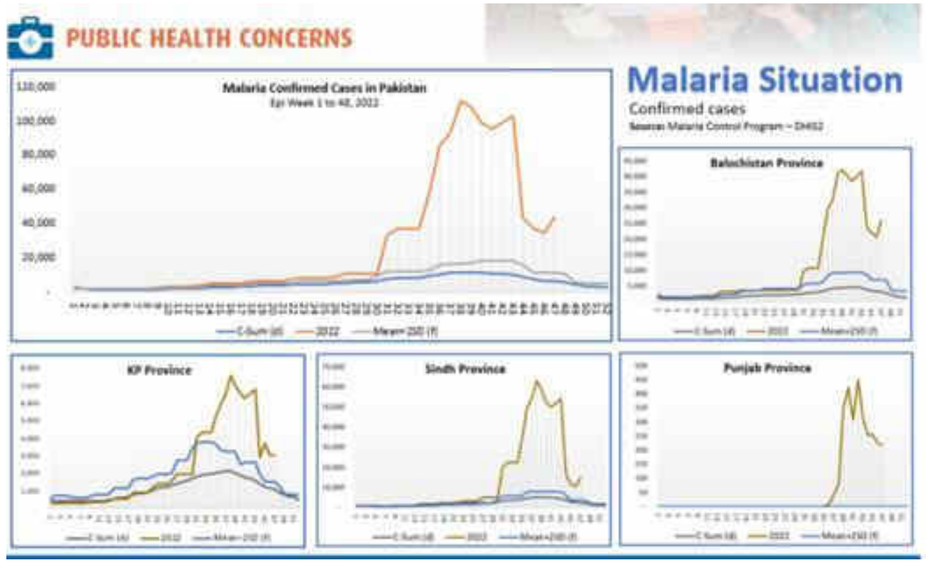
Since June 2022, Pakistan has experienced heavy monsoon rains, affecting 8 million people and causing widespread destruction across the country, especially in Sindh and Balochistan provinces.

WHO, in collaboration with the Federal Health Ministry, National Institute of Health (NIH) and provincial health departments, have developed the Emergency Disease Surveillance System (EDSS) to sharpen the Integrated Disease Surveillance and Response (IDSR) ability to detect and respond to public health alerts.

The NIH and WHO jointly selected 17 districts from the most affected provinces (11 in Sindh, five in Balochistan and one in Punjab) to host the launch of the EDSS. The health staff in the selected districts have been trained and equipped with the appropriate software to report on 12 different health events from the BHU level. WHO has recruited additional staff to provide field technical support to EDSS.



WHO has also deployed 26 surveillance officers and 14 data analysts in close liaison with the concerned provincial health departments. Officers and analysts are responsible for monitoring the situation in their respective districts and visiting the areas where an increased number of cases for any disease has been reported. Since mid-September, provincial health departments and the NIH have been enabled to better monitor epidemic-prone diseases enhanced by availing laboratory supplies and establishing sample transport mechanisms.



SOMALIA

GRADE 3 EMERGENCY

People in need

7.8 MILLION[1]

People targeted

7.6 MILLION

People in need of health assistance:

6.5 MILLION

Requirements (US$)

98.6 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

Somalia is currently experiencing an escalating drought that has affected 7.8 million people and displaced 1.1 million in search of food, water and humanitarian assistance. Over 6.4 million people (38% of the total population) lack access to safe water and proper sanitation. Combined with the effects of protracted conflict and COVID-19, this has led to a weakening of the health system and higher proportions of people with limited access to primary health care services.

Between 2021 and September 2022, the number of acute watery diarrhea (AWD) cases has risen by 11% and the number of reported cholera and measles cases have increased threefold. The high incidence of measles is attributed to the low vaccination coverage which stands at 70% - significantly below the national target of 97% - leaving increasing numbers of children unvaccinated in drought-affected districts. In addition, South-central Somalia has a high number of polio zero-dose children requiring intense programmatic efforts, as the situation has the capacity to endanger the global polio eradication goal. An estimated 4.3 million people (26% of the total population) are experiencing a severe food crisis, among which 121 000 people are in the Integrated Food Security Classification (IPC) Phase 5 (Catastrophe) and 33% of children under the age of five are suffering from severe acute malnutrition (SAM) with medical complications. The lowered immunity resulting from food shortages directly contributes to an increased incidence of epidemic-prone diseases linked to drought.

WHO has strengthened community- and facility-based disease surveillance systems by deploying community health workers (CHWs) and activating the Early Warning Response Network (EWARN) – work which needs to be sustained to ensure the timely notification of epidemic-prone diseases and trigger mitigation measures.
However, one issue with the provision of health and nutrition services, especially in areas where the movement of internally displaced persons (IDP) is high, remains the lack of coordination, planning and coordinated implementation among humanitarian agencies, whose numbers have increased in 2022.

Health workers prepare to administer vaccination against measles to children during a campaign at Dayniile district in Mogadishu, Somalia on November 16, 2022.

Photo credit: WHO / Ismail Taxta

RESPONSE STRATEGY

WHO, in collaboration with the Ministry of Health (MoH), UN partners and health clusters, has mapped out high-risk populations affected by the current drought in four states: Jubaland, South West, Hirshabelle, Galmudug and Banadir region. WHO, UNICEF and WFP have jointly developed a rapid response mechanism strategy aimed at providing primary health care services to drought-affected communities across inaccessible areas in 25 districts, whereby WHO offers a minimum health package, UNICEF provides WASH services and WFP provides food and cash handouts to targeted communities. To date, WHO has already managed to reach out to 15 out of the 25 inaccessible districts with health care services and will continue to support health workers to conduct weekly outreach sessions to provide integrated primary health services to drought-affected communities. WHO will also procure medical and laboratory supplies and medical kits and distribute them to health facilities and outreach teams.

WHO has deployed CHWs in 71 drought-affected districts and is educating communities on disease prevention; screening and referral of children with SAM to therapeutic treatment and stabilization centers; conducting home-based management for diarrhea using oral rehydration solutions (ORS); and creating demand for vaccination.

Weekly epidemiological data will be collected through EWARN and community-based surveillance mechanisms, then analyzed and disseminated to health partners to help plan, implement and monitor public health interventions.

At the national level, the incident management system (IMS) will lead the implementation and monitoring of the health response, in line with the WHO emergency response framework, and will coordinate with the health, nutrition and WASH clusters to ensure the best synchronization with the UN drought response plan and the Humanitarian Response Plan. At the sub-national level, WHO will establish and/or strengthen the state-based health, nutrition and WASH clusters to ensure activities are carried out in a coordinated manner under the guidance and supervision of the national IMS.

WHO is working in South-central Somalia to reach polio zero-dose children, by concentrating technical capacity and support on those areas with the highest proportion of underreached children and communities.

KEY ACTIVITIES

- Support health facilities to conduct integrated (health and nutrition) outreach sessions to treat cases of communicable and non-communicable diseases, and to conduct vaccination campaigns against cholera, measles and other vaccine-preventable diseases, including COVID-19
- Procure and distribute essential medical supplies to health facilities in drought-affected districts, as well as pediatric nutrition kits for the management of SAM with medical complications. Support care and treatment of SAM in 53 existing and 10 new stabilization facilities. Build frontline health workers' capacity to provide quality treatment to children with SAM with medical complications
- Provide reagents to seven state-based laboratories
- Support health facilities with airtime to submit weekly reports for reported health alerts
- Deploy CHWs to detect and report alerts of epidemic-prone diseases, and support district-based rapid response teams to investigate and validate alerts within 48 hours of notification
- Provide operational support to state-based laboratories to collect and transport biological samples to regional laboratories for analysis
- Enhance RCCE and health promotion activities in drought-affected communities
- Deploy 700 additional CHWs to conduct community education and health promotion activities
- Support community and religious leaders to conduct community awareness sessions
- Strengthen drought response coordination and leadership at national and sub-national levels through the IMS and health cluster coordination
- Support the IMS with operational costs at the national level
- Support human resource with surge capacity at national and sub-national levels
- Support the supervision, monitoring and evaluation of drought response at the national and sub-national level

World Health Organization (WHO) and Ministry of Health Somalia have launched a campaign to accelerate COVID-19 vaccination in Mogadishu on Sep 7 and Oral Cholera Vaccination (OCV) campaign in Rajo IDPs camps.

Photo credit: WHO / Ismail Taxta

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Provide primary health care services to drought-affected communities

Primary health care services will be provided to drought-affected communities through mobile/outreach and fixed health facilities and will include:

- Vaccination services against vaccine-preventable diseases
- Treatment of epidemic-prone diseases, especially acute water diarrhea (AWD)/ cholera and measles
- Provision of essential medicine, macro and micronutrient supplementation for children, adolescents and pregnant women
- Procurement and prepositioning of essential medical supplies to primary health care facilities
- 2.5 million people will be reached with primary health care services integrated with outreach services
- 125 000 children below 5 years (including zero-dose children) will be vaccinated against measles and other vaccine-preventable diseases
- 1.2 million people will be vaccinated against cholera
- 80 primary health facilities will be equipped with essential medical supplies

STRATEGIC OBJECTIVE 2

Ensure timely detection and response to acute public health events

WHO will enhance the timely detection and response to acute public health events, including COVID-19, in drought-affected districts using EWARN and community-based surveillance.

Information for health events and epidemic-prone diseases will be detected and reported at health facilities at a communitylevel daily, and data will be analyzed and disseminated to partners through weekly epidemiological bulletins to enable informed and coordinated public health actions to be undertaken.

- 80 primary health facilities will be supported, and 160 frontline health workers trained to submit reports through EWARN
- 2 000 community health workers will be trained and deployed in the 71 districts to provide home-based care for childhood illness, community sensitization, screening and referral of SAM cases to stabilization facilities

STRATEGIC OBJECTIVE 3

Provide case and standard treatment to children under five suffering from SAM with medical complications

53 WHO-supported stabilization centers will be equipped with pediatric nutrition kits that include antibiotics and nutrient supplements. These will be used to treat children with complicated forms of SAM.

- 41 000 children with SAM with medical complications will be offered standard care and treatment
- 63 WHO-supported stabilization facilities (53 existing and 10 new) will be equipped with pediatric kits for the management of SAM cases with medical complications
- 126 frontline health workers will be trained on integrated management of SAM, medical complications and acute watery diarrhea (AWD)

STRATEGIC OBJECTIVE 4

Promote healthy living through enhanced community engagement using Risk Communication and Community Engagement (RCCE) tools

WHO will enhance risk-community engagement and health promotion activities, to equip drought-affected communities with messages and behavior change interventions aimed at lowering the risk for disease outbreaks.

Community health workers and community leaders will be supported to conduct household visits and community meetings to educate communities on disease prevention and create demand for health services, including vaccination against vaccine-preventable diseases, cholera and COVID-19.

- 7.8 million people will receive key messages for disease prevention
- 700 community health workers will be trained on RCCE for drought-affected communities

STRATEGIC OBJECTIVE 5

Strengthen drought response coordination and leadership at national and sub-national levels through IMS and health clusters coordination

Effective coordination and leadership at all levels are critical components for any emergency response. Since the drought situation was declared, WHO has established an incident management system, both at national and sub-national levels, to monitor, analyze, coordinate and implement various life-saving interventions amidst multiple outbreaks in Somalia.

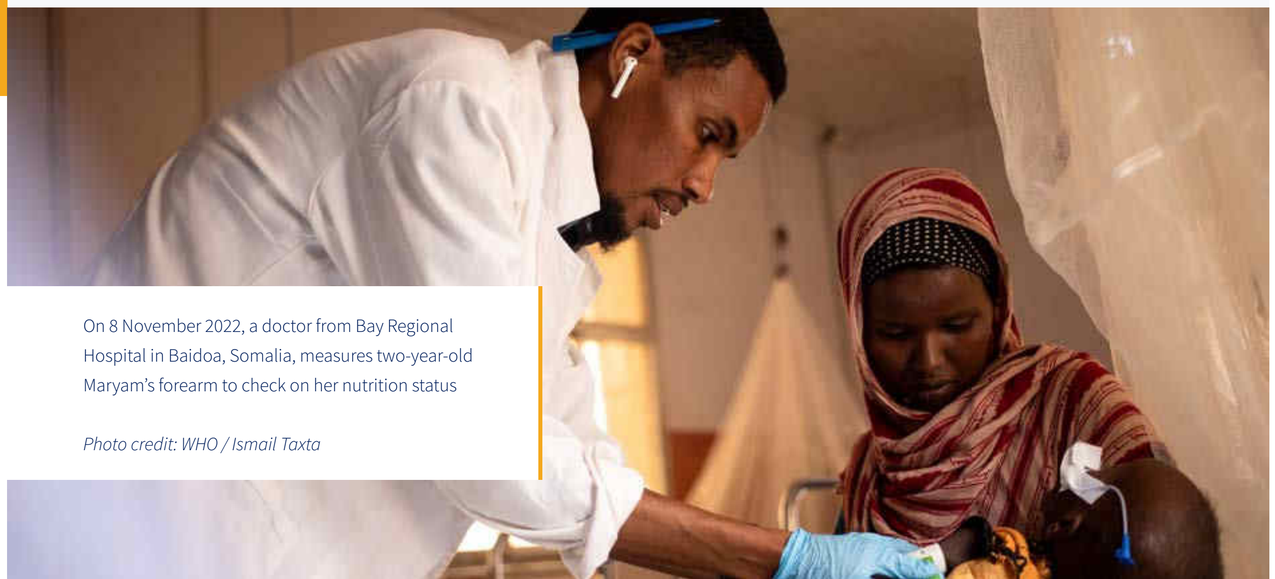
At a sub-national level, a coordination structure needs to be in place to coordinate response activities with multiple national and international partners and the respective state health authorities. Strengthening this coordination at all levels will help ensure improved planning, implementation and monitoring of the overall WHO drought response as well as coordination with partners, UN agencies and government. This will ensure essential life-saving health responses are implemented in line with the WHO emergency framework.

- Weekly national and sub-national IMS coordination meetings will be conducted
- Current surge capacity will be maintained at national and sub-national levels to respond to the current drought

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	131	9 743	9 873
P2. Risk communication and community engagement	-	2 789	2 789
P3. Surveillance, case investigation and contact tracing	1 445	11 178	12 623
P4. Travel, Trade and Points of entry	-	1 257	1 257
P5. Diagnostics and testing	6 955	1 017	7 972
P6. Infection prevention and control	-	5 125	5 125
P7. Case management and therapeutics	979	-	979
P8. Operational support and logistics	16 321	391	16 712
P9. Essential health systems and services	-	17 949	17 949
P10. Vaccination	17 655	-	17 655
P11. Research, innovation and evidence	1 177	4 494	5 671
Total funding requirements	**44 662**	**53 942**	**98 605**



On 8 November 2022, a doctor from Bay Regional Hospital in Baidoa, Somalia, measures two-year-old Maryam's forearm to check on her nutrition status

Photo credit: WHO / Ismail Taxta

SUCCESS STORIES

PROVIDING INTEGRATED HEALTH SERVICES TO HARD-TO-REACH AREAS

Somalia is currently experiencing an escalating drought that has affected 7.8 million people and displaced 1.1 million in search of food, water and humanitarian assistance. Combined with the effects of protracted conflict and COVID-19, this has led to a weakening of the health system and higher proportions of people with limited access to primary health care services. Those particularly affected live in remote, hard-to-reach areas, further limiting their access to basic health care.

To improve accessibility amongst the most vulnerable populations living in hard-to-reach areas across the country, WHO Somalia has adopted an innovative approach for providing integrated health services involving the deployment of approximatively 2 000 community health workers (CHWs). CHWs have been deployed across 71 districts to conduct daily household visits, of which 15 are inaccessible.

As part of these visits, CHWs educate the communities through health messaging, raise alerts for COVID-19 and other epidemic diseases, refer and connect communities with local health facilities and track and immunize children who have missed out on routine, life-saving immunizations, including zero-dose children. Access to local health facilities, and in particular vaccination services, ensure that the most vulnerable communities can access basic care to help lead healthier lives and receive protection against easily preventable diseases that may otherwise have life-changing consequences.

CHWs also provide children and lactating and pregnant women with supplements (Vitamin A, iron and folic acid tablets) and sensitize lactating women with infant and young children feeding messages. This approach has proven very effective during the ongoing cholera and measles outbreaks in the country. Since January 2022, over 10 million people in drought-affected communities have been reached with these vital disease prevention messages.

FOR MORE INFORMATION

Dr. Sk Md Mamunur Rahman Malik | Country Representative | WHO Somalia | malikm@who.int

SUDAN

People in need

15.8 MILLION[1]

People targeted

12.5 MILLION

People in need of health assistance:

10.3 MILLION

Requirements (US$)

43 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

Humanitarian needs across Sudan are at record levels one year after a military coup. Protracted and new displacement induced by localized conflict, the rise in criminality and insecurity in parts of Darfur and other conflicts-affected areas, unprecedented spikes in acute food insecurity due to dry spells and erratic rains, high inflation for food, fuel and other commodities, floods and persistent disease outbreaks, have resulted in record numbers of people in need of humanitarian assistance.

Humanitarian partners estimate that about 15.8 million people – roughly 32% of the population – will be in need of humanitarian assistance in 2023. This is an increase of 1.5 million people compared to the previous year and is the highest since 2011. This also includes a 2 million increase in the number of food insecure people. Of the 15.8 million people in need, around 11 million require emergency assistance for life-threatening conditions related to critical physical and mental well-being and need life-sustaining support to meet minimum living standards.

Sudan also hosts over 1 million refugees, and is a source, transit and destination country for mixed movements of refugees, asylum-seekers and migrants across the sub-region towards Europe and other destinations.

The public health system is severely affected by years of underfunding, resulting in a lack of qualified health staff and insufficient access to basic and essential services. The disease surveillance system is fragmented, with only 2 168 out of 6 300 total health facilities (34.4%) representing Sentinel Surveillance and 70% of health facilities lacking essential lifesaving medicines. Sudan is the leading contributor to malaria in the Eastern Mediterranean Region, accounting for around 56% of cases, and is also endemic for the arboviruses Chikungunya, Dengue and Yellow fever.

On 26 April 2022, a laboratory technician looks at blood slides for malaria in a laboratory in a health facility for women and children in Abu Shouk IDP camp in North Darfur.

