

Contingency Fund for Emergencies

2022 annual report

Enabling quick action to save lives



**Contingency fund for emergencies: 2022 annual report.
Enabling quick action to save lives.**

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Cover photo: © WHO/Ismael Taxta

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Foreword

In 2022, WHO and other humanitarian actors responded to an unprecedented number of complex crises, natural disasters and disease outbreaks, along with the continued impact of COVID-19.

While continuing to address the pandemic, WHO provided life-saving aid to the victims of the conflict in Ukraine in the face of repeated attacks on health infrastructure and workers. We supported the governments of the Democratic Republic of the Congo and the Republic of Uganda to defeat three Ebola outbreaks and protect neighboring countries. We responded to an unprecedented surge in cholera and measles, as well as the global mpox outbreak. Together with local partners, WHO launched a response for the emergency health needs of flood-ravaged Pakistan and storm-battered southeastern Africa. We also led the humanitarian health response for the crises in the Sahel and the greater Horn of Africa.

Fast, flexible resources from the WHO Contingency Fund for Emergencies (CFE) enabled us to respond quickly and effectively to these and many other health emergencies in 2022. In total, nearly US\$ 88 million was released from the Fund for some 35 emergencies in 40 countries and territories, and one global response.

Eleven Member States provided more than US\$ 80 million to the Fund in 2022, the highest annual total since the Fund began in 2015. WHO is grateful for this unprecedented generosity. The flexible financing delivered through the CFE reduces administrative costs, simplifies

reporting, and ensures a quick response, which in many cases reduces the need to seek additional funding to respond to disease outbreaks and other emergencies. But the greatest return on investment can be measured by the countless children protected from disease, by the mothers supported during childbirth, by the men and women treated for the physical and psychological scars of war, and by the communities whose health systems are more resilient and better prepared for the next crisis.

Last year underscored that, in the face of increasing crises, we must remain vigilant. The CFE enables WHO to be ready to respond to health emergencies, wherever and whenever they occur. We thank our Member States and other donors for their confidence in WHO and their investment in global health security.



A handwritten signature in black ink.

**Dr Tedros Adhanom
Ghebreyesus**
WHO Director-General



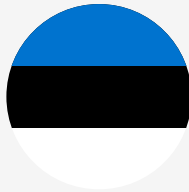
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Dr Michael J Ryan
Executive Director
WHO Health Emergencies
Programme

CFE contributors in 2022



Canada



Estonia



Germany



Kuwait



Netherlands
(Kingdom of the)



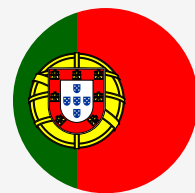
New Zealand



Norway



Philippines



Portugal



Switzerland

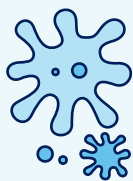


United States of America

Key figures in 2022



35
emergencies:



18
disease
outbreaks



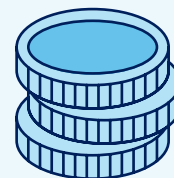
11
complex
emergencies



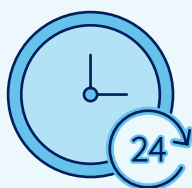
6
natural
disasters



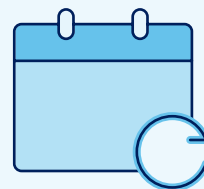
40
countries & territories



US\$ 88
million in allocations

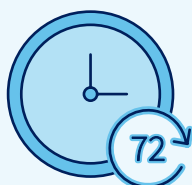


73%
Allocations of US\$ 500 000
or less released within
24 hours



2.1
days

Average release
time of all
allocations



86%
Allocations released within
72 hours, overall

Contingency Fund for Emergencies
2022 annual report

2022 Overview



CFE: Enabling rapid response to health emergencies in 2022

The Contingency Fund for Emergencies (CFE) was established by the World Health Assembly in May 2015 as an internal funding tool to enable WHO to respond immediately to disease outbreaks and other health emergencies. CFE funds – provided through voluntary contributions from Member States – are pooled and fully flexible, allowing for a rapid and effective response to a broad range of emergencies often in 24 hours or less.