Photo credit: WHO / Lindsay Mackenzie

RESPONSE STRATEGY

In collaboration with the Federal and States ministry of health (FMoH, SMoH), UN partners and the health cluster, WHO mapped high risk populations and identified six hazards that cause 80% of health emergencies in Sudan: Measles, Cholera, Dengue Fever, Malaria, floods and armed conflict.

Using an integrated risk-based approach, the priority States will be supported with a package of primary health care through emergency mobile clinics, the provision of essential medicines and capacity building. Support will also include the enhancement of water, sanitation and hygiene (WASH) infrastructure in health facilities and the provision of infection, prevention and care (IPC) supplies, especially in remote areas and regions prone to annual floods and droughts, which exacerbate food insecurity, intercommunal conflicts and other biological hazards.

In all 18 States, and at the national level, Rapid Response Teams (RRTs) will be trained to rapidly respond to emergencies. To enhance vector control and WASH, WHO will strengthen water quality and vector surveillance capacities and infrastructure, offer capacity building, support operational cost for efficient control strategies and strengthen community engagement.

In 14 states, 115 localities have been identified as those most affected by the prolonged dry spell and erratic rains. To ensure sustainability in health services provision, WHO will continue to support existing primary health care and stabilization centers through the Ministry of Health and partners already providing services. Stabilization centers will be supplied with medical and non-medical equipment and existing staff will receive training and technical support from WHO nutrition experts. The response will include a combination of lifesaving interventions to prevent children from becoming malnourished.

To ensure the quality of intervention, in line with the WHO Emergency response framework, coordination and leadership will be key to WHO's response. At national and sub-national levels, the incident management system (IMS) will lead the coordination and leadership with health, nutrition and WASH clusters through the strengthening of the One Health Public Health Emergency Operations Center (PHEOC).

KEY ACTIVITIES

- Provision of primary health care facilities to support integrated health services, and routine and emergency vaccination campaigns
- Procurement of essential medical supplies for health facilities and state-based and regional laboratories
- Training of health care workers (HCW) on WASH and support for primary health care infrastructure
- Enhancement of timely detection and response to potential outbreaks through supporting sentinel sites with technology to ensure timely reporting
- Supporting laboratories and rapid response teams
- Digitalization of the surveillance system, including water quality surveillance and enhancement of multi-sectoral coordination.
- Capacity building offered to health care workers, including community sensitization sessions and RCCE activities and medical waste management support
- Rehabilitation of WASH and isolation facilities
- Management of severe acute malnutrition (SAM) with medical complications at Stabilization Centers (SCs) through the provision of SAM kits, strengthening nutrition surveillance, provision of infant and child feeding counseling services, supporting baby friendly hospital initiatives and offering capacity building for health workers
- Supporting operational costs of main reference SCs
- Enhancement of risk communication and community engagement (RCCE) and health promotion activities, including the training and deployment of 1 000 community health workers to affected areas
- Supporting community and religious leaders to conduct community awareness sessions
- Improving implementation through strengthening sub-national coordination through the activation of the PHEOC and orientation of stakeholders on the IMS in 16 states
- Supporting IMS operational costs and improving surge capacity at national and sub-national level to strengthen drought response
- Supporting the supervision, monitoring and evaluation of emergency response at national and sub-national level

Health workers from the Ministry of Health in North Darfur, Sudan, conduct environmental sampling for polio outside of a health facility in El Fasher.

Photo credit: WHO / Lindsay Mackenzie

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Support essential public health function

WHO will support the provision of basic health services to affected populations, to address high maternal and child mortality, improve declining immunization coverage in conflict areas (including vulnerable groups e.g. refugees, internally displaced persons and returnees), and ensure the availability of medicines, particularly in primary health care settings.

- 5 million people will be reached with primary health care services
- 750 000 children below 5 years will be vaccinated against measles and other vaccine-preventable diseases
- 200 primary health facilities will equipped with necessary supplies
- 20+ emergency mobile clinics will be deployed

STRATEGIC OBJECTIVE 2

Strengthen emergency preparedness, detection, response and all-hazards emergency risk management:

WHO will enhance preparedness, detection, all-hazard emergency risk management and response to acute public health events in all States of Sudan and for vulnerable groups (refugees, IPDs and returnees) using EWARS, indicator-based surveillance (IBS) and community-based surveillance (CBS).

This will also include the implementation of comprehensive packages of water safety, WASH in Health Facilities (including temporary setting and isolation centers) and vector control interventions including community engagement and strengthened entomological and drinking water surveillance systems.

- 189 locality level surveillance officers and 2 500 community volunteers will be trained
- 205 EWARS reporting sites will be trained on alert detection and reporting.
- Two RRTs per state and one RRT per locality will be trained on timely alert investigation and response in the 18 states
- The occurrence of arboviral vector borne diseases will be prevented in 9 states.
- 45 localities will receive water quality surveillance system tools and the response capacity of 21 localities will be boosted by the restoration of vector control units.

STRATEGIC OBJECTIVE 3

Strengthen prevention and management of malnutrition

WHO will support stabilization centers for the management of severe acute malnutrition with medical complications, including through the provision of: SAM Kits (containing essential medications), operational costs, capacity building activities for health and nutrition workers, equipment and information material. Curative activities are combined with preventive ones such as the provision of infant and young child feeding (IYCF) counseling, baby friendly hospital initiative and growth monitoring of children.

WHO is supporting the ministry of health to strengthen nutrition information and surveillance systems through capacity building of the health workers, the provision of measurement equipment and generating quarterly and annual bulletins.

- 64 211 children with SAM with medical complications will be treated
- 165 stabilization facilities will receive SAM kits
- 1 640 frontline health workers will be trained

STRATEGIC OBJECTIVE 4

Promote healthy living through community engagement

WHO will enhance risk communication and community engagement (RCCE) for affected communities including vulnerable groups (refugees, IPDs and returnees) with risk messages aimed at lowering the risk of disease outbreaks.

- 7.5 million people will receive key messages for disease prevention
- 1 200 community health workers will be trained on RCCE tools

STRATEGIC OBJECTIVE 5

Enhance emergency response

WHO will accelerate the establishment of an effective One Health platform at national and state levels to ensure coordinated emergency response activities with multiple national and international partners and the respective state health authorities. This will be driven through the strengthening of public health emergency operations centers (PHEOC) functions to ensure improved joint planning, implementation and monitoring of the overall response.

- 324 weekly national and sub-national coordination meetings of IMS will be conducted
- PHEOCs and IMST will be activated in 16 states
- 160 persons will be trained on PHEOCs

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ ‘000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	685	3 179	3 864
P2. Risk communication and community engagement	155	874	1 030
P3. Surveillance, case investigation and contact tracing	171	6 498	6 670
P4. Travel, Trade and Points of entry	49	357	406
P5. Diagnostics and testing	-	3 243	3 243
P6. Infection prevention and control	49	4 278	4 327
P7. Case management and therapeutics	-	2 232	2 232
P8. Operational support and logistics	261	1 951	2 212
P9. Essential health systems and services	108	18 011	18 119
P10. Vaccination	-	878	878
Total funding requirements	**1 478**	**41 502**	**42 980**

An outbreak response team from the Ministry of Health searches for contacts of a recently confirmed measles case in El Fasher, North Darfur.

Photo credit: WHO / Lindsay Mackenzie

SUCCESS STORIES

“ONE HEALTH” APPROACH TO TACKLE ZOONOTIC DISEASES

Zoonotic diseases are highly prevalent in the 120 million livestock in Sudan, posing a concerning threat to public health, as well as animal and environmental health. The risk of disease outbreaks in the country are further impacted by Sudan’s long open-country borders, its wildlife habitat, conflict and civil unrest as well as the large number of refugees and internally displaced persons (IDPs). To help better coordinate actions and policies to prevent zoonotic disease outbreaks, the Sudanese government, alongside WHO, developed a ‘One Health Forum’ approach.

Building on the 2016 Joint External Evaluations (JEE), the August 2022 One Health Zoonotic Disease Prioritization (OHZDP) recommended the establishment of a ‘One Health Forum’ approach to support institutional coordination between the human, animal and environment sectors to address zoonotic disease. The WHO Country Office for Sudan supported the Federal Ministry of Health, the Federal Ministry of Animal Resources and the Higher Council of Environment and Natural Resources in officially endorsing the “Sudan One Health Platform” in September 2022.

The Sudan One Health Platform was immediately put into action, with official outbreak response missions conducted for mpox in six states. The missions were undertaken in coordination with the three sectors and with technical support from WHO. Additionally, recommendations from the joint One Health mission led to a significant improvement across all strategic pillars of response. Investigations in refugee camps highlighted the importance of strengthening the One Health platform at state level along with strengthening surveillance, case management, IPC and several other capacities required for robust monitoring and prevention of zoonotic disease.

On its presentation at the 2022 IHR Emergency Committee meeting by Sudan’s Federal Ministry of Health, the Sudan One Health approach provided an important evidence base to establish a future global roadmap for mpox. It also provided the WHO Director-General with temporary recommendations to address the immediate emergency.

A cross-border surveillance committee is now being established by EMRO in Sudan, South Sudan, Chad and Ethiopia as a first step towards the revival of the Khartoum Declaration.

SUCCESS STORIES

DENGUE FEVER OUTBREAK RESPONSE

In Sudan, Dengue Fever remains one of the top causes of health emergencies in the country. The disease places a major burden on population health, further exacerbated by poor access to basic health care services following years of underfunding of the health care system.

To help mitigate the impact of the disease in the most affected areas, the WHO Country Office for Sudan, along with the Federal and State Ministries of Health conducted a joint mission in response to a dengue fever outbreak in West Kordofan State in November 2022.

The mission investigated key aspects of surveillance, including routine immunization coverage. The joint team reviewed the notifiable diseases surveillance system, focusing on reporting and data flow through indicator-based and community-based surveillance. In addition, they monitored the rapid response team's (RRT) readiness and support needed for halting the ongoing outbreak.
The mission also supported state and local level surveillance officers with basic on-the-job training on surveillance and data management skills and supported the state level coordination and planning of surveillance activities.

The mission identified gaps in outbreak response activities, including a lack of governmental support, a lack of data analytical capabilities, shortages of reporting tools and the stockout of rapid diagnostic tests (RDTs) for COVID-19, HIV, Cholera, Dengue Fever and Meningitis. Recommendations made following the mission resulted in the procurement of laboratory supplies including RDTs and the provision of reporting tools, leading to an improvement in timely and complete reporting.
The provision of capacity building sessions further improved analytical and technical capacities of the State Ministry of Health, and strengthened the One Health response coordination.

FOR MORE INFORMATION
Dr. Nima Saeed Abid | WR Sudan | abidn@who.int
Dr Muhammad Ali Raja | Team Lead Epidemiology | WHO Office Sudan, rajam@who.int

Mpox joint ONE HEALTH response in Gedaref State, Sudan. Photo taken at the Tunaydba refugee camp, hosting Refugees from the Tigray region of Ethiopia.

Photo credit: WHO/Hala Habib

SYRIAN ARAB REPUBLIC

GRADE 3 EMERGENCY

People in need

15.3 MILLION[1]

People targeted

12.7 MILLION

People in need of health assistance:

12.2 MILLION

Requirements (US$)

88.3 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

In 2022, health needs in the Syrian Arab Republic increased and more than 15 million people are now estimated to be in need of lifesaving and life-sustaining health services. The already heavily disrupted health system in the country has been further impacted by COVID-19, the global economic downturn and resulting decreases in humanitarian support, as well as the effects of international sanctions.

There are 4.4 million people residing in northwest Syria, with roughly two-thirds (2.8 million people) being internally displaced persons (IDPs). A large proportion of this population has fled multiple times since the start of the conflict and 1.7 million are living in tent encampments that are prone to flooding and are exposed to frigid temperatures during the winter. An over-stretched health workforce, combined with just 58% of hospitals and 53% of primary health care (PHC) centers fully functional, has left increasing numbers of people struggling to access health services, medicines and medical supplies. Poorly functioning water and electrical networks have further hindered health security in the country.

In addition, 2022 has seen the emergence of measles, meningitis and cholera outbreaks and the risk for further disease outbreaks remains high, particularly in areas where health system functionality is very low, such as Idlib and Aleppo in the northwest and Ar-Raqqa, Deir Ez-Zor and Al-Hasakeh in the northeast. Health system preparedness for future emergencies remains a challenge in this protracted crisis.

WHO staff disseminating messages on healthy practices and hygiene measures to control the cholera outbreak and curb the spread of the disease.

Photo credit: WHO

EMERGENCY STRATEGY

In 2023, as communicable diseases and household level vulnerabilities are increasing, it is critical to ensure investments in health service delivery are not lost due to resource shortages. Surveillance systems and essential primary and secondary health care services will be maintained to avoid enhanced mortality and morbidity. This includes sexual and reproductive health and safe delivery, child health, routine and expanded immunization, care for communicable and non-communicable diseases, mental health and psychosocial support. In northwest Syrian Arab Republic, health facilities serve as critical entry points for essential humanitarian lifesaving primary health services, coordinated referrals to secondary care and trauma services and specialized care. Community outreach and engagement on integrated health messages will remain an essential component of comprehensive health services.

To avoid disruptions to the health response, critical support functions such as electricity, fuel supply, waste management and access to water must be ensured, particularly in the face of socio-economic upheaval. Access to essential medicines and medical supplies, including laboratory and testing materials will be ensured and supply chains strengthened using all modalities.

Surveillance, detection and response capacity for all diseases of epidemic potential remain key for public health security and necessarily include community event-based surveillance. COVID-19 vaccination coverage will be expanded, accompanied by strengthened community mobilization and awareness to promote vaccine uptake and continued adherence to public health measures. The ongoing cholera response, initiated in August 2022, will be further strengthened through multi-sectoral action to prevent and control the disease's spread within the country and across its borders.

The health system's resilience and early recovery capacities will also be enhanced, by focusing on building preparedness and response capacities, addressing health inequity and ensuring access for at-risk populations. Greater attention will be paid to addressing chronic systemic challenges, including shortages in human resources for health. This could be done by enabling pre-service and in-service training, supporting a holistic revitalization of health facilities, promoting technological solutions and better data and information systems to monitor health outcomes and plan for future needs, and expanding local and community partnerships to ensure an inclusive, whole-of-society approach to health system recovery. In addition, the protection of health care and the provision of mental health and psychosocial support for health workers will remain a critical priority.

KEY ACTIVITIES

- Maintain the health sector's leadership and coordination and liaison with other sectors
- Support information management, data collection and analysis together with reporting on health risks, needs, gaps and performance of the response
- Provide technical expertise, promote evidence-based guidelines and capacity development of health professionals and support human resources
- Maintain and strengthen essential health services, with a focus on those most vulnerable and in need
- Strengthen the health system's capacity to prevent, detect and respond to diseases of epidemic potential
- Continue to support and coordinate ongoing outbreak response for COVID-19, cholera and measles and maintain the update of multi-hazards preparedness and response plan for northwest Syrian Arab Republic
- Ensure the rehabilitation of health services and structures
- Drive health system quality through advocacy, policy and capacity-building
- Improve risk communication and community engagement
- Ensure the gradual transfer of health services delivery in northwest Syrian Arab Republic to international NGOs and prepare for WHO's phasing out, while still ensuring WHO's ability to provide selected services as a last resort. This activity will be undertaken to mitigate the potential non-renewal in January 2023 of UN Security Council resolution (UNSCR) 2165, under which WHO has been providing cross-border assistance in northwest Syrian Arab Republic. UNSC 2165 has been continuously renewed since 2014, although with some modifications

Dr Rana Hajjeh (right), Director Programme Management WHO/ EMRO visiting a Primary Health center with an immunization clinic in the Syrian Arab Republic to support COVID-19 vaccine implementation and address current challenges.

Photo credit: WHO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Strengthen access to essential health services

WHO seeks to contribute towards addressing the weak, fragile and disrupted health systems, as well as the related issues linked to access, availability, functionality and quality of health services across the Syrian Arab Republic

- With a focus on supporting the most vulnerable, access to integrated primary, secondary and tertiary health care services will be improved, including to mental health and psychosocial support (MHPSS) services and specialized care (e.g. physical rehabilitation, tuberculosis care, dialysis, severe acute malnutrition with complications and burns care)
- Trauma and mass casualty chemical event preparedness and response plans will be maintained
- Who will aim to strengthen the emergency referral system, as well as trauma, triage and emergency services
- WHO will support the maintenance of health system information and timely independent risk assessment and situation analysis undertaken

STRATEGIC OBJECTIVE 2

Strengthen health system's capacity against epidemic diseases

WHO will work to strengthen the health system's capacity to prepare for, prevent, detect and deliver timely responses to diseases of epidemic potential

- This will include the establishment of a Public Health Emergency Operations Center (PHEOC) and strengthening of epidemiological and laboratory surveillance systems
- Infection prevention and control measures will be improved within communities and health facilities
- WHO will also help maintain outbreak responses and preventive activities such as routine immunization and surveillance, and community health promotion will be expanded particularly in high-risk settings such as IDP and refugee camps

STRATEGIC OBJECTIVE 3

Strengthen health system's resilience

WHO will support and enhance the resilience of the health system through improved infrastructure, strengthened supply chain and health information systems, expanded community engagement and a focus on the quality and adherence to national and international guidelines

- Continuity of care at primary level will be strengthened through surveillance and bolstering supply chains to support national capacities
- Community resilience will be enhanced, and health awareness increased
- WHO will also enhance accountability to affected populations and strengthen systems to prevent sexual exploitation, abuse and harassment within WHO's operations and the larger health system response

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	118	235	353
P2. Risk communication and community engagement	910	1 525	2 434
P3. Surveillance, case investigation and contact tracing	519	2 220	2 739
P4. Travel, Trade and Points of entry	80	21	102
P5. Diagnostics and testing	320	1 610	1 930
P6. Infection prevention and control	722	3 269	3 991
P7. Case management and therapeutics	1 776	41 354	43 130
P8. Operational support and logistics	687	2 087	2 773
P9. Essential health systems and services	107	15 720	15 827
P10. Vaccination	9 927	4 104	14 031
P11. Research, innovation and evidence	54	952	1 006
Total funding requirements	**15 218**	**73 097**	**88 315**

SUCCESS STORIES

PROTECTING THE LIVES OF DISPLACED PEOPLE WITH URGENT HEALTH NEEDS

Saber, a 9-year-old boy from Deir-ez-Zor governorate, is the only son of a vulnerable family that was forced to leave its village in search of security and shelter. The family was displaced multiple times until it ended up in the Areesha camp in northeast Syrian Arab Republic.

"We used to live in a tattered tent under harsh weather conditions. We walked through the desert in the heat with no food for days on end. We experienced a lot of pain, hunger, fear and displacement until we finally settled in the Areesha camp," Saber's mother recounted. "A few months after Saber's birth, he had been diagnosed with a brain cyst requiring surgery – an expensive procedure which we couldn't afford," the mother added.

In the camp, Saber's health deteriorated a little more each day. He began suffering visual impairments and severe headaches. Following examination by a mobile medical team, Saber was referred to the WHO-supported Al-Hikmeh Hospital in Al-Hassakeh where he was admitted and started his treatment journey. Saber underwent surgery and received the needed medical interventions; his health improved gradually until he was discharged from the hospital and fully recovered.

FOR MORE INFORMATION
Dr Iman SHANKITI | WHO Representative in the Syrian Arab Republic | shankitii@who.int
Dr. Mahmoud DAHER | WHO Field Office, Gaziantep | daherm@who.int

YEMEN

GRADE 3 EMERGENCY

People in need

21.6 MILLION[1]

People targeted

19 MILLION

People in need of health assistance:

21.9 MILLION

Requirements (US$)

141.5 MILLION

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

CONTEXT

The aftermath of over seven years of conflict has resulted in the freefall of Yemen's economy, mass displacement, increased humanitarian needs and the disruption of public and social services for millions of people. Yemen is the 4th largest internal displacement crisis in the world and over 24 million people, or 73% of the population, will need humanitarian assistance in 2023. More than 4.3 million people have been displaced since 2015. The expiry of a six-month ceasefire on the 2nd October 2022, has pushed Yemen back into conflict, which will further impede the delivery of desperately needed humanitarian aid and access for those working to support the population.

Currently, 19 million people are food insecure as catastrophic hunger looms for almost 170 000 people, with children the most at risk. And estimated 2.2 million children are acutely malnourished, of which 500 million suffer from severe acute malnutrition (SAM), and many from SAM with medical complications (SAM/MC), greatly diminishing their chances of survival.

Vulnerable groups, including mainly internally displaced persons (IDPs), refugees, women and children rely entirely on essential services that are free-of charge to survive. Families in Yemen barely have enough to purchase food, as their buying power has been drastically reduced due to the ongoing conflict. According to Health Cluster data, an estimated 1 million consultations are related to communicable diseases, as millions are prone to preventable diseases and natural hazards.

The already fragile health care system in Yemen is unable to meet the needs of the population, with less than 50% of all health facilities fully functional across the country and inadequate access to primary, secondary and tertiary health care. Currently operational facilities lack qualified staff, equipment, medicines and funding for operational costs. Most health personnel have not received a salary for two years or more. There is an urgent need to increase levels of funding for the Humanitarian Response Plan (HRP), to address the immediate critical care needs and help support Yemen on the route to stability.

Additionally, Yemen is affected by two separate strains of circulating poliovirus outbreaks: vaccine-derived poliovirus Type 1 (cVDPV1) and Type 2 (cVDPV2). With 150 cases reported in 2022, Yemen accounts for one-third of all cVDPV cases globally. Poliovirus from Djibouti has also been confirmed internationally and the risk of further spread in the region remains high.

While the Polio Eradication Strategy 2022-2026 prescribes timely detection of viruses, and timely, quality outbreak response, improvements in key parameters need to be strengthened in Yemen. In particular, urgent additional measures must be implemented in the norther parts of the country, where the majority of cases are occurring.

Within the Global Polio Eradication Initiative, northern Yemen is now considered to be part of a set of 'consequential geographies', which include Pakistan, Afghanistan, south-east Africa, eastern DR Congo, northern Nigeria and south-central Somalia. These are areas with some of the highest proportion of 'zero-dose' children, who are either under- or unvaccinated.

RESPONSE STRATEGY

WHO will work to deliver a strategic and coordinated response to meet the acute needs of those affected by the crisis, and provide health and nutrition services, based on and responding to the HRP and Humanitarian Needs Overview (HNO) 2022, to reduce suffering and lessen the prevalence of infectious diseases.

WHO will enhance the health system's capacities in the areas of preparedness, readiness, response and recovery and provide operational support to health facilities. WHO will also increase access to the health services delivery mechanism, the Minimum Services Package (MSP) and strengthen accessibility to emergency and specialized health services. Additionally, WHO will continue to apply evidence-based planning and results-based monitoring when implementing its emergency response. Furthermore, it will strengthen information management and emergency preparedness to ensure that health emergencies are rapidly detected and responded to, and that epidemics and pandemics are prevented.

To support the Global Polio Eradication Initiative, efforts are ongoing to fully implement international outbreak response standard operating protocols (SOPs), consisting primarily of implementing a series of large-scale and high-quality emergency outbreak response campaigns, in addition to strengthening disease surveillance.

There is a global effort to eradicate polio, which was declared a Public Health Emergency of International Concern under the International Health Regulations. At its most recent meeting in October 2022, the IHR Emergency Committee emphasised that Yemen remained a country officially classified as 'infected with cVDPV1 and cVDPV2' and put forward temporary recommendations to further limit international spread of the virus.

To achieve its strategic objectives, the WHO Country Office for Yemen will put mechanisms in place to ensure coordination with relevant stakeholders to support complementary interventions. This will also include information management mechanisms, especially with health and nutrition clusters, and monitoring and evaluation plan and procedures to ensure accountability toward affected populations. WHO will ensure No Harm Principles, as well as mainstreaming gender and protection considerations, are in place.

KEY ACTIVITIES

- Strengthening preparedness and surveillance including early detection and response to communicable diseases, outbreaks, epidemics including COVID-19 in 32 health facilities across the country
- Ensuring access to lifesaving and life-sustaining health services to the most vulnerable populations through a quality Minimum Services Package
- Focusing on primary and secondary emergency health care, trauma care, referral services and prehospital referral system for trauma and non-trauma emergency cases, in hospitals located in over 120 priority districts across Yemen
- Strengthening operational support to health facilities and providing operational costs (electricity, water & oxygen), medicines, medical equipment and supplies, structural rehabilitation/ revitalization, capacity building and financial support of Health Care Workers (HCW)
- Supporting provision of rehabilitative, advanced trauma and Intensive Care Unit (ICU) at tertiary care level to improve the resilience of the health system and people, in over 120 priority districts across the country
- Maintaining lifesaving service availability and interventions in 96 Therapeutic Feeding Centers (TFCs) and referral pediatric wards linked to the TFCs, through payment for performance-based service delivery cost to health workers (e.g., pediatrician, medical doctor, nurse and support staff) and based on duty hours
- Providing direct support to the health cluster system at hub level to ensure a well-coordinated humanitarian response

To mitigate recurrence of severe acute malnutrition cases, WHO is partnering with KS Relief to raise awareness of mothers in Therapeutic Feeding Centers (TFCs) through counseling on proper feeding practices and mental health support.

Photo credit: WHO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Strengthen health system capacity

- WHO will work to prepare, prevent, detect and respond to epidemic-prone and endemic diseases, all-hazards emergency risk management and manage the health information system
- Focusing on improving laboratory capacity to detect and respond to outbreaks of vaccine preventable diseases (cVDPVs, Diptheria, Pertussis, measles and rubella), in children 6 months to 15 years old
- WHO will work to prepare, prevent, detect and respond to epidemic-prone and endemic diseases, all-hazards emergency risk management and manage the health information system
- Focusing on improving laboratory capacity to detect and respond to outbreaks of vaccine preventable diseases (cVDPVs, Diptheria, Pertussis, measles and rubella), in children 6 months to 15 years old

STRATEGIC OBJECTIVE 2

Ensure access to humanitarian services

- WHO will work to ensure access to safe, equitable and inclusive humanitarian lifesaving, and life-sustaining, health and nutrition services for the most vulnerable, at all levels of service delivery in over 120 priority districts across Yemen.
- Supporting COVID-19 vaccination and case management for the frontline
- health care workers, elderly people, those with chronic underlying conditions, displaced people, migrants and refugees, in partnership with the Ministry of Public Health and Population (MoPHP), WHO and UNICEF at community and health facility levels

STRATEGIC OBJECTIVE 3

Sustain the health system functionality

- WHO will support operational costs (electricity, water, oxygen), medicines, medical equipment and supplies, structural rehabilitation / revitalization, capacity building and financial support of Health Care Workers (HCW), referral between care levels and provision of rehabilitative, advanced trauma and Intensive Care Unit (ICU) to improve the resilience of the health system and population in over 120 districts across the country

STRATEGIC OBJECTIVE 4

Reduce food insecurity and malnutrition

- WHO will provide an integrated response through International Federations of the Red Cross (IFRC) and International Federation of Red Crescent Societies (IFRR), to contribute to the reduction of food insecurity and malnutrition
- WHO seeks to continue to strengthen support to facilities through the health service delivery mechanism – the Minimum Services Package (MSP) – in line with rapid response to current and potential epidemics, SAM/MC in children under the age of five and trauma in target governorates

STRATEGIC OBJECTIVE 5

Prevent poliovirus transmission and outbreaks

- WHO will work to stop the transmission of circulating vaccine-derived poliovirus an prevent outbreaks in non-endemic countries.

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	6	2 859	2 865
P2. Risk communication and community engagement	-	1 156	1 156
P3. Surveillance, case investigation and contact tracing	677	12 305	12 982
P4. Travel, Trade and Points of entry	-	-	-
P5. Diagnostics and testing	-	5 960	5 960
P6. Infection prevention and control	-	1 125	1 125
P7. Case management and therapeutics	4 280	4 082	8 362
P8. Operational support and logistics	-	17 070	17 070
P9. Essential health systems and services	-	80 161	80 161
P10. Vaccination	3 210	8 220	11 430
P11. Research, innovation and evidence	-	412	412
Total funding requirements	**8 174**	**133 349**	**141 525**

FOR MORE INFORMATION
Abdel Moneim, Adham Rashad Ismail | WHO Representative for Yemen | ismaila@who.int

SUCCESS STORIES

SURVIVING HUNGER IN YEMEN: THERAPEUTIC FEEDING CENTERS GIVE HOPE AND HELP TO THOUSANDS

Families in Yemen who endure prolonged exposure to armed conflict and grinding poverty are forced to live on the thinnest margins of survival – especially when displaced from their homes and lacking access to food, clean water and basic nutrition and medical services.

Om Salim confronts the cruel realities of hunger every day as a mother of two young children living in extreme poverty. The family must routinely skip meals, and often has nothing to eat for a day if not longer.

When Om Salim's youngest child recently began showing signs of malnutrition including severe wasting and swelling, she brought him to a WHO-supported therapeutic feeding center (TFC) with nothing but her anguished prayers that he would pull through.

"When I first brought my baby to this feeding center, he was so thin, and my heart was breaking" Om Salim said. "But now I can see that he is doing much better, and for that I am so grateful." Dr. Athmar Al Saqqaf is the director of the Al-Sadaqa Hospital TFC in Aden governorate. A large number of families arrive to this TFC from surrounding governorates including Abyan and Al Hodeidah. Consequently, it is continuously filled to capacity and beyond with malnourished children and their caregivers.

"We treat children for a number of critical medical complications caused by severe acute malnutrition [SAM] – requiring that we also operate as a pediatric intensive care unit -- so we need skilled staff and adequate equipment," Dr. Athmar explained.

WHO and the King Salman Humanitarian Aid and Relief Centre (KSrelief) are the main supporters of the Al-Sadaqa TFC, Dr Athmar said, adding: "We need this support to continue so we can carry on with preventing the deaths of potentially thousands of children."

WHO in partnership with KSrelief has been providing emergency therapeutic feeding and medical care to about 18 000 infants and children under age five, at eight TFCs in tertiary teaching hospitals located across eight governorates of Yemen. Parents and caregivers arriving to the TFCs are also educated about what they can do to prevent malnutrition, even while lacking many basic necessities. This involves educating them about essential, healthy and affordable food items, to mitigate the recurrence of malnutrition linked to limited nutritional knowledge, living conditions and other contributing factors.

EUROPEAN REGION

World Health Organization

TÜRKIYE

People in need

4.5 MILLION[1]

People targeted

0.9 MILLION[2]

Requirements (US$)

49.3 MILLION

CONTEXT

Türkiye is currently hosting the largest refugee population in the world, with at least 4.2 million refugees and migrants as well as 300 000 asylum seekers (as of October 2022). These communities are predominantly from the Syrian Arab Republic, followed by Iraq, the Islamic Republic of Iran and Afghanistan. This situation has intensified due to the geo-political context and the strategic position of Türkiye.

Foreigner nationals who are not registered with the Government of Türkiye have limited access to primary or referral health care but are provided with emergency care and essential public health, before being referred for registration. The registration and invalidation of health insurance coverage after one year has resulted in limited access to essential health services for refugees and migrants.

The unmet health needs of the refugee and migrant population continue to be exacerbated by the impact of the COVID-19 pandemic, resulting in a decrease in access to health services, particularly maternal and new-born health (including vaccination), non-communicable disease and mental health, disability and rehabilitation services and health information. WHO Türkiye is supporting the Turkish Ministry of Health to provide these essential health services, to both the refugee and host populations, through support for community health, primary health care, non-communicable diseases and mental health, communicable diseases (including COVID-19) and health system strengthening. Improving health literacy and mental health literacy for refugees and migrants is a core priority.

Young Syrian refugee girl living in Ankara.

Photo credit: WHO / Ozge Bayram

[1] (relates to overall humanitarian assistance; source of data is Government of Türkiye)

[2] relates to health specifically; source of data is WHO Refugee Health Programme)

RESPONSE STRATEGY

The increasing and unmet physical, mental health and psychosocial needs of refugees and migrants exceed existing support and treatment capacities, which have been exacerbated by the impact of the COVID-19 pandemic and recent economic challenges.

The COVID-19 pandemic has placed a significant burden on health services and service users and resulted in lower utilization of basic health services and increased unmet health needs for the most vulnerable groups (including women, children, the elderly and the disabled).

WHO Türkiye will support the Ministry of Health (MoH) to build health system resilience through skills development and information and standards-sharing while supporting and augmenting primary and referral health care capacities. The entry point for these interventions is the MoH Migrant Health Centers (MHC) system and targeted specialized services. Health services will be designed to assure continuity of care so vulnerable communities can access appropriate curative services and secondary and tertiary prevention.

Preventative measures against health risks will address issues through health education, health promotion and health literacy in several languages, to enhance knowledge on health rights, on non-communicable and communicable disease prevention including COVID-19 and how to access health services. The sector will continue to work with the MoH to increase immunization coverage for all vulnerable children.

Specific programming to increase knowledge on prevention, along with improved curative and rehabilitative service availability will reduce the acuteness of disease and lessen the burden on referral care services.

WHO and its partners will continue to support mental health and psychosocial health services, expanding to meet needs at all levels of the health care system, including health literacy, substance abuse, mental health, patient satisfaction, monitoring and evaluation of service provision.

KEY ACTIVITIES

- Support service provision in seven Migrant Health Centers
- Support home care in seven provinces
- Strengthen capacity for health professionals
- Health literacy training and activities for both refugee/ migrant and host communities
- Focus on health service providers and service users with targeted support for the most vulnerable groups under temporary and international protection
- Support prevention, mitigation and response to COVID-19, supporting MoH efforts to curb the pandemic and advocating for more resources and information on cases and contacts among vulnerable groups
- Provide support for online training and service provision, purchase of Personal Protective Equipment (PPE) and medical equipment/ supplies as needed

Syrian doctor trained by WHO to serve in the Turkish health care system.

Photo credit: WHO / Ozge Bayram

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Health service provision for refugees and migrants

- WHO aims to support the provision of essential health services for the refugee and migrant population and host community
- WHO will provide 350 000 primary care consultants to refugees and migrants in seven provinces with the largest refugee/migrant population
- 15 000 refugees and members of impacted communities will receive sexual and reproductive services through seven migrant Health Training Centers

STRATEGIC OBJECTIVE 2

Provision of home care services

- WHO will support the provision of home care services, specifically targeting 1 000 people with disabilities who should receive self-care training and appropriate assistive devices

STRATEGIC OBJECTIVE 3

Strengthen mental health services

WHO will assist in the strengthening of mental health services and health literacy among the refugee and migrant population. The goal is to support:

- 30 000 refugees and impacted host community residents reached by health promotion activities on the Mental Health & Psychosocial Support Network (MHPSS) through psychoeducation in partnership with Primary Health Care (PHC) and refugee communities
- 5 000 MHPSS consultations provided in migrant health centers and host community clinics
- 3 000 information, education and communication products on MCH delivered

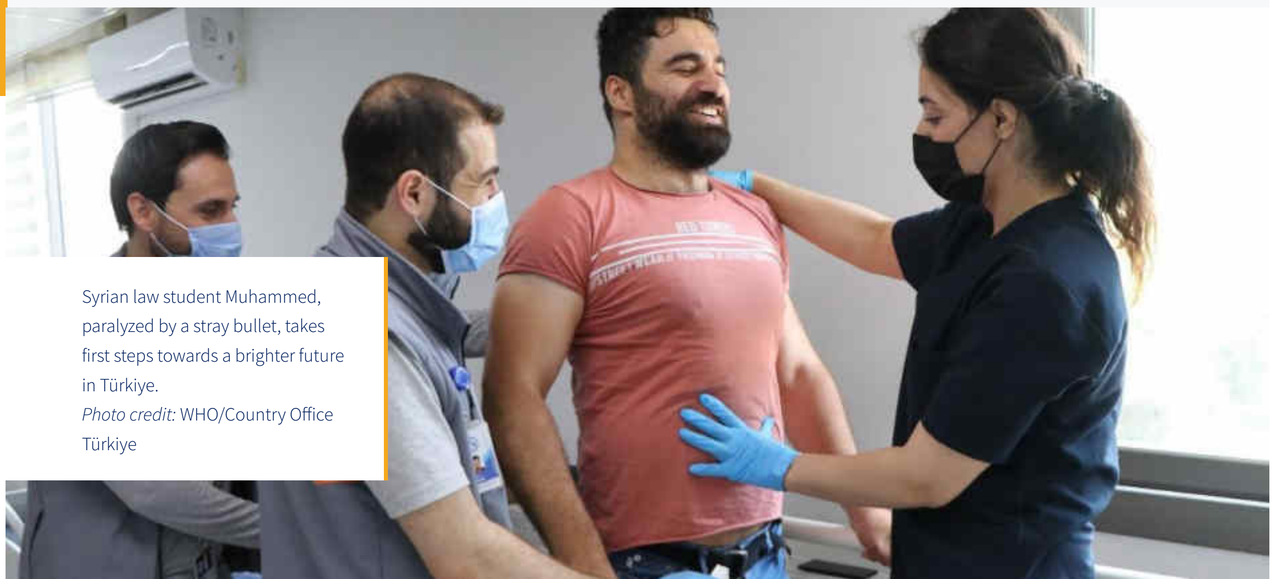
Two Community Health Support Staff walking in the narrow street of İzmir's Bayraklı neighborhood where Syrian refugees reside

Photo credit: WHO/Tunc Ozceber

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	280	1 613	1 893
P2. Risk communication and community engagement	679	778	1 457
P3. Surveillance, case investigation and contact tracing	-	3 612	3 612
P4. Travel, Trade and Points of entry	-	54	54
P5. Diagnostics and testing	1 721	-	1 721
P6. Infection prevention and control	-	626	626
P7. Case management and therapeutics	482	2 764	3 245
P8. Operational support and logistics	64	13 102	13 166
P9. Essential health systems and services	193	14 871	15 063
P10. Vaccination	3 424	4 109	7 533
P11. Research, innovation and evidence	-	931	931
Total funding requirements	**6 843**	**42 460**	**49 303**



Syrian law student Muhammed, paralyzed by a stray bullet, takes first steps towards a brighter future in Türkiye.
Photo credit: WHO/Country Office Türkiye

SUCCESS STORIES

PROVIDING MEDICAL TREATMENT FOR PARALYSIS

28-year-old Muhammed was a law school sophomore in Aleppo, the Syrian Arab Republic. One day, he was shot in the back by a stray bullet, which damaged his spine and left him paralyzed. However, with the help of WHO's Türkiye's Refugee Health Programme, Muhammed was able to access much-needed medical treatment for his paralysis at the Refugee Health Training Centre (RHTC) in Izmir.