Complex emergencies

The CFE provided vital resources to support WHO's response to 11 complex emergencies in 2022 in 23 countries and territories with US\$ 45.1 million in funding. The CFE was critical in getting medical teams and supplies to [Ukraine](#)¹ and neighboring countries just before and at the onset of the conflict. Considerable allocations were made to allow WHO to scale up its emergency health operations in response to the escalating crises in the [greater Horn of Africa](#)² and the Sahel. Financing from the CFE kept hospitals running in the occupied Palestinian territory, enabled WHO to provide treatment for the wounded in Somalia following twin car blasts, and to deliver medical assistance to conflict-affected populations in northern Ethiopia.

Disease outbreaks and other public health emergencies

Responding quickly to disease outbreaks often makes the difference between containment and catastrophe. In 2022, the CFE was used in response to 18 disease outbreaks and other public health threats with US\$ 30.3 million released for 22 countries and one global response. Notably, the CFE released funding to address the unprecedented outbreaks of cholera and measles in 2022, with allocations to eight countries, including countries already undergoing complex crises such as Afghanistan, Lebanon, Somalia and the Syrian Arab Republic. The CFE allowed WHO to provide rapid technical support to the governments of Uganda and the Democratic Republic of the Congo to help extinguish the Ebola outbreaks in these countries. The CFE was also used in outbreaks that did not make the headlines, including

Lassa Fever in Nigeria, dengue in São Tomé and Príncipe, and the Marburg Virus outbreak in Ghana, which was [declared over](#)³ after only two months with the swift support of WHO.

Natural disasters

The CFE was also tapped to finance WHO's initial response to six natural disasters in 2022. Some US\$ 12.4 million was allocated for disasters in six countries, including US\$ 10 million for [Pakistan](#)⁴ in the wake of devastating flooding in the country in August. The rapid funding allowed WHO to treat the injured, provide life-saving medical supplies and prevent the spread of infectious diseases.

“The CFE allows us to react immediately, ensuring that assistance reaches affected populations as quickly as possible and thereby shortening the duration of health emergencies and mitigating their impact.”

Dr Michael J Ryan, Executive Director,
WHO Health Emergencies Programme



Imaad wades through floodwaters to bring food to his cattle in Charsadda District, Pakistan. To respond to the catastrophic floods that hit the country in August 2022, WHO released US\$ 10 million from the CFE, enabling an immediate life-saving health response. © WHO/Mobeen Ansari

TABLE 1: CFE APPROVED RELEASES BY EMERGENCY, 2022

Emergency	Amount (US\$)
Greater Horn of Africa drought and food insecurity ⁱ	16 545 087
Uganda Ebola outbreak (Sudan ebolavirus) ⁱⁱ	10 721 928
Ukraine crisis	10 228 572
Pakistan floods	10 000 000
Sahel crisis ⁱⁱⁱ	8 774 598
Mpox outbreak (global)	8 348 983
Ethiopia drought and food insecurity	3 154 344
Ethiopia complex emergency (northern Ethiopia)	3 000 000
Lebanon cholera outbreak	2 245 420
occupied Palestinian territory complex emergency	1 967 290
Syrian Arab Republic cholera outbreak	1 900 000
Afghanistan measles outbreak	1 500 000
Mozambique storms	1 218 676
Somalia measles outbreak	1 000 000
Somalia explosions / trauma response	973 876
Pakistan cholera outbreak	677 000
Democratic Republic of the Congo 14th Ebola outbreak (Equateur)	500 000
Iraq Crimean-Congo Hemorrhagic Fever outbreak	500 000
Malawi cholera outbreak	495 471
Gambia acute kidney injury	470 000
South Sudan floods	462 200
Cameroon cholera outbreak	456 425
Malawi storms	398 600
São Tomé and Príncipe Dengue Fever outbreak	332 051
Sudan (West Darfur) conflict	300 000
Benin cholera outbreak	277 140
Madagascar storms	253 275
Guinea & Sierra Leone Ebola vaccination ^{iv}	233 400
Nigeria Lassa Fever outbreak	206 000
Democratic Republic of the Congo 15th Ebola outbreak (North Kivu)	200 000
Ghana Marburg Virus outbreak	200 000
Sudan civil unrest	80 000
Armenia Azerbaijan conflict	50 000
Belarus migrant crisis	50 000
Iran (Islamic Republic of) earthquake	50 000
Total (US\$)	87 770 336

i. Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda

ii. Included preparedness activities for surrounding countries: Burundi, Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya, Rwanda, South Sudan, United Republic of Tanzania

iii. Burkina Faso, Cameroon, Chad, Mali, Niger, Nigeria

iv. Completion of preparedness activities from 2021. Outbreak was declared over in June 2021.