Initially, Muhammed was visited regularly at his home by a doctor and a social services expert from the Center. Together, they evaluated his health condition and addressed any rights-based issues from a holistic perspective. This initial evaluation determined that Muhammed was unable to visit the Migrant Health Centre in Izmir regularly, due to his condition, so a special Community Health Support Staff (CHSS) team was assigned to visit him regularly at his home, monitor his health and provide basic services.
In 2020, Muhammed became eligible for rehabilitation services under a new pilot project called the Active Life Centre (ALC) in Izmir. To make his commute to the ALC as smooth as possible, Muhammed was accompanied by two CHSS members who assisted him during pick-ups and drop-offs with the RHTC vehicle.

"With persistent exercise, Muhammed not only gained control of his muscles but also gained a lot of confidence. He pushed himself to take his first steps while holding on strongly to the parallel bars to steady himself," said Elif Canbolant, a physiotherapist at the ALC, highlighting the importance of the individually designed rehabilitation program, which includes a focus on mental health.

FOR MORE INFORMATION
Batyr BERDYKLYCHEV | WHO Representative, WHO Office Türkiye | berdyklychevb@who.int

UKRAINE

AND REFUGEE RECEIVING AND HOSTING COUNTRIES

GRADE 3 EMERGENCY

Ukraine

People affected

17.6 MILLION[1]

People targeted

9.4 MILLION[2]

People in need of health assistance

16.6 MILLION (PROVISIONAL ESTIMATES)

People targeted for health assistance

7.8 MILLION (PROVISIONAL ESTIMATES)

Refugee receiving and hosting countries

People in need
(overall humanitarian assistance)

4.2 MILLION[3]

People targeted
(overall humanitarian assistance)

4.2 MILLION[4]

Financial requirements for Ukraine and Refugee receiving and hosting countries

Requirements (US$)

253 MILLION

[1] UKR HRP

[2] The total number of people targeted in Ukraine and refugee-receiving countries are estimated to be between 11-13 million people. However, due to the circular movements of refugees, impact figures in refugee-receiving countries may vary and are therefore not included in the target.

[3] Regional Refugee response plan

[4] Regional Refugee response plan

CONTEXT

Since the start of the crisis in Ukraine, over 14.5 million refugees have crossed the borders to other countries, with over 7.9 million still residing in refugee-hosting countries (UNHCR January 2023). Within Ukraine, around 6.24 million people are still internally displaced (OCHA updated Sept 2022). There have been approximately 17 994 civilian casualties, with 11 075 injuries and 6 919 deaths recorded by the Office of the United Nations High Commissioner for Human Rights (OHCHR) as of January 2023.

The crisis remains acute, warranting continued response from the humanitarian community within Ukraine as well as regionally and globally. From October 2022, critical civil infrastructure was increasingly targeted, including electricity and water in several major cities such as Kyiv, Lviv and Dnipro, reducing access to health care and requiring enhanced emergency medical support. This is in addition to the continued lack of access in areas under the temporary military control by the Russian Federation and the areas of Donetska and Luhanska oblasts not under the control/beyond the control of the Government of Ukraine since 2014.. Access is further disrupted due to the continuing attacks on health care. As of January 2023, WHO has verified a total of 745 attacks on health care, resulting in 131 injuries and 101 deaths.

From early September 2022, territory has been retaken in Kharkivska, Donetska and Khersonska Oblasts. According to the Ministry of Health, health care facilities in areas that have been retaken have suffered significant damage, with some completely destroyed, smaller health facilities heavily mined and a reduction of approximately half of the health personnel. One of the main critical needs is the provision of medicines and medical assistance to people with chronic diseases who have been deprived of access to health care for months.

At the regional level, hundreds of thousands of Russian nationals are leaving the Russian Federation for countries such as Kazakhstan, Georgia, Armenia and others to avoid conscription. Additionally, within Ukraine and other affected countries, other challenges include the upcoming winter, increasing scarcity and cost of fuel, continued threats such as COVID-19 and a radio nuclear event, causing more complexity to an already complicated situation. Each of these could lead to further displacement internally within Ukraine and cross-border to surrounding countries, placing further strain on already overstretched health care systems. As refugees stay longer in host countries, they face an increased risk of discrimination, the potential reduction or loss of the Temporary Protection Directive (TPD), barriers to accessing health care (i.e., financial, linguistic, cultural), administrative hurdles, and a lack of information on entitlements and worsening living conditions. At the global level, the reduction in distribution of and access to grain from Ukraine is severely impacting and affecting access to nutrition for populations across the globe in other regions and indicates to severe health concerns to come.

RESPONSE STRATEGY

WHO has been responding to the crisis in Ukraine since 24 February 2022, including providing support to the refugee receiving countries by activating the WHO emergency response mechanism across all 3 levels of the organization. This includes emergency funding, scaling-up emergency operations within Ukraine, sending rapid response teams to neighboring countries and setting up a field hub for refugee operations in Poland.

WHO is committed to being in Ukraine and the refugee receiving countries both now and in the longer term. WHO will work to address immediate health challenges and humanitarian needs and support recovery and strengthening of health systems in line with the Ukraine Crisis Strategic Response Plan (SRP).

Overall, WHO will take a health systems approach focused on resilience, with the ability to be flexible and adapt to prepare, respond, and recover according to the rapidly changing situation. WHO's approach will be in line with the Humanitarian Response Plan (HRP) being developed in Ukraine for 2023 by OCHA and in the refugee receiving and hosting countries by UNHCR'S 2023 Regional Refugee Response Plan (RRRP).

In Ukraine, WHO will continue with existing response priorities committed to the Ministry of Health (MoH) and included in the SRP for 2022 by using the area-based approach , as appropriate for each location. In addition, WHO will provide contingency planning and services for other risks such as intensification of fighting, winterization, radio nuclear events and outbreaks of epidemic-prone diseases. To operationalize the response, WHO has decentralized its approach through the activation of six hubs to operate close to areas with the biggest needs and vulnerabilities (Dnipro, Vinnytsia, Odesa, Kyiv, Poltava and Lviv). From these hubs, WHO will:

- Conduct assessments and gather critical health information for national decision-making
- Coordinate partners, conduct training, deploy mobile clinics and provide hands-on technical support to the government on areas such as mental health and psychosocial support, immunizations, trauma, rehabilitation, TB and HIV, NCDs and protection from sexual exploitation and abuse (PSEA) and GBV
- Provide risk communication messages and deliver lifesaving supplies

While continuing with the emergency response, the government of Ukraine is preparing for recovery and reconstruction for all sectors of the economy, including health. WHO and partners will support this process and facilitate multi-sectoral recovery planning for national authorities and the international community, ensuring that the health and well-being of Ukrainians is placed at the center of all post-war recovery strategies.

Across refugee-receiving countries, WHO has significantly scaled up their country offices to support governments to provide access to health services via a health system's approach. This includes coordination of health actors and policy dialogue, supporting financing mechanisms to ensure access to the EU Temporary Protection Directive, gathering of health information and establishing early warning surveillance systems, purchasing arrangements and supplies including vaccines, human resources for health focusing on training and integrating Ukrainian health workers into the health system, and health service delivery interventions.

WHO will continue these activities, targeting the most vulnerable populations in refugee and host communities. This will include:

- Addressing discrimination and enhancing understanding of the situation through surveys on access and utilization of care
- Addressing known barriers to access as described in health assessments
- Strengthening the overall health system's capacity to provide support for refugees and migrants under the WHO Global Action Plan for promoting the health of refugees and migrants
- Conducting contingency planning and preparedness for an increased influx of refugees, winterization, outbreaks of epidemic-prone diseases and additional health threats such as radio-nuclear emergencies

Natalia and her 12-year-old son Jaroslav (a young patient with Byler disease in need of liver transplantation), on the eve of their MEDEVAC transfer to Sweden

Photo credit: WHO/Agata Grzybowska

KEY ACTIVITIES

- Support the safety and security of WHO staff
- Provide access to life-saving essential health services, access to emergency and essential health services and priority disease control and prevention programmes, emergency health information and surveillance for evidence-based decision-making in health
- Deliver effective leadership and coordination of humanitarian health interventions and laying the foundation for longer-term health systems recovery and strengthening
- Apply a flexible approach as the situation changes by responding to needs in newly-retaken areas through joint UN-OCHA coordinated humanitarian convoys (providing essential services/trauma support and emergency medical supplies), mobilizing support to recently/continuously targeted areas across Ukraine, medevac and patient repatriation (including rehabilitation), coordination, capacity building and technical support to manage technological or CBRN (chemical, biological, radiological & nuclear) hazards
- Support the health system during the winter months with power generators and heating devices for health facilities, repairs of centers for disease control infrastructure, strengthening surveillance, lab equipment and risk communication for respiratory diseases (COVID-19 and seasonal influenza) and continuity of essential health services (uninterruptible power supply devices, oxygen supply and infection prevention and control)
- Support the health response in refugee receiving and hosting countries, including:
- Strengthen and support health leadership and governance through coordination of health partners and the development of health policies and plans inclusive of refugees
- Strengthen health information management, conduct assessments and surveys to highlight barriers to access and utilization of health care, surveillance and EWARS
- Deliver immediate emergency care through the national health system, EMTs or NGOs
- Continue essential healthcare for priority communicable and non-communicable diseases, SRH (including maternal and newborn health and GBV), child and adolescent health
- Prevention and control of epidemic prone diseases and spread of communicable diseases, particularly vaccine preventable and respiratory (COVID-19 and influenza) diseases, and technological or CBRN hazards
- Train health workers on culturally sensitive and appropriate health care for refugees and find solutions to incorporate refugees into the health workforce
- Provide essential medical supplies and equipment
- Provide services for Mental health and psychosocial support (MHPSS), protection from sexual exploitation and abuse (PSEA) and include risk communication and community engagement (RCCE) in all programs to enhance access and utilization of health services

Paramedics from HUMANOSH team transporting patients to the Norwegian MEDEVAC aircraft, Rzeszów Airport

Photo credit: WHO/Agata Grzybowska

STRATEGIC OBJECTIVES - UKRAINE

STRATEGIC OBJECTIVE 1

Strengthen trauma and emergency medical services including control and prevention of infectious outbreaks in clinical settings

- Strengthen humanitarian health response and emergency medical services in hospital, surgical, EMT/EMS and/or mobile healthcare contexts through inter alia reinforcement of the disaster medicine capacity and creation of national emergency medical teams
- Provide life-saving medicines, medical supplies, equipment, and training
- Implement infection prevention and control (IPC) clinical bundles, programmes, and protocols
-
- Response readiness for chemical, biological and radio-nuclear (CBRN) emergencies
- Support post traumatic rehabilitation services for people injured or affected by the war
- Support protection and rehabilitation services for survivors of sexual abuse and violence

STRATEGIC OBJECTIVE 2

Enable access to PHC services and continuity of care for people suffering from infectious and chronic non-communicable diseases in conflict-affected areas, at-risk of or impacted by service disruptions

- Provide technical support and develop referral pathways to detect, manage and/or rapidly respond to critical infectious diseases and non-communicable conditions in humanitarian contexts, as well as life-saving maternal and reproductive health interventions in clinical settings
- Provide essential medicines, medical supplies, equipment, and technical/operational assistance including training
- Support mental health and psychosocial interventions for conflict-affected and/or at-risk populations including frontline health workforce, through inter alia necessary assistance for implementation of the national action plan for mental health
- Advocacy, communication, and community sensitization to reduce risks, prevent, disease, navigate health services and promote health seeking behaviors including for prevention and management of infectious and non-communicable diseases

STRATEGIC OBJECTIVE 3

Lead effective coordination of humanitarian interventions, assessments, and information management in public health

- Health cluster/sector coordination systems are established, key capacities activated at the national and regional levels including for MHPSS and PRSEAH, and regular updates provided to government and health partners on needs, constraints and priorities.
- Strengthen information management and intelligence in public health through health needs and impact assessments, monitoring drivers of morbidity/mortality and health facilities mapping by type of service packages

STRATEGIC OBJECTIVE 4

Galvanize emergency recovery and resilience of public health systems through priority clinical, healthcare and preparedness activities

- Facilitate health services reinforcement and resilience building
- Support national laboratory and surveillance systems to detect and monitor outbreaks and other life-threatening conditions
- Support policy reforms in public health to enable response readiness and foster systemic resilience
- Strengthen core IHR capacities in priority areas
- Support recovery of health governance capacities and systems

STRATEGIC OBJECTIVES – REFUGEE RECEIVING COUNTRIES

STRATEGIC OBJECTIVE 1

Health leadership and governance mechanisms are streamlined and reinforced

- Develop or strengthen health sector policies and regulations that are inclusive of refugees, response and contingency plans in coordination with all relevant ministries
- Programme expansion and scale up of operational services
- Support interagency coordination mechanisms, including health sector working groups
- Support thematic working groups, such as MHPSS, SRH, GBV, PSEAH, information management, and RCCE, as appropriate

STRATEGIC OBJECTIVE 2

Financial barriers to healthcare access of refugees are reduced or removed

- Reduce or eliminate financial barriers (direct and indirect costs) to accessing health services, and to medicines and medical products
- Extend entitlement to the full range of publicly financed health services to refugees
- Integrate the purchasing of health services for refugees into existing contracting and payments systems
- Support timely and effective delivery of services to refugees through bespoke operational assistance programmes
- Support simplification of registration processes for refugees and remove administrative and communication barriers in healthcare access

STRATEGIC OBJECTIVE 3

Access to adapted and appropriate primary and emergency healthcare services for refugees regardless of legal status

- Facilitate systematic access to health care including for sexual and reproductive health (SRH), emergency treatment, referral, and continuity of essential health services (including for NCD, TB and HIV) through existing systems, EMTs and international and local NGOs
- Provide information, health education to refugees and training of health workers to provide adapted and appropriate health services to address barriers such as institutional and administrative, language and cultural, transportation and financial
- Provide information and support to develop referral pathways for refugees on health care services and entitlements in host countries
- Policy guidance and technical support to assess and address emerging health needs of Ukrainian refugee populations
- Provide preventive care, early detection and response for vaccine preventable diseases such as measles, polio and COVID-19 through health messaging, risk communication and community engagement and targeted advocacy interventions and strengthening the early warning and response systems
- Response readiness for chemical, biological and radio nuclear (CBRN) emergencies
- Support mental health and psychosocial services, including psychological first aid, referral pathways, capacity-building and clinical management
- Provide technical support, training and supplies as needed to ensure referral and medical evacuation pathways exist and are resourced
- Strengthen emergency medical, surgical and obstetric care
- Strengthen trauma care and rehabilitation through capacity-building, including through deployed EMTs and EMTCCs

Cross-cutting Priorities: Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) and Risk Communication and Community Engagement (RCCE)

- Integrate SEAH risk mitigation and prevention measures in the response operations
- Provide health information, support patient referrals to essential healthcare and mental health services including information on healthcare entitlements in refugee receiving countries as well as promote health-seeking behaviours of refugees

On 13 May 2022, WHO biomedical engineer Dmytro Osin inspects ambulances that were recently delivered to the WHO warehouse in Lviv, Ukraine.

Photo credit: WHO / Christopher Black

STRATEGIC OBJECTIVES – REFUGEE RECEIVING COUNTRIES

STRATEGIC OBJECTIVE 4

Information management and surveillance is reinforced for evidence-based decision making in public health

- Needs assessments, health situational and risk analyses to understand the needs, health status and potential health risks of refugees
- Conduct RCCE situational analyses and social listening/feedback activities
- Monitor and evaluate access to/ utilization of health services, gaps, and barriers, especially among vulnerable populations
- Inclusion of refugees into health information systems including disaggregation by status and confidentiality and protection of refugee data
- Conduct targeted research activities for innovation and evidence-based decision making in public health
- Support national health systems to set up early warning mechanisms for strengthening surveillance that can detect and respond to potential threats in public health

STRATEGIC OBJECTIVE 5

Equitable access to essential medical products, vaccines, and technologies to vulnerable refugee populations

- Provide equitable access to medicines, medical supplies, vaccines and equipment of assured quality, safety, efficacy and cost effectiveness and their scientifically sound and cost-effective use
- Provide information and support to refugees and training to health workers to provide health education and heath literacy for effective and appropriate use of medicines and to remove financial and administrative barriers
- Support the government to develop or update policies for the use of medications formally not used such as TB and HIV medications.

STRATEGIC OBJECTIVE 6

Health workforce is supported and strengthened to provide healthcare services to refugees

- Support national action planning exercises for continuity of services post phase out of voluntary responses
- Provide training and support to detect and respond to GBV, SEAH and SRH
- Provide training, guidance and tools for health workers working with refugees including through WHO's Global Competency Standards for refugee and migrant health to provide people-centred and culturally sensitive
- Provide additional roles to the health workforce including interpreters and cultural mediators
- Provide options to support the government to include refugees into the health workforce
- Develop technical capacities for effectively responding to chemical, biological and radio nuclear (CBRN) emergencies including risk assessments and laboratory support
- Provide MHPSS and staff support to avoid stress and burnout

Cross-cutting Priorities: Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) and Risk Communication and Community Engagement (RCCE)

- Integrate SEAH risk mitigation and prevention measures in the response operations
- Provide health information, support patient referrals to essential healthcare and mental health services including information on healthcare entitlements in refugee receiving countries as well as promote health-seeking behaviours of refugees

In Kharkiv the bombardment began on the first day of the war, February 24. Health workers moved their patients, their beds, their equipment and themselves down to the bomb shelters built in the basements decades before during the cold war era. They thought it was a temporary measure but now 100 days later, those bomb shelters are home to entire hospitals.

Photo credit: WHO / Anne Pellichero

SUCCESS STORIES

OPERATIONAL UPDATE FROM THE FIELD ON BUILDING NATIONAL SURGE CAPACITIES IN MASS CASUALTY COORDINATION THROUGH EMT TRAININGS

Mass casualty management (MCM) addresses health personnel coordination and actions in an emergency unit in the first 30 minutes after a mass casualty incident has been declared. Effective MCM requires a complex partnership involving the MoH, relevant government sectors, agencies, private sector, and others, to reduce the impacts and adverse outcomes of mass casualty incidents. MCM trainings have been regularly carried out in various oblasts across Ukraine. Three MCM trainings were conducted in the last week of August in the Zhytomyr and Cherkasy oblasts, with more than 150 attendees each.

From April to June 2022 the WHO EMT Secretariat, together with WHO in Kazakhstan and the Republic of Moldova, delivered a series of courses on mass casualty management, focusing on the coordination process. The courses aimed to transfer knowledge and skills to local EMT health workers and help them to manage patients in mass casualty events, both before and after admission to hospital.

Modules were contextualized and adapted for each country, with theoretical and practical sessions demonstrating how to efficiently provide pre-hospital and hospital responses to emergency situations when the number of seriously injured patients exceeds available resources. This gave participants the opportunity to review and update their teams' emergency plans for mass casualty response. The globally standardized ABCDE (Airway, Breathing, Circulation, Disability, Exposure) clinical management approach was also covered.

The training was provided by a joint team of instructors, which included WHO staff and doctors from Ukraine and the Republic of Moldova. The participants included doctors, nurses, engineers and administrators from the pre-hospital sector and hospital departments, including emergency medicine, trauma care, intensive care and surgery.

FOR MORE INFORMATION
Heather Papowitz | Incident Manager | WHO EURO | papowitzh@who.int

WHO FUNDING NEEDS IN UKRAINE

Overall country funding requirements, including COVID-19, by pillar (US $ million).

Specific objective 1: Strengthen trauma and emergency medical services including control and prevention of infectious outbreaks in clinical settings	
Strengthen humanitarian health response and emergency medical services in hospital, surgical, EMT/EMS and/or mobile healthcare contexts through inter alia reinforcement of the disaster medicine capacity and creation of national emergency medical teamsP3. Surveillance, case investigation and contact tracing	$14,200,000
Provide life-saving medicines, medical supplies, equipment, and training	$60,000,000
Implement infection prevention and control (IPC) clinical bundles, programmes, and protocols	$4,000,000
Response readiness for chemical, biological and radio-nuclear (CBRN) emergencies	$5,000,000
Support post traumatic rehabilitation services for people injured or affected by the war	$2,000,000
Support protection and rehabilitation services for survivors of sexual abuse and violence	$2,000,000
SPECIFIC OBJECTIVE 1	US$74,200,000

Specific Objective 2: Enable access to PHC services and continuity of care for people suffering from infectious and chronic non-communicable diseases in conflict-affected areas, at-risk of or impacted by service disruptions	
Provide technical support and develop referral pathways to detect, manage and/or rapidly respond to critical infectious diseases and non-communicable conditions in humanitarian contexts, as well as life-saving maternal and reproductive health interventions in clinical settings	$6,500,000
Provide essential medicines, medical supplies, equipment, and technical/operational assistance including training	$49,600,000
Support mental health and psychosocial interventions for conflict-affected and/or at-risk populations including frontline health workforce, through inter alia necessary assistance for implementation of the national action plan for mental health	$7,500,000
Advocacy, communication, and community sensitization to reduce risks, prevent disease, navigate health services and promote health-seeking behaviours, including for prevention and management of infectious and non-communicable diseases	$1,200,000
SPECIFIC OBJECTIVE 2	**US$64,800,000**

Specific objective 3: Lead effective coordination of humanitarian interventions, assessments, and information management in public health	
Health cluster/sector coordination systems are established, key capacities activated at the national and regional levels including for MHPSS and PSEAH, and regular updates provided to government and health partners on needs, constraints and priorities	$3,000,000
Strengthen information management and intelligence in public health through health needs and impact assessments, monitoring drivers of morbidity/mortality, and health facilities mapping by type of service packages	$3,000,000
SPECIFIC OBJECTIVE 3	**US$5,000,000**

WHO FUNDING NEEDS IN UKRAINE

Specific objective 4: Galvanize emergency recovery and resilience of public health systems through priority clinical, healthcare and preparedness activities	
Facilitate health services reinforcement and resilience building	$4,500,000
Support national laboratory and surveillance systems to detect and monitor outbreaks and other life-threatening conditions	$7,000,000
Support policy reforms in public health to enable response readiness and foster systemic resilience	$2,500,000
Strengthen core IHR capacities in priority areas	$1,000,000
Support recovery of health governance capacities and systems	$1,000,000
SPECIFIC OBJECTIVE 4	**US$16,000,000**

WHO FUNDING NEEDS IN REFUGEE RECEIVING COUNTRIES

Specific objective 1: Streamline and reinforce Health leadership and governance mechanisms	
Develop or strengthen health sector policies and regulations that are inclusive of refugees, response, and contingency plans in coordination with all relevant ministries	$1,874,003
Programme expansion and scale up of operational services	$475,635
Support interagency coordination mechanisms, including health sector working groups	$1,735,117
Support thematic working groups, such as MHPSS, SRH, GBV, PSEAH, information management, and RCCE, as appropriate	$639,254
SPECIFIC OBJECTIVE 1	**$4,724,009**

Specific objective 2: Reduce and remove financial barriers to healthcare access of refugees	
Reduce or eliminate financial barriers (direct and indirect costs) to accessing health services, and to medicines and medical products	$9,513
Extend entitlement to the full range of publicly financed health services to refugees	$190,254
Integrate the purchasing of health services for refugees into existing contracting and payments	$17,123
Support timely and effective delivery of services to refugees through bespoke operational assistance programmes	$228,305
Support simplification of registration processes for refugees and remove administrative and communication barriers in healthcare access	$190,254
SPECIFIC OBJECTIVE 2	**$635,449**

Specific objective 3: Strengthen access to adapted and appropriate primary and emergency healthcare services for refugees regardless of legal status	
Facilitate systematic access to health care including for sexual and reproductive health (SRH), emergency treatment, referral, and continuity of essential health services (including for NCD, TB and HIV) through existing systems, EMTs and international and local NGOs	$14,276,809
Provide information and health education to refugees, and training of health workers to provide adapted and appropriate health services to address barriers such as institutional and administrative, language and cultural, transportation and financial	$2,351,407
Provide information and support to develop referral pathways for refugees on health care services and entitlements in host countries	$3,548,239
Policy guidance and technical support to assess and address emerging health needs of Ukrainian refugee populations	$3,786,056
Provide preventive care, early detection and response for vaccine preventable diseases such as measles, polio and COVID-19 through health messaging, risk communication and community engagement and targeted advocacy interventions, and strengthening the early warning and response systems.	$2,739,659
Response readiness for chemical, biological and radio nuclear (CBRN) emergencies	$665,880
Support mental health and psychosocial support services, including psychological first aid, referral pathways, capacity-building and clinical management	$7,172,579
Provide technical support, training and supplies as needed to ensure referral and medical evacuation pathways exist and are resourced	$14,288,082
Strengthen emergency medical, surgical and obstetric care	$266,355
Strengthen trauma care and rehabilitation through capacity-building, including through deployed EMTs and EMTCCs	$1,065,422
SPECIFIC OBJECTIVE 3	**$50,160,488**

WHO FUNDING NEEDS IN REFUGEE RECEIVING COUNTRIES

Specific objective 4: Reinforce information management and surveillance for evidence-based decision-making in public health	
Needs assessments, health situational and risk analyses to understand the needs, health status and potential health risks of refugees	$ 1,502,542
Conduct RCCE situational analyses and social listening/feedback activities	$850,143
Monitor and evaluate access to/utilization of health services, gaps, and barriers, especially among	$2,016,000
Inclusion of refugees into health information systems including disaggregation by status, and confidentiality and protection of refugee data	$466,693
Conduct targeted research activities for innovation and evidence-based decision-making in public	$360,508
Support national health systems to set up early warning mechanisms for strengthening surveillance that can detect and respond to potential threats in public health	$1,301,291

SPECIFIC OBJECTIVE 4 $6,497,177

Specific objective 5: Support equitable access to essential medical products, vaccines, and technologies for vulnerable refugee populations	
Provide equitable access to medicines, medical supplies, vaccines and equipment of assured quality, safety, efficacy and cost-effectiveness and their scientifically sound and cost-effective use	$20,145,223
Provide information and support to refugees and training to health workers to provide health education and heath literacy for effective and appropriate use of medicines and to remove financial and administrative barriers	$4,040,502
Support the government to develop or update policies for the use of medications not previously used such as TB and HIV medications	$2,012,262

SPECIFIC OBJECTIVE 5 $26,197,987

Specific objective 6: Support and strengthen health workforce to provide healthcare services to refugees	
Support national action planning exercises for continuity of services post phase-out of voluntary responses	$502,224
Provide training and support to detect and respond to GBV, SEAH and SRH	$700,950
Provide training, guidance and tools for health workers working with refugees including through WHO's Global Competency Standards for refugee and migrant health to provide people-centred and culturally sensitive care	$1,115,073
Provide additional roles to the health workforce including interpreters and cultural mediators	$234,583
Provide options to support the government to include refugees into the health workforce	$527,812
Develop technical capacities for effectively responding to chemical, biological and radio nuclear (CBRN) emergencies including risk assessments and laboratory support	$152,204
Provide MHPSS and staff support to avoid stress and burnout	$410,520

SPECIFIC OBJECTIVE 6 $3,643,366

Cross-cutting Priorities: Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) and Risk Communication and Community Engagement (RCCE)	
Integrate SEAH risk mitigation and prevention measures in the response operations	$703,940
Provide health information, support patient referrals to essential healthcare and mental health services including information on healthcare entitlements in refugee receiving countries as well as promote health-seeking behaviors of refugees	$437,584

CROSS-CUTTING PRIORITIES $1,141,524

US$ 93,000,000.00

SOUTH-EAST ASIA REGION

World Health Organization

COX'S BAZAR, BANGLADESH

People in need of health assistance:

1.4 MILLION[1]

Requirements (US$)

12.2 MILLION

CONTEXT

In the fifth year since the largest influx into Cox's Bazar, close to 1 million Rohingya refugees (Forcibly Displaced Myanmar Nationals (FDMN)) now reside in one of the world's largest refugee camps in Ukhiya and Teknaf Upazilas. There are approximately an additional 540 000 Bangladeshi nationals living in the two Upazilas, bringing the total population in the two Upazilas to 1.44 million people who require humanitarian support. While there have been various efforts to address the living conditions in these densely populated camps, the overcrowding continues to expose them to significant public health risks, greatly impacting health care services in the camps and surrounding host communities. WHO continues to coordinate over 70 health sector partners who operate in over 140 health care facilities in the 33 camps in the two Upazilas. WHO supports the Ministry of Health and Family Welfare (MoHFW) with the mandate and capacity to set priorities, minimum standards and support quality health service delivery.

As of August 2022, COVID-19 vaccination coverage for both refugee and host populations in the refugee camps was 83% for persons 18 years and older and children aged 12-17 years. Other disease outbreaks, however, continue to be registered in the camps due to the challenging living conditions and low levels of immunity. Thus, the risk of impending outbreaks in these endemic and conducive settings remains high. This includes cases of scabies which have recently been brought under control; dengue fever with high transmission rates; diphtheria (there have been a total of 251 cases since December 2017 as of 2022, with gaps in the supply of diphtheria antitoxin and PCR testing kits) and cholera, despite several vaccination campaigns. However, mortality rates have been kept to a low level or zero.

WHO is supporting COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox's Bazar, Bangladesh.

Photo credit: WHO / Blink Media – Fabeha Monir

[1]Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.

RESPONSE STRATEGY

WHO has been supporting the Government of Bangladesh to respond to the COVID-19 outbreak through a well-established pillar response system in line with national and global structures, while continuing to deliver an effective health response to Rohingya refugees. This is being undertaken through increased investment in public and local institutions and capacity development of local authorities, in addition to that of partners.

WHO's response strategy for 2022 and beyond will follow this approach. The strategy is aligned with the overall Health Sector Strategy 2023-2024 and aims to address key response areas based on health sector priorities highlighted by the Strategic Advisory Group and the Joint Response Plan 2022. These are based on multisectoral needs assessments, a comprehensive gender analysis of Rohingya refugees and host communities in Cox's Bazar (as of March 2022), and the WHO Health Resources Availability and Monitoring System (HeRAMS) 2022, an electronic system for assessing the availability of medical services. Based on changing needs, the preparedness and response plans will be revised and updated. Key focus areas, in collaboration with the water, sanitation and hygiene (WASH) and site management sectors, include the containment of persistent acute watery diarrhea (AWD), and cholera and dengue fever transmissions and outbreaks. WHO will also continue to coordinate the health sector and protect refugees from COVID-19, monitor essential health service delivery in camps and host communities, and contribute to streamlining efforts in the camps. This will ensure the sustainability of interventions and benefit Rohingya refugees and host communities, while contributing to building resilient systems for future unforeseen events and emergencies.

In addition, WHO will continue to train government personnel and health care workers from partner organizations on a range of health topics, including surveillance, laboratory diagnostics and case management for neglected tropical diseases, and will continue to conduct risk assessments and reviews of response interventions.

Furthermore, WHO will continue to monitor reporting of data collection and monitoring tools; disseminate information products, and conduct training to improve the quality of information shared with partners. This will include ensuring that a robust system for prevention, early detection and response to outbreak-prone diseases, through Early Warning, Alert and Response System (EWARS), and community-based surveillance, is being maintained and strengthened. EWARS is an electronic system for effective disease surveillance to detect disease outbreaks quickly before they spread, cost lives and become difficult to control.

KEY ACTIVITIES

- Support preparedness and the response to infectious pandemic and epidemic-prone diseases (e.g., cholera, dengue fever, diphtheria and COVID-19) for Rohingya refugees and the surrounding host population
- Strengthen surveillance systems, including sentinel surveillance
- Integrate Influenza Like Illness (ILI) into Severe Acute Respiratory Infections (SARI) surveillance
- Strengthen contact tracing for diphtheria and COVID-19 response
- Support the procurement of rapid diagnostic tests (RDT) test kits for dengue fever and diphtheria
- Support the sustaining and scaling up of epidemiological surveillance and response activities and trigger a response for other prioritized epidemic-prone infectious diseases within the camps and the surrounding host population
- Focus on capacity-building of health care workers and develop surveillance protocols and standard operating procedure to guide readiness and response plans, through needs-assessment informed training and monitoring supervision to ensure quality implementation

WHO is supporting COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox's Bazar, Bangladesh.

Credit: WHO / Blink Media – Fabeha Monir

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Coordination

- Sustain a streamlined and coordinated health sector response to disease outbreaks and other health-related hazards and reaffirm multisectoral partnerships
- Health sector partners will be supported with strategic guidance, technical support, evidence-based information and advocacy for the humanitarian health response

STRATEGIC OBJECTIVE 2

Preparedness and response

- Prepare for, prevent and provide a timely response to outbreaks of communicable diseases and other health-related hazards, including for periods of increased risk during monsoon and cyclone seasons
- At least 80% of all locations hosting Rohingya refugees (camps and/or other locations within Bangladesh) will be supported with epidemiological surveillance in 2023
- 250 health care workers, surveillance and reporting officers will be trained to prepare for and respond to disease outbreaks in 2023
- Diagnostic and emergency health kits will be procured and distributed to at least 120 health facilities, supported by 77 health sector partners and/or the government in the hosting communities in 2023

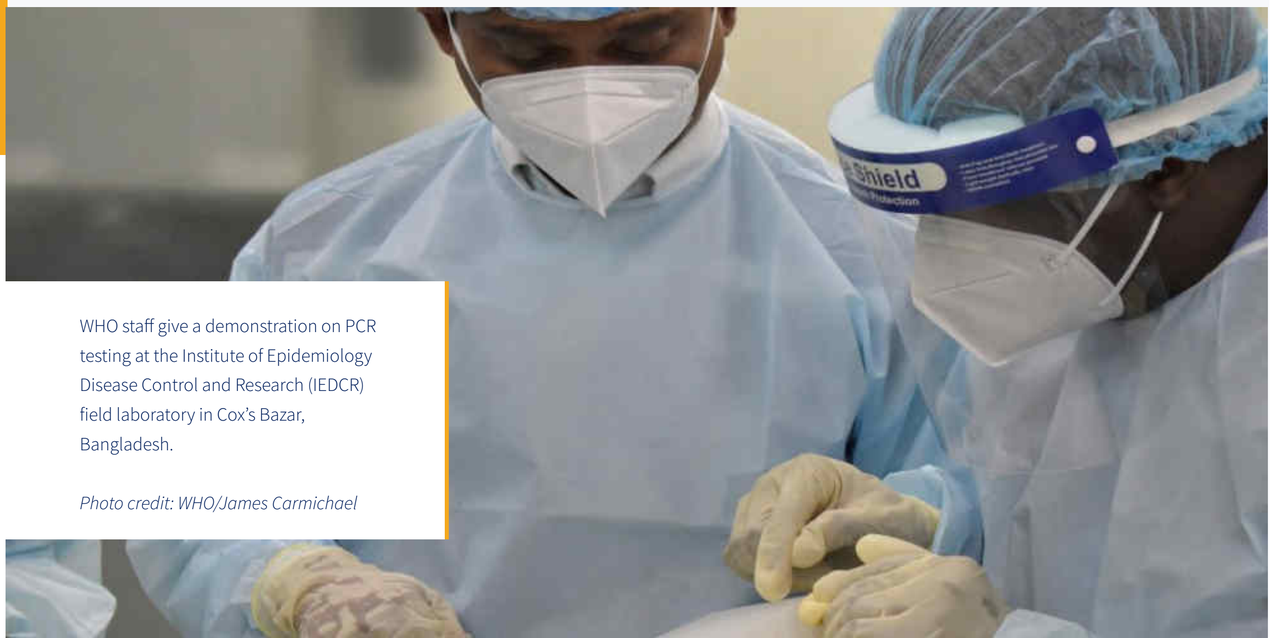
WHO is supporting COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox's Bazar, Bangladesh..