CFE contributions

“The Contingency Fund for Emergencies (CFE) enables WHO to get ahead of disease outbreaks and other health emergencies, often in 24 hours or less. Flexible and predictable funding allows WHO to fulfil its ultimate goal in emergencies - to save lives. This is why Aotearoa New Zealand has made a multi-year commitment to the CFE.” - Hon Nanaia Mahuta, Minister of Foreign Affairs, Aotearoa New Zealand

In 2022, 11 Member States contributed more than US\$ 80 million to the CFE, the highest annual total since the Fund’s inception in 2015. The United States of America joined the list contributors in 2022 with a nearly US\$ 50 million contribution, the single largest contribution in the Fund’s history. Both Germany and New Zealand signed multi-year agreements ensuring predictable funding through 2024.

The reimbursement of CFE allocations by WHO country offices is key to ensuring the Fund’s financial sustainability. Costs initially incurred against the CFE can be covered by incoming contributions in line with donor agreements and conditions. Furthermore, donor funding can immediately be programmed to cover some or all of the activities being addressed by the CFE, allowing unspent funds to be returned.

With regard to CFE allocations made in 2022, only 27% of the total amount has been refunded (as at 1 May 2023). Across the board, emergencies that received CFE support were significantly underfunded last year, inhibiting reimbursement. One exception was Ukraine, where nearly all CFE funding was returned thanks to quick and flexible donor funding towards WHO’s emergency appeal for Ukraine and neighboring countries.

TABLE 2: CFE CONTRIBUTORS IN 2022

Country	Contribution (US\$)
United States of America	49 961 538
Germany	20 996 451
Norway	4 650 081
Canada	1 545 595
Netherlands (Kingdom of the)	1 176 470
New Zealand	977 199
Kuwait	500 000
Switzerland	100 503
Philippines	35 000
Estonia	31 983
Portugal	28 377
Total (US\$)	80 003 197

[Annex 1 contains a complete list of contributors since 2015.](#) ↘

[Annex 2 contains a complete list of 2022 approved releases, utilization \(spend\), and amount refunded \(as at 1 May 2023\).](#) ↘

Accountability and transparency



On 20 September 2022, a mobile team provides nutrition screening and other health services under a the shade of a tree in Korr, Marsabit, Kenya. CFE funding enabled WHO to reach 1.8 million people across the country in 2022. © WHO/Billy Miaron

WHO maintains high standards of accountability to Member States with regard to the CFE. CFE income and expenditures are included in [WHO financial reports](#)⁵ submitted to the World Health Assembly every year. These reports are available to the public and subject to internal and external audits.

The CFE is a key pillar of WHO's Health Emergencies Programme, enabling a rapid response to a broad array of health emergencies. As such, the CFE falls within the [WHO Emergency Response Framework](#),⁶ which guides the Organization's response to emergencies.

Additional oversight and continual feedback is provided by the [Independent Oversight and Advisory Committee \(IOAC\)](#),⁷ established by the Director-General to provide oversight and monitoring of the performance of the WHO Health Emergencies Programme, including the CFE.

In 2022, for the first time, regular monthly and quarterly updates were issued highlighting contributions, allocations and the impact of the CFE. The CFE annual report continues to serve as the flagship accountability report to CFE donors. A [CFE website](#)⁸ is also updated regularly throughout the year.

[Annex 3 provides a detailed breakdown of utilization \(expenditures and encumbrances\) by category as at 1 May 2023.](#) ↘

Integrating prevention and response to sexual misconduct in emergencies

WHO has a zero tolerance policy for all forms of sexual misconduct including sexual exploitation, abuse and harassment by its personnel and collaborators. In this regard, WHO recently updated its Emergency Response Framework (ERF) to incorporate and integrate protecting and responding to sexual exploitation, abuse, and harassment (PRSEAH) in its emergency operations.

To receive CFE funding, requests from WHO country offices must integrate PRSEAH interventions in their response plans. In this way, the CFE incentivizes the integration of PRSEAH in respective response operations at the outset of the response.

In 2022, responses supported with CFE funds prioritized and integrated measures for PRSEAH in all priority graded emergencies.