Photo credit: WHO / Blink Media – Fabeha Monir

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	423	-	423
P2. Risk communication and community engagement	37	21	59
P3. Surveillance, case investigation and contact tracing	187	583	770
P4. Travel, Trade and Points of entry	273	-	273
P5. Diagnostics and testing	1 070	268	1 338
P8. Operational support and logistics	75	-	75
P9. Essential health systems and services	696	-	696
P10. Vaccination	8 025	-	8 025
P11. Research, innovation and evidence	585	-	585
Total Funding Requirements	**11 371**	**872**	**12 243**



WHO staff give a demonstration on PCR testing at the Institute of Epidemiology Disease Control and Research (IEDCR) field laboratory in Cox's Bazar, Bangladesh.

Photo credit: WHO/James Carmichael

SUCCESS STORIES

WHO DELIVERS ESSENTIAL ACTION ON SCABIES IN THE ROHINGYA DISPLACEMENT CAMPS

In early 2022, health facilities in the Rohingya displacement camps began reporting an alarming increase in skin disease cases, particularly scabies. WHO acted immediately, and alongside partners completed a community mapping project that identified scabies as having crossed the 10% transmission threshold for mass drug administration intervention. WHO worked with partners to strengthen the management system, improve community awareness and ensure a quality WASH response. By June 2022, scabies cases had

SUCCESS STORIES

WHO'S EARLY WARNING SYSTEM INTEGRATES WITH BANGLADESH'S NATIONAL REPORTING PLATFORM

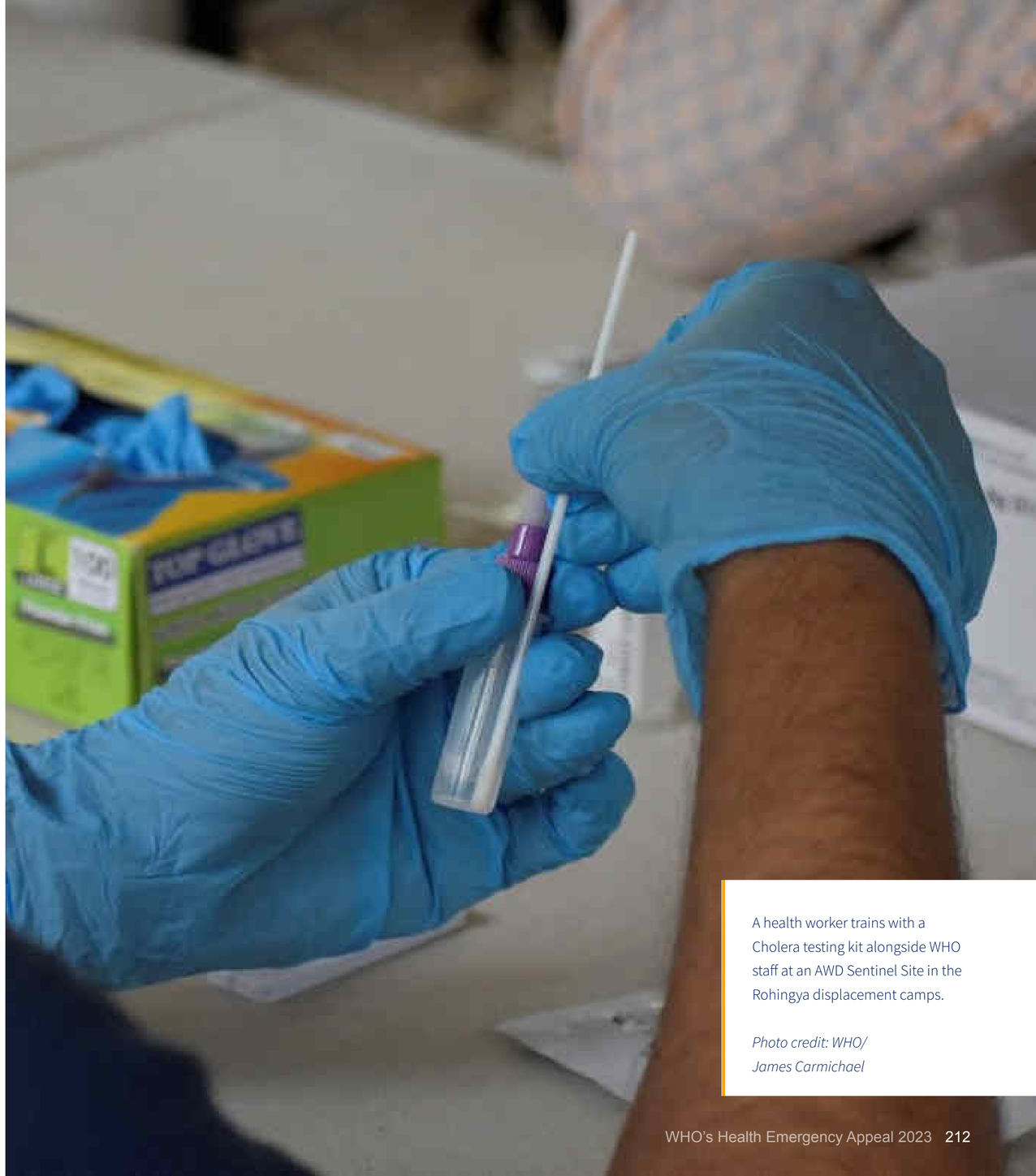
Areas that are most in need of an early warning system are often the hardest to reach. EWARS is the perfect solution, offering a simple way to track and report emerging threats.

As an early response to the Rohingya crisis, WHO implemented the EWARS-in-a-box system, which is a single solution for complex monitoring needs. This system gave health workers the ability to report emerging threats instantly, with the data then being transferred back to a dashboard for internal and external stakeholders.

In partnership with the Government of Bangladesh and UNICEF, WHO led the integration of EWARS with the District Health Information Software (DHIS2) platform. DHIS 2 is an open source, web-based platform most commonly used as a health management information system (HMIS). The integration ensures closer collaboration on disease prevention and detection. Government health specialists will have ongoing access to EWARS data, giving them a strong picture of the health situation in the Cox's Bazar displacement camps.

"EWARS captures several critical dimensions of the health situation in Cox's Bazar," says Dr David Otieno, WHO Epidemiologist. "It measures the sensitivity of reporting tools, timeliness, flexibility and much more. Now it's been integrated with EWARS, DHIS2 gives us a platform for closer collaboration with national partners. We'll have more clarity regarding the relationship between health situations in the host community and camps. The Government will also have instant access to health information." Dr Otieno adds.

FOR MORE INFORMATION
Dr. Bardan Jung Rana | WHO Representative | WHO Bangladesh | ranab@who.int
Dr. Jorge Martinez | Head of Sub Office | WHO Cox's Bazar Emergency Sub Office | martinezj@who.int



A health worker trains with a Cholera testing kit alongside WHO staff at an AWD Sentinel Site in the Rohingya displacement camps.

Photo credit: WHO/ James Carmichael

MYANMAR

People in need

17.6 MILLION[1]

People targeted

4.5 MILLION

People in need of health assistance:

2.5 MILLION

Requirements (US$)

13.8 MILLION

[1]*Data provided for People in need and People targeted is taken from the Global humanitarian Overview 2023, these figures may be subject to change as part of the HRP process throughout the year. Where figures are provided relating to people in need of health assistance, this refers to Health Cluster data from 2022.*

CONTEXT

Since the military takeover on 1 February 2021, continuous political instability in Myanmar has severely reduced access to essential health services for all populations in need. Simultaneously, public confidence in the services provided by the de facto authorities is declining.

Routine immunization has been disrupted, leaving large numbers of children unprotected against preventable diseases, increasing the risk of unpredictable outbreaks and worsening the population's already damaged health outcomes. Surveillance, diagnosis and treatment for tuberculosis (TB) and malaria are also extremely limited, putting people at risk of death. Due to the lack of surveillance mechanisms, diagnostic testing and vaccines and therapeutics, vaccine-preventable diseases and TB are on the rise. This poses a significant threat to the entire region as any outbreak is likely to go undetected and cross borders.

Resistance against the de facto authorities has accelerated in many parts of the country since September 2021. Escalation of the conflict has resulted in increased displacement and the need for emergency care for conflict-related injuries caused by fighting and explosive ordnance. Access to the most vulnerable populations is extremely limited by the de facto authorities. Banking operations are severely disrupted, and the importation of vital supplies for laboratory detection and case management of conditions with epidemic potential is becoming increasingly challenging over time, further hampering the provision of life-saving interventions.

Photo credit: WHO / Diego Rodriguez

RESPONSE STRATEGY

WHO Myanmar will work with relevant health system stakeholders, including the public and private sectors, as well as ethnic health organizations (EHOs), to deliver services to people in need. While advocating for the safe provision of health care through the revitalization of the public health sector, WHO will engage with non-state partners to establish alternative channels for access to emergency and essential health services, especially in conflict-affected areas. WHO is working to build the capacities of partner organizations already on the ground to expand and improve the health services offered to those who are prevented from accessing basic and life-saving care. Opportunities for expanding services through these alternative channels will be explored and implemented where feasible. The prioritization of services and mode of delivery will vary by location but with the same overall objective to save as many lives as possible. WHO Myanmar will also promote access to quality health assistance.

KEY ACTIVITIES

- Promote access to quality health services, including:
  - Reproductive, maternal, neonatal and child and adolescent services
  - Mental health and psychosocial support
  - Diagnosis and treatment of malaria and tuberculosis
  - Basic care for non-communicable diseases
- Direct service provision through permanent clinics, and where absent, through mobile and temporary clinics
- Prioritize the protection of frontline health providers, including through the provision of emergency training, personal protective equipment and ensuring equitable access to vaccinations, in response to COVID-19
- Work with partners to coordinate diagnosis, surveillance, infection prevention and control, case management, vaccination, risk communication and community engagement, support for stockpiling of medicines and personal protective equipment (PPE) and training for frontline staff

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Save lives

- Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disasters is improved through timely and integrated assistance.
- 50 000 internally displaced people (IDPs) and 50 000 non-displaced vulnerable people will have access to emergency health care in areas experiencing conflict and civilian unrest

STRATEGIC OBJECTIVE 2

Prevent disease outbreaks

- Reduce the likelihood of outbreaks through disease surveillance and expanded coverage of immunization, including COVID-19 vaccination and boosters
- At least 75% of communicable disease notifications are verified and responded through the early warning, alerts and response system (EWARS) in areas experiencing conflict and civilian unrest

STRATEGIC OBJECTIVE 3

Improve access to life-saving health care

- Ensure access to essential, life-saving services for crisis-affected populations
- 50 000 IDPs and 100 000 non-displaced vulnerable people will have access to essential health services in areas experiencing conflict and civilian unrest

STRATEGIC OBJECTIVE 4

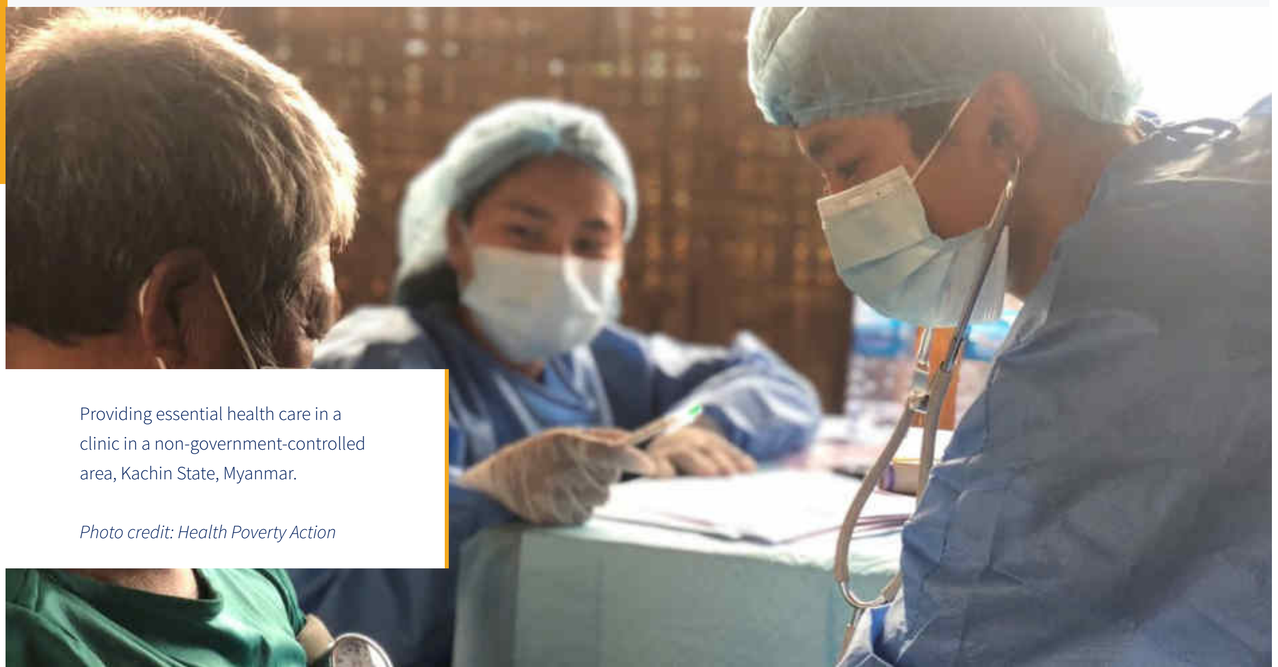
Support local capacities and protect health providers

- Build capacities of front-line health workers in conflict-affected areas
- 500 frontline health workers will be trained in the clinical management of COVID-19 and infection prevention and control measures

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	36	906	932
P2. Risk communication and community engagement	321	125	446
P3. Surveillance, case investigation and contact tracing	321	107	428
P5. Diagnostics and testing	1 088	214	1 302
P7. Case management and therapeutics	428	107	535
P8. Operational support and logistics	2 140	6 988	9 128
P9. Essential health systems and services	-	1 070	1 070
Total funding requirements	**4 324**	**9 517**	**13 841**



Providing essential health care in a clinic in a non-government-controlled area, Kachin State, Myanmar.

Photo credit: Health Poverty Action

SUCCESS STORIES

STRENGTHENING ESSENTIAL HEALTH SERVICES IN MYANMAR WITH SUPPORT FROM THE SOUTH-EAST ASIA HEALTH PANDEMIC RESPONSE AND PREPAREDNESS PROJECT

Sayama Seng Htoi has been working at Jubili clinic for 2 years, located in the non-government-controlled area of Injang Yang township in Kachin State. Between July 2021 and January 2022, Jubili clinic and others like it had a limited volume of essential supplies necessary for treating common diseases and preventing COVID-19. Contending with several challenges such as these, Seng Htoi and other staff faced difficulties in providing basic medical care to communities, especially infection prevention and control (IPC).

In 2022, with funding support from WHO, Health Poverty Action (HPA) provided the clinic with PPE, hand gel, soap and non-contact thermometers. The supplies helped Seng Htoi and other health care workers to treat mild cases of COVID-19. HPA also provided training on the usage of essential medicines.

"I have been working at Jubili for nearly 2 years, struggling for years to provide basic health care to our community because we don't have enough medicines. During the outbreak, we didn't have enough supplies such as PPE items and other supplies, but I had given medical care to communities. I couldn't stay without taking care of my patients. From January to May 2022, 274 patients with common diseases were treated. Now, our clinic has enough supplies for common diseases. So, I can serve medical care to my community with enough supplies," Seng Htoi recalls.

FOR MORE INFORMATION
Dr. Gabriel Novelo | WHE Team Lead | WHO Myanmar | novelog@who.int
Dr. Win Bo | National Professional Officer | WHE | WHO Myanmar | bow@who.int

SRI LANKA

CONTEXT

SSri Lanka is facing a dual crisis with the ongoing COVID-19 pandemic and the economic crisis that unfolded in the first half of 2022 due to a lack of foreign and local currency reserves. This has limited the importation of several essential commodities including fuel, medicines and consumables.

With 80% of medical supplies in Sri Lanka being imported, there has been a shortage of essential medicines since April 2022 due to import limitations. As of October 2022, 150 essential medicines were out of stock, including blood thinners, antibiotics, vaccines and cancer chemotherapy drugs. The shortages have severely affected the health care system and have curtailed operational capacity. Routine non-emergency surgeries, medical procedures and laboratory tests are often delayed or put on hold, and outpatient clinics have been unable to provide patients with necessary refills. There is a need for $8 million USD to purchase raw materials to maintain the local production of essential medicines through the State Pharmaceutical Manufacturing Corporation (SPMC).

COVID-19 cases and deaths have been declining over the past several months. However, since no active surveillance is being conducted, these results must be interpreted with caution. Genomic surveillance for variant identification has continued. The country has vaccinated 66.7% of its population with two doses and 36.9% with a first booster. The vaccination rate has seen a significant decline in the past few months despite the availability of adequate vaccines doses.

There has been a significant intergenerational toll on health due to the lack of supplemental feeding, a change in food habits with rising prices, access to family planning services and general restrictions in mobility due to travel costs. The goal for 2023 is to strengthen essential health services amidst the tumultuous economic conditions and end the acute phase of the COVID-19 pandemic. The hard-earned public health gains of Sri Lanka during past decades are at stake with the economic crisis, thus all efforts need to be taken to sustain the essential health services and key public health functions during the recovery period and beyond.

Photo credit: WHO

RESPONSE STRATEGY

WHO is conducting rapid assessments for evidence generation while identifying the health system's critical points to identify policy options for the country in the coming year. With this information available by December 2022, WHO plans to contribute to the 2023 outbreak and crisis response in Sri Lanka with support for maintenance of essential curative and preventive services.

WHO continues to support the strengthening of the health system by providing critical equipment support which are difficult to procure through the local procurement system due to the foreign exchange crisis. WHO will also support the country in all five strategic areas during 2023 to ensure robust emergency preparedness and response.

In the current context, Sri Lanka faces several health threats aside from the burden of the financial crisis and COVID-19. Dengue fever has been on the rise during the 2022 July-September monsoon season, partly due to vector control activities being affected by the lack of fuel and shortage of mosquito/larvae control chemicals. Sri Lanka has detected two Mpox cases in the country, for which preparedness and a timely response are essential, as well as strong surveillance and laboratory testing.

KEY ACTIVITIES

- Ensure strategic preparedness for 2023 based on lessons learned from the intra-action review
- Provide facility-based assessment of all secondary and tertiary care facilities, strengthening IPC at health care institutions and health care worker capacity building for IPC
- Strengthen essential health services including mental health and psychosocial services to reach vulnerable populations
- Strengthen laboratory testing, quality assurance, networking, expanding of genomic sequencing capacity and strengthening the field-level real-time data surveillance system
- Support the implementation of risk communication and community engagement strategy, periodic review of public health and social measures (PHSM) at points of entry and vaccination/ cold chain assessments
- Provide technical assistance for the assessment of supply chain management and development of a strategic plan for an efficient end-to-end supply system
- Strengthen country capacity to procure supplies and equipment to promote a supportive environment for maintaining essential health services, including PHSM compliance
- Research and evidence on COVID-19 including the effects of the COVID-19 pandemic on the financial situation and participation in global WHO studies

Photo credit: WHO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Preparedness and response coordination

- Establishment of a country-level, multisectoral, whole-of-government coordination mechanism that brings together key stakeholders to inform, monitor and review (including through intra-action reviews) national responses.
- Incorporation of lessons learned from the intra-action review in the strategic preparedness and response plan for 2023.
- One intra-action review for the development of the Strategic Preparedness and Response Plan (SPRP) 2023 (to be finalized by January 2023)
- Development of the SPRP 2023

STRATEGIC OBJECTIVE 2

Safe clinical care and resilient health systems

- Investment in accident and emergency care as well as infrastructure development, human resources and training needs to be used to efficiently respond to such incidents
- Identification of vulnerable populations at village level and support for them during the crisis through special follow-up visits by field health staff. (There is an anticipated increase of vulnerable populations due to the socio-economic crisis, including the economically disadvantaged and those with chronic health conditions.)
- Facility-based assessment will be conducted for 133 secondary and tertiary health care facilities
- Infection Prevention and Control (IPC) refresher sessions will be conducted for 400 health care workers

STRATEGIC OBJECTIVE 3

Surveillance, laboratories and public health intelligence

- There is a need for additional, urgent investment in the surveillance system and wider implementation through other surveillance methods used globally.
- In this regard, WHO, in collaboration with the government, will:
  - Maintain and strengthen surveillance for transmission trends, including monitoring of cases, deaths and COVID-19 hospital admissions
  - Implement enhanced early warning capacities through event-based surveillance and, where feasible, environmental surveillance and other global systems
- Pilot expansion of the field surveillance system to accommodate real-time data in 10 Ministry of Health areas
- 25 state laboratories assessed through the WHO external quality assurance process
- Genomic surveillance sustained through 2023 and data submitted to GISAID

STRATEGIC OBJECTIVE 4

Vaccination, public health and social measures and engaged communities

- Engagement with communities via community-based and civil society organizations at the grassroots level to find sustainable solutions and empower communities. This includes the involvement of communities in co-designing solutions, behavioral and social sciences and ensuring community feedback
- Update of national COVID-19 vaccination plan in line with emerging global guidance
- Review and update of public health and social measures for emerging public health threats

STRATEGIC OBJECTIVE 5

Research, development and equitable access to countermeasures and essential supplies

- At country level, this will involve the support of research and evidence generation for COVID-19 and the complex interplay of the pandemic and the current economic crisis.
- Continuation of engagement in evidence synthesis efforts in all health system pillars in view of increasing efficiencies and recommending policy options for the country
- Public health care supply chain assessment conducted in collaboration with the Asian Development Bank (ADB) to develop a strategic plan for an efficient end-to-end supply chain system
- Essential equipment and supplies procured to sustain essential health services

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	54	54
P2. Risk communication and community engagement	161	161
P3. Surveillance, case investigation and contact tracing	107	107
P4. Travel, Trade and Points of entry	54	54
P5. Diagnostics and testing	321	321
P6. Infection prevention and control	428	428
P7. Case management and therapeutics	54	54
P8. Operational support and logistics	54	54
P9. Essential health systems and services	3 210	3 210
P10. Vaccination	554	54
P11. Research, innovation and evidence	428	4284
Total funding requirements	**4 922**	**4 922**

Consolidation exercise at the Centre for Disaster Response Training of the Sri Lanka Army (CDRT-SLA), Gampola, Sri Lanka.

Photo credit: Disaster Management Centre, Sri Lanka

SUCCESS STORIES

INTERNATIONAL SEARCH AND RESCUE ADVISORY GROUP (INSARAG) BASIC SEARCH AND RESCUE TRAINING COURSE: A JOINT PROJECT BY THE SRI LANKAN DISASTER MANAGEMENT CENTRE AND WHO

Sri Lanka is affected by various hazards, including weather-related events such as cyclones, monsoonal rain and subsequent flooding and landslides. Droughts are also common due to variations in the monsoon seasons. Of these, localized and seasonal flooding poses the greatest threat to the population, and the flood risk profile is increasing due to the growing impact and frequency of hydrometeorological hazards. Strengthening urban-search and rescue (USR) capacity for emergency response has enabled the development of multifunctional response teams whose members can provide immediate assistance to affected persons.

The Sri Lankan Disaster Management Centre, in partnership with WHO, has successfully concluded two 10-day sessions of the Basic Search & Rescue Training Course based on International Search and Rescue Advisory Group (INSARAG) guidelines.

These full-scale simulation exercises provide an opportunity to validate and enhance preparedness and response plans, procedures and systems for natural disaster situations in Sri Lanka while building capacity among multi-sectoral first responders. These search and rescue (SAR) teams will be linked to the national 24/7 Emergency Operations Centre (EOC) under the Disaster Management Centre (DMC) and will be on standby for early mobilization in the event of any disaster.
Training in 2022 has incorporated lessons learned from the past two years to further refine the program, including an introduction to first response; chemical, biological, radiological and nuclear (CBRN) event response training; disaster environment and scene management search and rescue; basic medical rescue and a consolidation exercise.

FOR MORE INFORMATION
Dr. Shalala Ahmadova | Public Health Administrator | WHO Office Sri Lanka | ahmadovasha@who.int
Dr. Sapumal Dhanapala | NPO (Emergency Risk Management) | WHO Office Sri Lanka | dhanapalas@who.int

WESTERN PACIFIC REGION

World Health Organization

PACIFIC ISLAND COUNTRIES AND AREAS

Requirements (US$)

13.1 MILLION

CONTEXT

Pacific Island Countries and Areas (PICs) account for 21 islands, all of which are vulnerable to emerging and re-emerging infectious diseases, food and water insecurity and natural hazards exacerbated by climate change. One of the biggest challenges for people in the Pacific is accessing health services during emergency situations such as the COVID-19 pandemic, due to the long travel time to the main islands where relatively good health care services are available.

To minimize the impact of health insecurity in the region, WHO provides technical and operational support to the Pacific countries to assess, prioritize, implement and fund sustainable national and regional health security capacity required under the International Health Regulations (IHR) 2005.

As of 15 September 2022, approximately 400 000 confirmed COVID-19 cases and 2 600 COVID-19-related deaths had been reported in PICs. Countries have struggled to procure COVID-19 supplies independently from global suppliers given their low purchasing power and remote location. Beyond COVID-19, PICs have confirmed two mpox cases as of 15 September 2022. Additionally, the region is also prone to natural disasters such as floods, cyclones and volcanic eruptions that interrupt health service provision at any time. WHO takes the lead and collaborates with other UN agencies and partners in the region to respond to the health emergency needs of PICs. Four of the 21 PICs have experienced high water shortages due to low rainfall and dry weather. On 11 June 2022, Kiribati declared a state of emergency to manage and respond to the drought while other countries have not yet declared a state of emergency as of 30 September 2022.

WHO Representative to the South Pacific and Director of Pacific Technical Support, Dr. Mark Jacobs with WHO staff Adrian Chand inspecting boxes of medical supplies for COVID-19 response provided by WHO and the European Union at a warehouse in Nadi.

Photo credit: WHO/Jason Chute

RESPONSE STRATEGY

WHO's Division of Pacific Technical Support (DPS) incident management team (IMT) supports PICs with their preparedness, readiness and response to public health emergencies to prevent a surge in cases in the health system at the national, sub-national and outer island levels. WHO's emergency response follows a pillar-based strategy mainly focusing on risk communication and community engagement (RCCE), coordination of partners through joint IMT, surveillance, case investigation and contact tracing, diagnostics and testing, infection prevention and control, case management and therapeutics, operational support and logistics and vaccination.

WHO DPS collaborates with other UN agencies and partners for the public health emergency response, including the World Food Programme (WFP) for operational support and logistics.

WHO also leads the COVID-19 response in the region, supported by the United Nations International Children's Fund (UNICEF) on Risk Communication and Community Engagement (RCCE) and access to COVID-19 therapeutics and vaccines. As of 15 September 2022, WHO, together with multiple donors and partners, have provided more than 13 million personal protective equipment (PPE) items, 1.7 million laboratory supplies, 238 516 pieces of medical equipment and 718 820 therapeutics and treatments to support the COVID-19 response in the Pacific. WHO and partners were able to deliver those items in the presence of unique logistical and operational constraints in the region. The low purchasing power of small island nations means PICs struggle to procure supplies from global vendors. The lead time of the procurement process, competition for limited suppliers and undertaking small orders make the logistics and operations more cumbersome and lead to high costs. Due to the remote nature of locations, supplies are shipped to airstrips that are not suited for large aircraft, temperature-controlled supplies must be flown in on small crafts and bulky supplies must be transported by boat, creating significant lead times for cargo to reach countries in a timely manner.

KEY ACTIVITIES

- Provision of technical support by engaging experts on RCCE, diagnostic, surveillance and epidemic response, clinical care management and vaccination
- Facilitate and distribute supplies and equipment needed for emergency responses, such as IPC/PPE items, testing supplies and equipment for pandemic and epidemic diseases and therapeutics and treatments to support clinical care management
- Develop and distribute country-specific information, education and communication materials through a social listening mechanism, to increase community awareness and safety practices during public health emergency events
- Provision of continuous training, webinars, supportive supervision and mentoring to local health care providers, ensuring knowledge transfer and strengthening of the existing health system

Photo credit: WHO

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

Public health emergency preparedness

- Provide technical and operational support to PICs in their public health emergency preparedness and readiness, including COVID-19 pandemic and mpox outbreaks
- 21 PICs will receive technical support to develop or revise their public health emergency preparedness plans
- Five PICs will conduct intra-action reviews
- 14 PICs will receive rapid risk assessment training

STRATEGIC OBJECTIVE 2

Strengthening early warning and disease detection

- Provide technical and operational support to PICs to assess and detect emerging and re-emerging communicable diseases through strengthening surveillance and testing capacity
- 18 PICs will receive technical support to assess and detect emerging and re-emerging communicable diseases through strengthened surveillance activities
- 18 PICs will receive technical and operational support to strengthen laboratory testing capacity

STRATEGIC OBJECTIVE 3

Public health emergency response

- Provide technical and operational support to PICs in their public health emergency response through strengthening health emergency operation centers, infection prevention and control (IPC) and integrated clinical care management
- 15 PICs health emergency operation centers will receive technical and operational support and will be reactivated when necessary
- 21 PICs will receive technical and logistic support to strengthen IPC interventions
- 21 PICs will receive integrated clinical care management technical support
- DPS will facilitate access to novel COVID-19 therapeutics for nine PICs

STRATEGIC OBJECTIVE 4

Strengthen health security

- Leading the flagship in health security response as per the Global Health Cluster guide in PICs
- Joint External Evaluation (JEE) will be conducted in three countries
- 18 PICs will receive technical support to implement IHR 2005/ the Asia Pacific strategy for emerging diseases and public health emergencies (APSED III)

Dhanbhagium Goundar conducting COVID-19 PCR tests at the Fiji CDC National Public Health Laboratory in Nadi.

Photo credit: WHO/Jason Chute

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	173	173
P2. Risk communication and community engagement	782	782
P3. Surveillance, case investigation and contact tracing	990	990
P4. Travel, Trade and Points of entry	280	280
P5. Diagnostics and testing	4 231	4 231
P6. Infection prevention and control	1 243	1 243
P7. Case management and therapeutics	3 512	3 512
P8. Operational support and logistics	1 417	1 417
P10. Vaccination	390	390
Total funding requirements	**13 018**	**13 018**

Nurse Sonam Lata and WHO immunization officer for the COVID-19 vaccination program, Sagita Devi at Samabula Health Centre checking the vaccines to be administered at a school nearby.

Photo credit: WHO/Jason Chute

SUCCESS STORIES

PREPAREDNESS PAYS OFF IN RESPONSE TO THE VOLCANIC ERUPTION IN TONGA

At approximately 5:30 pm local time on 15 January 2022, the Hunga Tonga-Hunga Ha'apai volcano erupted, spewing forth a 20 km high ash plume. The eruption was the largest volcanic eruption in Tonga in the last 30 years and could be heard in Australia and New Zealand, leading to the issuance of tsunami alerts around the Pacific.

WHO supported the Tonga Emergency Medical Assistance Team (TEMAT) in preparing for its immediate deployment to the Ha'apai islands – the worst-affected area – to help treat people with injuries, provide psychosocial support and distribute relief items such as water, food and tents.

WHO played a central role in supporting the Ministry of Health in establishing TEMAT through the provision of training for the team and the prepositioning of supplies. WHO also provided the team with first aid kits, tents, portable toilets, water filtration systems and other items that will enable TEMAT rapid deployment in emergencies. A total of 28 TEMAT members were deployed to provide emergency care to 381 patients.

WHO actively supports the establishment, training and provisioning of emergency medical teams like TEMAT across the Pacific. Teams already trained and ready to be deployed include those in the Cook Islands, Fiji, the Commonwealth of the Northern Mariana Islands, Palau, the Solomon Islands and Vanuatu. Several of these teams have played a vital role in their national COVID-19 responses. Having this capacity available in-country means that Pacific Island nations are better prepared to face future emergencies – whether for a volcanic eruption, cyclone, or pandemic.

FOR MORE INFORMATION
Dr. Nuha Mahmoud | Team Coordinator | Pacific Health Security & Communicable Diseases (PSC) | WHO Division of Pacific Technical Support | hamidn@who.int
Biniam Getachew Kabethymer | Health Security Program Manager | WHO Division of Pacific Technical Support | kabethymerb@who.int

PAPUA NEW GUINEA

Requirements (US$)

5.6 MILLION

CONTEXT

Papua New Guinea ranks eighth among countries with the highest disaster risk according to the World Risk Index. This is compounded by disease outbreaks and low immunization coverage, like the recently circulating vaccine-derived poliovirus (cVDP1); the presence of zoonotic diseases (e.g., chikungunya and dengue hemorrhagic fever) and a limited capacity to respond due to the country's weak health system and infrastructure. Human-induced crises due to conflict, displacement, gender-based violence (GBV) and tribal conflict and health-related climate change risks complicate the public health emergency response due to limited accessibility and geographic remoteness. Building a resilient health system is crucial to improving health security. Using provincial emergency response centers (PEOC) and focusing on the response at the last mile using a one-health approach needs to be prioritized.

As of 109 December 2022, Papua New Guinea reported a total of 46 457 confirmed COVID-19 cases and 669 deaths. The predominant Variants of Concern (VOC) are Omicron BA.2 and BA.5, with a heterogenous prevalence across the 22 provinces. Only 6.8% of the population (approx. 350 000 people) have been vaccinated with at least one dose of a COVID-19 vaccine, and 290 462 people were fully vaccinated; more than 90% of Papua New Guinea's population remains unvaccinated. Vaccination amongst the vulnerable population, including health care providers, is also low.

Papua New Guinea is expected to face considerable challenges from the pandemic in the coming years. The country's extremely low level of vaccination – one of the lowest rates in the world – means COVID-19 outbreaks could put a significant strain on an already stretched public health system and pose both a risk of increased loss of life and a negative impact on domestic economic activity.

RESPONSE STRATEGY

The recently endorsed National Health Plan 2021-2030 acknowledges that emerging and re-emergence of pandemics, outbreaks, natural disasters, human-induced crises and other emergency events are unavoidable in the country. The COVID-19 National Emergency Response Plan (ERP), developed in 2020 and aligned with the Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), remains the basis for the whole-of-government and whole-of-society approach to the pandemic. A multi-stakeholder coordinating body – the National Coordination Centre (NCC) – was established and, along with the enactment of the National Pandemic Act in 2020, displays the Government of Papua New Guinea's commitment to this approach.

Papua New Guinea has responded to three major surges of COVID-19 and the response focused on developing alternative care pathways, building the provincial and district response and case-based approaches for vulnerable populations. The WHO country office has been supporting the COVID-19 pandemic, preparedness and responses since January 2020. Preparedness in-between surges included conducting a surge analysis to predict when health systems would be overwhelmed and developing e-modules for the continuum of care training of health care providers.
The COVID-19 pandemic highlighted the need for a strengthened logistics system. Points of entry and multisource surveillance were able to detect the upsurge in cases and monitor responses. Work is ongoing to reach the long-term goal of building a molecular hub for Whole Genome Sequencing (WGS) for multiple pathogens and emerging variants of interest (VOI) and variants of concern (VOC), as well as for coordinating the rapid response at the provincial and district level based on epidemiological and WGS data.

Priority areas for the joint response to COVID-19 are epidemiology, laboratory and surveillance, partnership and coordination, resource mobilization, risk communication, operational support and logistics, infection prevention and control and clinical and case management. Over 100 personnel have been deployed to support the national response to date. At the same time, WHO continues to provide sound and evidence-based technical advice to the Government.