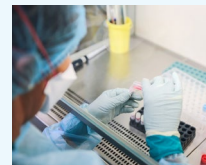
- In Ukraine, CFE funds contributed to the mapping of health implementing partners to build their awareness and capacity around PRSEAH. In the Republic of Moldova, the CFE was used to integrate PRSEAH/gender-based violence (GBV) in Gender in Humanitarian Action (GiHA) trainings, reaching at least 60 participants drawn from a number of stakeholders including sectoral leads.
- In Tigray (northern Ethiopia), CFE resources contributed to the orientation of personnel on PRSEAH, and the rolling out of integrated GBV, mental health and psychosocial support (MHPSS) and PRSEAH training of health personnel in government institutions in Mekelle.

- In Pakistan, four experts on PRSEAH were recruited to support mainstreaming at the outset of the flood response, enabling the sensitization of 500 WHO staff on PRSEAH and to deliver PRSEAH training to 53 national partners. WHO worked with civil society organizations (CSOs) to deliver 117 community awareness sessions on PRSEAH / GBV, reaching some 40 000 beneficiaries, including more than 2 300 health workers. Nearly 2 500 local health workers were further trained on health system response to GBV, including case management and referral.

- In Uganda, four WHO PRSEAH focal points supported the Ebola outbreak response, and 10 field focal points were appointed and trained on PRSEAH. A total of 222 people - 100% of WHO and implementing partner staff - completed mandatory PRSEAH trainings. Furthermore, WHO participated in five inter-agency PRSEAH network meetings and briefed 17 international NGOs on PRSEAH and the Ebola response. WHO also worked with the Ministry of Health to organize PRSEAH trainings for ministry staff and other government stakeholders. More than 700 district and community leaders in affected areas were also trained on PRSEAH, and 30 radio talk shows on PRSEAH were organized on local radio stations reaching listenership in affected areas.

WHO's zero tolerance policy is part of an organizational culture shift to prevent and respond to all forms of sexual misconduct. More can be found on the [WHO PRSEAH web portal](#).⁹

Impact: Evidence from the front lines



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- 12** Uganda: Immediate support for the Ebola response [↘](#)
- 15** Responding to the food insecurity and health crisis in the greater Horn of Africa [↘](#)
- 19** Taking urgent action in the wake of multiple storms and floods across south-east Africa [↘](#)
- 22** Containing two measles outbreaks: Afghanistan and Somalia [↘](#)
- 24** Small releases, big impact: Iran (Islamic Republic of), Nigeria and Sudan [↘](#)
- 26** 14th and 15th Ebola outbreaks in the Democratic Republic of the Congo [↘](#)
- 27** Global mpox outbreak [↘](#)
- 28** Sahel crisis: A catalytic investment to scale up the health response [↘](#)

Ukraine emergency: Enabling a life-saving response



On 7 March 2022, a WHO team visits one of the refugee reception points in Poland and meets Ukrainian refugee Yana, whose daughter Olha needs to complete her vaccination against diphtheria. © WHO/Agata Grzybowska

With early signs of a deteriorating situation, on 21 January 2022 the WHO Country Office in Ukraine submitted a request for emergency funds. Within 24 hours, US\$ 310 000 was released through the CFE to ensure that people and goods could be moved at very short notice. These funds were used to rapidly prepare for a possible escalation from a Grade 2 to a Grade 3 emergency. Emergency telecommunications were put in place, ballistic personal protection equipment was delivered, and a three-month supply of trauma and surgery emergency kits was pre-positioned in approximately ten hospitals.

On 24 February 2022, the Russian Federation military offensive triggered one of the world's fastest-growing displacement and humanitarian crises. To minimize disease and death for all people affected by the war in Ukraine, an additional US\$ 4.9 million was released in February, followed by US\$ 5 million in March. CFE funds allowed WHO to scale up the response in Ukraine and surrounding countries – including the Czech Republic, Hungary, Poland, Republic of Moldova, Romania and Slovakia.

With resources from the CFE, WHO and partners reached 1.5 million refugees from Ukraine, and six million people in Ukraine, with critical medical services.

Between 7 March and 31 October 2022, WHO more than tripled its warehousing capacity, procuring and distributing nearly 1 100 metric tonnes of essential supplies and equipment – including 79 metric tonnes of trauma and emergency surgery supplies, and 38 metric tonnes of medicines. CFE funds enabled WHO to pre-position stocks and set up a system to store and deliver supplies rapidly, as needed.

Emergency Medical Teams were mobilized in neighbouring countries. Much needed mental health and psychosocial support was provided. In Hungary, Poland and Slovakia, for example, this included translating guidance documents into local languages to help partners provide effective assistance. Crucial support for medical evacuation was ensured when needed, which resulted in more than 1 300 completed operations.

Some country-specific highlights include:

- Health needs were assessed at border locations in Poland and incorporated in the country's emergency response plan.
- Refugee clinics were opened at border entry points in the Republic of Moldova, with medicines and supplies dispatched to every point.
- The national health surveillance system was assessed with authorities in Romania and polio surveillance was enhanced.

CFE funds enabled WHO to step in quickly when military operations escalated, building the foundation for a robust health response, inside and outside of Ukraine. In Ukraine, pre-positioning medical supplies allowed for timely distribution when the emergency struck.

Availability of funds also meant that staff could be evacuated to safe locations, which ensured the continuity of operations. In neighbouring countries, surge capacity was deployed to provide vital support, including to conduct rapid assessments and assisting ministries of health in their response.

With resources from the CFE, WHO and partners reached 1.5 million refugees from Ukraine, and six million people in Ukraine, with critical medical services.

“The CFE allowed WHO to scale up the response in Ukraine and refugee-receiving countries at the start of the conflict. We reached hundreds of thousands of people with medical supplies, deployed Emergency Medical Teams (EMT) to deliver life-saving aid, and provided refugees with mental health and psychosocial support. Thanks to generous donor funding of the WHO emergency appeal, we were able to return 100% of the financing we received back to the CFE.”

Dr Hans Henri P. Kluge, WHO Regional Director for Europe



Health supplies reach a refugee camp near Palanca at a crossing point between the Republic of Moldova and Ukraine in February 2022. CFE funds were used to pre-position stocks and deliver supplies rapidly, 1 100 metric tonnes in all. © WHO

More than a year later, the conflict in Ukraine continues as health needs rise. To date, more than one-third of Ukraine's population has been affected – with nearly 18 million refugees in neighbouring countries. Critical civil infrastructure is being increasingly targeted, reducing access to health care, while attacks on health facilities continue.

Generous contributions to the WHO emergency appeal for Ukraine allowed for the return of nearly 100% of CFE allocations back into the

Fund. The reimbursement of CFE allocations is critical to ensure the Fund's financial sustainability.

WHO remains on the ground to provide life-saving health services to the vulnerable population of Ukraine and refugee-receiving countries. WHO calls on Member States for additional financial support to its emergency health operations in response to the crisis, and to seek an end to the conflict.

Generous contributions to the WHO emergency appeal for Ukraine allowed for the return of nearly 100% of CFE allocations back into the Fund. The reimbursement of CFE allocations is critical to ensure the Fund's financial sustainability.

Uganda: Immediate support for the Ebola response



Dr. Paska Apiyo briefs her colleagues after she finished her ward round at the Ebola Treatment Centre in Mubende Regional Referral Hospital, Uganda, on 29 September 2022. © WHO/Jimmy Adriko

For the first time in nearly a decade, on 20 September 2022 health authorities in Uganda declared an outbreak of Ebola caused by Sudan ebolavirus.

One of six species of the Ebola virus against which no vaccines have been approved yet, the Sudan ebolavirus re-emerged in Uganda at a time when a protracted response to the COVID-19 pandemic had eroded both public funds and the community's willingness to comply with protective health measures. With concrete evidence of established community transmission, and a rapid spread of the disease to urban centres, an emergency response needed to be mounted fully and promptly.

To support the Government-led response, WHO unlocked US\$ 500 000 in immediate funding from the CFE. This was instrumental in allowing WHO to address initial, urgent needs – such as deploying surge teams to support the set-up of an effective surveillance and response system; positioning enough skilled health workers to manage patients safely in dedicated units; providing personal protective equipment to frontline health workers; and reaching out to communities to engage them with protective measures.

With the outbreak threatening to spread to neighbouring countries, and in line with WHO's no-regrets approach, additional tranches

Less than four months after the first case was confirmed, the outbreak in Uganda was declared over, thanks to the Government of Uganda’s nimble response and the expert support provided by WHO – with financing from the CFE.

totalling US\$ 10.2 million were released in October both to scale up the response in Uganda and to enhance preparedness and response in neighbouring countries.