KEY ACTIVITIES

- Support implementation of the COVID-19 ERP to reduce morbidity and mortality from COVID-19 and other respiratory pathogens using Provincial Emergency Operations and a One Health approach
- Implement the Papua New Guinea Incident Management System and Team Workplan based on nine pillars (including coordination, risk communication, surveillance, laboratories and diagnostics, vaccination, etc.) to strengthen the health system
- Strengthen technical capacity and multi-sectoral coordination using the whole-of-government approach to outbreaks and health emergencies by implementing the NHP key result areas related to international health regulations (IHR)
- Develop and implement the National Action Plan for Health Security for multi-hazards preparedness
- Align the universal health coverage (UHC) Action Framework, build core capacities for the IHR health workforce and accelerate the implementation of the APSED III Pacific focus areas (i.e., field epidemiology, surveillance, risk communication and zoonosis)
- Implement and build capacities toward climate-resilient and environmentally sustainable health care facilities

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

COVID-19 Response: Strengthening the health security system

- At least five provincial health authorities will be implementing COVID-19 ERPs
- Four regional laboratories (serving 200 000 people) will provide COVID-19 and outbreak-prone real-time polymerase chain reaction (PCR) testing services.
- One laboratory serving at least 50% of the population will be supported with COVID-19 VOC detection and WGS surveillance capacities
- Advanced Field Epidemiology Training Programs (FETP) will integrate the epidemiological training into emerging VOC detection using the EMPACT model
- At least 90% of HCWs and elderly will be vaccinated with all recommended doses to achieve regional targets

STRATEGIC OBJECTIVE 2

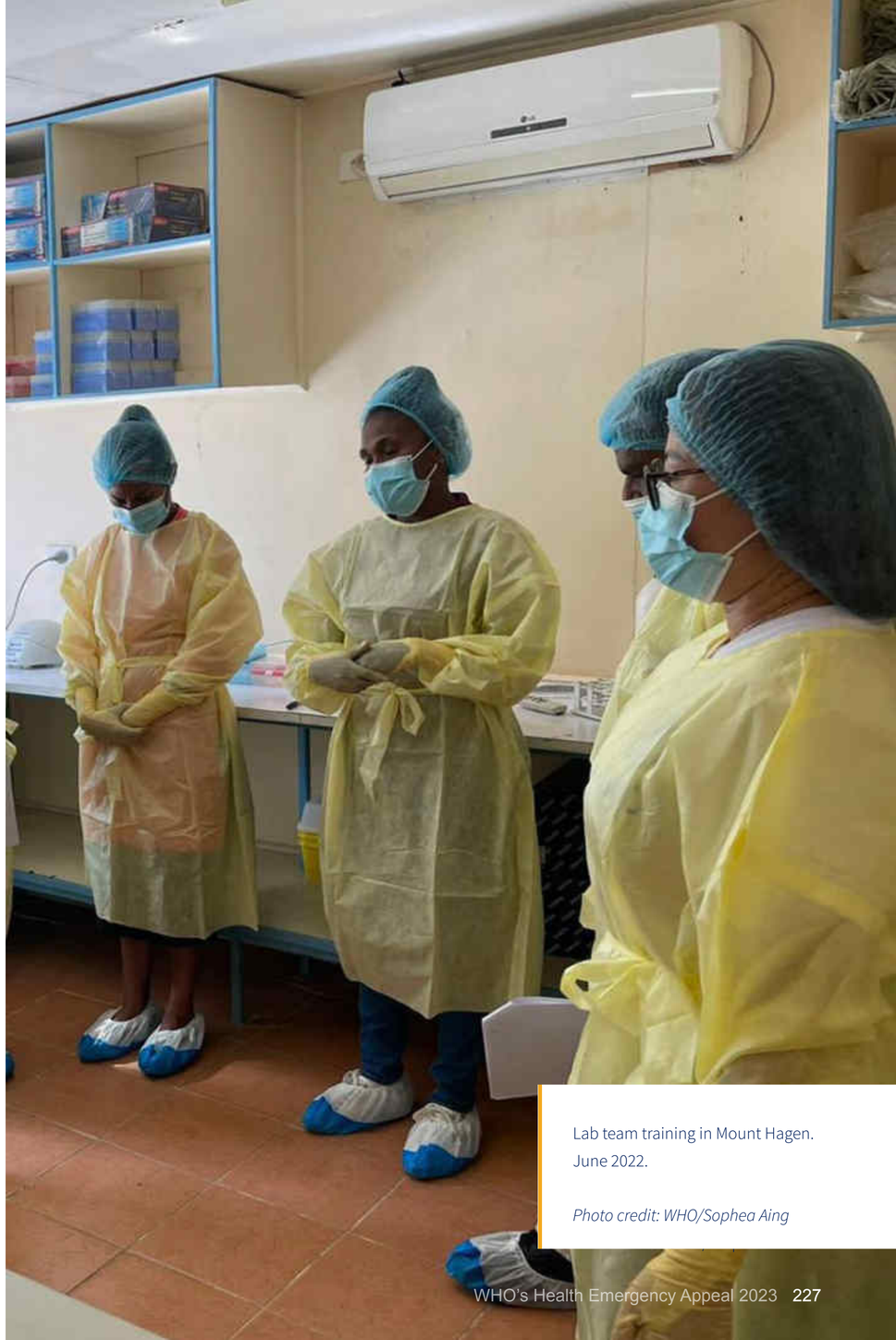
Emergency readiness capacities and capabilities to respond to health emergencies

- Alignment of the National Health Plan 2021-2030 (NHP), APSED III, Universal Health Coverage (UHC) Action Framework and International Health Regulations 2005 (IHR) to ensure the capabilities and capacities among the health workforce and health sector to respond to emergencies
- National Action Plan for Health Security will be endorsed and/or approved
- Seven provincial points of entry will be enhancing surveillance capacities and capabilities

STRATEGIC OBJECTIVE 3

Sustainable and climate-resilient health care facilities

- Strengthening of health systems related to other emergencies and crises, including but not limited to disaster-risk management. WHO will also support improved health care waste management and infection prevention and control (IPC) in health care facilities and ensuring adequate water supply
- All provincial health authorities better trained and equipped for disaster-risk management
- At least five vulnerable provinces will be developing their climate change and health adaptation plan to make health care facilities climate-resilient
- Five health facilities will have adequate water supply and an improved health care waste management system
- 50 health workers trained in IPC, waste management and waste segregation



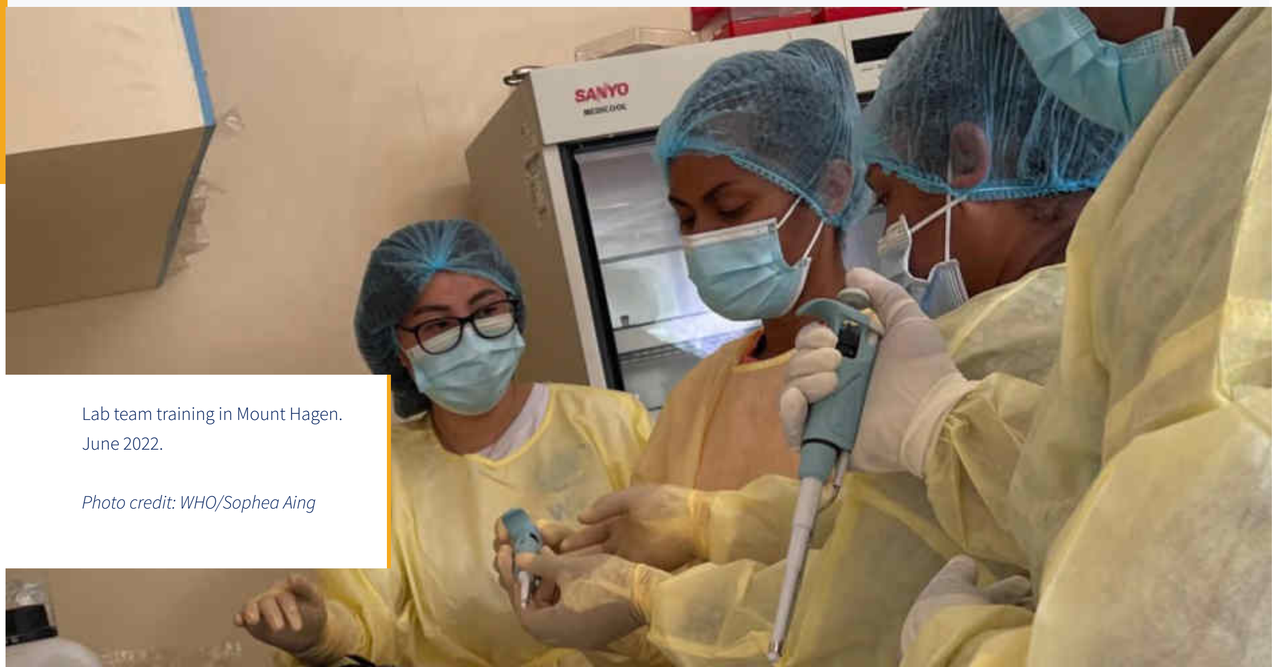
Lab team training in Mount Hagen. June 2022.

Photo credit: WHO/Sophea Aing

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Other Emergency Responses	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	203	-	203
P3. Surveillance, case investigation and contact tracing	610	-	610
P5. Diagnostics and testing	300	-	300
P6. Infection prevention and control	128	-	128
P8. Operational support and logistics	187	-	187
P9. Essential health systems and services	1 059	-	1 059
P10. Vaccination	2 806	268	3 074
Total funding requirements	**5 294**	**268**	**5 562**



Lab team training in Mount Hagen. June 2022.

Photo credit: WHO/Sophea Aing

SUCCESS STORIES

EPIDEMIOLOGY, SAMPLING AND INTERPRETATION OF VARIANTS OF CONCERNS (VOC)

Papua New Guinea has a national sampling strategy developed for SARS-CoV-2 whole genome sequencing (WGS). As WGS is carried out offshore, there is a time lag receiving the results, making planning for the response difficult.

To offset the delays in obtaining WGS results, Papua New Guinea has been working to synthesize and analyze epidemiological, clinical and laboratory data and use data modeling to look at the sub-national heterogenous epidemics. These data are then used for surge planning at the provincial level so that there is increased awareness of any early changes in the behavior of VOCs.

Preparedness and response plans have been developed at the provincial health authorities (PHAs) level, because of the heterogeneity of the micro-epidemics and by training rapid response teams at the last mile. WHO teams are now able to coordinate an appropriate response to the local surge of cases.

There was a need for a strategy for offshore genome sequencing in some of the Pacific countries, such as Papua New Guinea where the lab systems strengthening approach will take a longer time. It is suggested that near the point of care (POC), tests could screen off the known VOC and the unknown emerging variants could then be sent for offshore WGS. This would help shorten the turnaround time for Pacific countries to detect new or emerging VOCs or high-threat pathogens in the future.

FOR MORE INFORMATION
Sevil Huseynova | WR | Papua New Guinea | huseynovas@who.int
Gurung Anup | Team Leader Communicable Disease | gurunga@who.int

SOLOMON ISLANDS

Requirements (US$)

1.1 MILLION

CONTEXT

The Solomon Islands remained COVID-19-free until the first locally transmitted case was detected on 15 January 2022. The outbreak later spread to nine of the 10 provinces, with extensive hospitalizations and more than 25 000 documented cases. Diagnoses were carried out with a combination of polymerase chain reaction (PCR) and antigen rapid detection tests. The ongoing COVID-19 pandemic continues to put a strain on the human, material and financial resources of the Ministry of Health and Medical Services (MHMS) of the Solomon Islands.

While the outbreak has been successfully contained, the re-opening of international and domestic borders has increased the risk of ongoing transmission of current and new SARS-COV-2 variants of concern, as well as other infectious and pandemic-prone diseases. Preparations are underway for hosting the Pacific Games (19 November - 2 December 2023) in Honiara. This adds additional risks for transmission. MHMS conducted an intra-action review (IAR) of the COVID-19 response in May 2022 which revealed challenges in risk assessments, especially for mass gatherings and maritime vessels. It further identified gaps in the early warning system and the need for better integration of emergency responses into routine health services. Limited human resources (including specialized technical capacity) at the national and provincial levels further complicate the ongoing response.

The Solomon Islands was ranked as the second most disaster-prone country in the world, by the World Risk Report 2021. Due to its geography, the country is prone to natural hazards and climate change impacts that continue to pose threats to urban centers and rural communities countrywide. Natural hazards such as cyclones, earthquakes, tsunamis and flooding have already impacted the population. Health emergencies have been associated with recent disaster events including the 2019 oil spill, the Honiara flash flooding in 2014 and two tsunamis in 2007 and 2013 (Western Province and Santa Cruz, respectively), which have significantly impacted the health sector, infrastructure and the population in general. The country is also affected by environmental disasters such as maritime accidents and new and emerging health threats associated with man-made and climate-related changes.

RESPONSE STRATEGY

The Solomon Islands is working towards risk-based approaches for the sustained management of COVID-19. This is in the context of new and emerging threats in addition to ongoing threats from endemic communicable diseases and a fragile health system, stretched by multiple and concurrent health emergencies in the past three years. These include outbreaks of dengue fever, malaria and health threats from natural disasters including floods and tsunamis. WHO's work in the Solomon Islands aims to strengthen readiness for outbreaks and surges in COVID-19 cases while optimizing systems for longer-term risk-based management of COVID-19 and other emerging diseases and health emergencies. WHO's work draws on lessons learned from the response to previous and current waves of outbreaks. Additionally, WHO supports the prevention and mitigation of outbreaks linked to the 2023 Pacific Games.

Activities will include strengthening International Health Regulations (IHR) (2005) core capacities and core systems required for managing COVID-19 and other public health emergencies. To mitigate challenges posed by the Pacific Games, activities will focus on the following pillars:

- Leadership, coordination, planning, monitoring and surveillance
- Risk communication and community engagement
- Research, innovation and evidence
- Travel, trade and points of entry
- Diagnostics and testing
- Case management and therapeutics
- Operational support and logistics

KEY ACTIVITIES

- Expert support to develop and deliver competency-based coaching and simulation exercises to:
  - Prepare and respond to outbreaks of pandemic-prone communicable diseases, including during mass gathering events
  - Conduct risk assessments of points of entry
  - Assess risk and manage outbreaks onboard maritime vessels
- Support for ongoing human resources for improved surveillance, reporting and data management
- Technical support for the development of social listening and other tools for risk communication and community engagement for COVID-19
- Support for procurement, logistics and supply chain management including for essential medicines and health technologies, as well as for transportation of clinical samples to r eferral laboratories
- Emergency Medical Team training and deployment to remote areas for outbreaks of COVID-19 and other pandemic-prone diseases
- Evaluate readiness and response to preventing mass outbreaks during and following the Pacific Games
- Build biomedical capacity for the use and maintenance of oxygen and other medical equipment
- Strengthen COVID-19 referral pathways for hard-to-reach populations
- Innovative approaches will use adult-learning methodologies (such as competency-based coaching and simulations) to sustainably strengthen human capacity

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1

System readiness

- Strengthen effective preparedness including reducing the risk for COVID-19, emerging diseases and public health emergencies
- Training of 30 health care workers (HCW) at the national and provincial level to ensure that they are competent in:
  - Response coordination and surveillance during outbreaks of pandemic-prone respiratory communicable diseases, including during mass gathering events
  - Conducting a risk assessment of points of entry
  - Risk assessment and management of outbreaks onboard maritime vessels

STRATEGIC OBJECTIVE 2

Rapid Response

- Deliver rapid and appropriate responses to emerging diseases and public health emergencies, including leveraging relevant national and international capacities
- Five Special Service Agreement (SSAs) workers available to support high-quality and timely reporting for surveillance and data management
- Establish social listening including tool development and capacity of early warning signals of an outbreak
- At least 10% of respiratory samples assessed by the reference laboratory (VIDRL) and results available to inform decision-making
- One Emergency Medical Team available for deployment to emergencies locally

STRATEGIC OBJECTIVE 3

Essential health services and systems

- Strengthen prevention through health care by ensuring essential health services and systems are restored to pre-pandemic levels, including in vulnerable settings and for hard-to-reach populations
- Support biomedical engineers' capability to evaluate, maintain and restore oxygen plant function
- Biomedical engineer supports 10 HCWs to gain competence in the use and maintenance of oxygen plant and oxygen cylinders
- All provincial hospitals and area health centers with clearly defined COVID-19 referral pathways

FINANCIAL REQUIREMENTS

Overall country funding requirements, including COVID-19, by pillar (US$ '000)

Emergency response pillar	COVID	Total Funding Requirements
P1. Leadership, coordination, planning, and monitoring	107	107
P2. Risk communication and community engagement	265	265
P3. Surveillance, case investigation and contact tracing	144	144
P5. Diagnostics and testing	11	11
P7. Case management and therapeutics	373	373
P8. Operational support and logistics	235	235
Total funding requirements	**1 135**	**1 135**

SUCCESS STORIES

STRENGTHENING NATIONAL COVID-19 PREPAREDNESS AND RESPONSE CAPABILITIES

The spread of COVID-19 across nine of the Solomon Island's 10 provinces has placed significant pressure on the country's Ministry of Health and Medical Services' (MHMS) human, material and financial resources. Following the Initial peak of the outbreak, over 25 000 cases were recorded, with extensive hospitalizations. To strengthen national COVID-19 preparedness and the country's capacity to respond to emergency situations, WHO provided technical and financial support to the Solomon Islands Ministry of Health and Medical Services (MHMS). This enabled the MHMS to contain the first wave of the outbreak in February, and in April 2022, to predict and improve the response to a smaller second wave.

This ongoing support has enabled the MHMS to improve various aspects of their response coordination, health operations and epidemiological analysis of surveillance data to inform response planning and resource allocation, rollout of COVID-19 vaccines and support for logistics and supply chain management.

WHO has also made a significant contribution to the development and delivery of the MHMS' first Intra-Action Review (IAR) of the COVID-19 response, covering the period of January to April 2022.

FOR MORE INFORMATION
Dr. Howard Sobel | WHO Representative | Solomon Islands | sobelh@who.int

WORLD HEALTH ORGANIZATION

Avenue Appia 20
1211 Geneva 27
Switzerland
WHO in Emergencies:
www.who.int/emergencies/en

To learn more about how to support WHO's life-saving work, please contact:

Laila Christine Milad
Head of Unit, External Relations, Health Emergencies
miladl@who.int

Purvi Paliwal
External Relations Officer, External Relations, Health Emergencies
paliwalp@who.int

World Health Organization