CFE funds allowed WHO and partners to support Ugandan health authorities with life-saving activities. Nearly 1 100 skilled short-term health workers were deployed; more than 3 000 contact tracers were trained; some 14 000 patients with suspected ebolavirus were evaluated; nearly 568 000 litres of fuel were provided to power vehicles in support of the response; and more than 760 000 people were reached in six hot spots with tailored risk communication. Thanks to joint efforts, the processing time for Ebola samples dropped from a few days to six hours.

In eight identified priority countries,ⁱ nearly 100 points of entry were outfitted with Ebola screening capability and 330 health workers trained, allowing for more than 5.2 million people to be screened. More than 300 Ebola isolation centres were established and four simulation exercises conducted. In addition, training in Ebola readiness and response was provided to national counterparts: more than 1 700 people were trained in rapid response; 3 200 in contact tracing; 3 900 in case management; 900 in laboratory diagnosis; 6 500 in infection prevention and control (IPC); and 940 in risk communication and community

engagement. All countries were also supported with necessary laboratory kits, personal protective equipment and IPC material.

Soon after Uganda declared the outbreak, WHO worked with the Ugandan health authorities and a large range of partners to identify candidate therapeutics and vaccines for inclusion in trials. While none of the three identified

“Rapid financing from the CFE allowed WHO to provide Ugandan health authorities with expert support from the outset of the Sudan ebolavirus outbreak. Together, we stopped the outbreak in less than three months (69 days). A fast response mitigated the need to seek additional resources and saved countless lives. We thank CFE donors and encourage all WHO Member States to support this life-saving Fund.”

Hon Dr Jane Ruth Aceng Ocerro, Minister of Health, Uganda

i. Burundi, Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya, Rwanda, South Sudan, United Republic of Tanzania.



Community members read information materials on Ebola disease caused by Sudan ebolavirus. CFE funds supported risk communication efforts to keep the population safe after Uganda declared an outbreak on 20 September 2022. © WHO

candidate vaccines was used, the speed of this collaboration marks a milestone in the global capacity to respond to rapidly evolving outbreaks and prevent them from becoming larger.

Less than four months after the first case was confirmed, the outbreak in Uganda was declared over, thanks to the Government of Uganda’s nimble response and the expert support provided by WHO – with financing from the CFE. 164 cases were recorded (142 confirmed and 22 probable), 55 lives were lost and 87 patients were helped through to recovery. There was no disease spillover to surrounding countries.

“The United States is proud to support WHO’s Contingency Fund for Emergencies (CFE), which is facilitating rapid response to disease outbreaks and other health emergencies. This flexible, quick funding source helps save lives and mitigate the overall impacts of health emergencies.”

Ms Sarah Charles, Assistant to the Administrator, USAID Bureau for Humanitarian Assistance

Responding to the food insecurity and health crisis in the greater Horn of Africa



Nurse Amin Ahmed weighs and measures 12-month-old Zahara during a check-up by a mobile health and nutrition team in Afar, Ethiopia, in October 2022. CFE funding was critical in allowing WHO to scale up life-saving activities in Ethiopia and across the greater Horn of Africa in 2022. © WHO/Martha Tadesse

In 2022, the Horn of Africa saw the rainy season fail for the fifth year in a row. Meanwhile, floods continued to hit Sudan and South Sudan, reaching record-breaking levels. Compounded by conflict, rising food prices and the impact of the COVID-19 pandemic – extreme weather events like these created the perfect storm for the crisis that hit the greater Horn of Africa region in 2022, and continues today.

Millions are facing hunger. On a scale of 1 to 5, the Integrated Food Security Phase Classification (IPC) report estimated more than

46 million people to be in Phase 3 (crisis) or above in 2022 – with approximately 275 000 people across Somalia and South Sudan in Phase 5 (catastrophe).

But a [hunger crisis is a health crisis](#).¹⁰ As malnutrition gets worse, the immune system gets weaker, increasing the likelihood of falling sick – especially among children. People leaving their homes in search of food can no longer access health services, and the risk of disease outbreaks soars.

To prevent the worst health effects of food insecurity, in June 2022 more than US\$ 16.5 million was released through the CFE to enable WHO to scale up its activities and lead the humanitarian health response in support of affected countries. WHO and partners ramped up their operations in the region by expanding access to health services, tackling malnutrition, and helping countries respond to outbreaks of diseases like cholera, measles and malaria.

CFE funding was used to set up a support team in Nairobi to coordinate the response and to organize the delivery of life-saving medical supplies. US\$8 million was used to procure [health kits](#)¹¹ to support severely malnourished children, treat cholera patients, and provide medicines and supplies across affected countries for those in need. WHO deployed 75 experts across the seven countries of the region to

underpin its response across all strategic pillars: coordination, surveillance, outbreak prevention and control, nutrition, and health services. This included training more than 1 000 health workers to manage acute malnutrition safely and effectively. CFE funding also allowed WHO to increase its support to ministries of health to set up more robust disease surveillance systems, so that disease outbreaks could be detected quickly and contained. Below are some examples of direct impact at country level.

In **Somalia**, WHO scaled up community-based health and nutrition surveillance activities through the deployment of some 100 outreach teams, including more than 2 000 community healthcare workers, building the capacity of and providing medical supplies to 64 WHO-supported malnutrition stabilization centres, 13 cholera treatment centres, 15 oral



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. With CFE funding, WHO provided life-saving assistance in drought-affected areas throughout Somalia. © WHO/Ismael Taxta

rehydration points and seven public health laboratories. Some 281 health facilities were provided with medical supplies including [Interagency Emergency Health Kits \(IEHK\)](#),¹² [Pediatric / Severe Acute Malnutrition \(PED/SAM\)](#)¹³ kits, and diagnostic kits to provide outpatient consultations, treatment and referral to 2.9 million people in 29 prioritized districts. Outreach teams were also deployed in drought-affected districts reaching more than 289 000 people with a minimum package of essential health services.

Antenatal and delivery counselling was provided to 29 000 pregnant women who were also protected against tetanus. More than 143 000 children received vitamin A and 328 500 children were screened for malnutrition, of which one-third were referred to health facilities for treatment. A further 15 800 children were referred due to severe respiratory issues and 3 960 due to dehydration. WHO also trained more than 300 healthcare workers on treating children suffering from severe acute malnutrition with medical complications, and procured [cholera kits](#),¹⁴ to manage more than 15 000 moderate and severe cases.

Additionally, WHO undertook water quality testing in all drought-affected states and assessed 307 health facilities for infection prevention and control preparedness.

In **South Sudan**, WHO reached 25 priority states with life-saving health activities, including: consultations for some 75 000 people; malnutrition screening for 24 000 children under five and referral for treatment; medical supplies to treat more than 2 000 children suffering from severe acute malnutrition; and antenatal care and delivery services for more than 3 400 women, which resulted in nearly 300 safe births.

In **Kenya**, WHO reached more than 1.8 million people in nine priority counties by procuring Interagency Emergency Health Kits (IEHKs); purchased cholera kits to treat 2 500 people in response to the upsurge in cholera cases at the end of the year; and organized a series of trainings on Integrated Management of Acute Malnutrition (IMAM) in drought-affected counties across the country, reaching 687 health care workers.

In **Sudan**, WHO trained more than 500 health care workers on topics such as control of mpox outbreaks, surveillance of water quality, risk assessment, and development of preparedness and response action plans addressing high priority hazards. In addition, large quantities of health emergency kits were procured and distributed, including 790 [Trauma and Emergency Surgery Kits \(TESK\)](#),¹⁵ 95 cholera kits, as well as 670 PED/SAM kits.

In **Ethiopia**, WHO trained 259 health care workers on the management of acute malnutrition, in collaboration with regional health bureaus and implementing partners. In addition, WHO boosted work on preparedness and response to disease outbreaks and supported nutrition response activities, also by procuring 75 kits to treat children hospitalized with severe acute malnutrition and medical complications. This enabled 3 750 children to receive treatment in 29 stabilization centres in three affected regions.

Across the greater Horn of Africa region, WHO ensured that prevention and response to sexual exploitation, abuse and harassment (PRSEAH) was an integral part of the response. Dedicated PRSEAH focal points were assigned to all seven countries in the region to implement key activities – including training staff, setting up



On 21 September 2022 a boy fetches water at Hula Hula springs in Marsabit County, Kenya. With the ongoing drought, this is the only available water source for the whole community. © WHO/Billy Miaron

effective reporting mechanisms, and promoting mindful communication with the community.

WHO [achieved impressive results across the region](#)¹⁶ in 2022. From vaccinating 18 million children against measles and distributing hundreds of tonnes of emergency medical supplies, to establishing Rapid Response Teams for disease outbreaks and rolling out [Health Resource and Services Availability Monitoring Systems \(HeRAMS\)](#)¹⁷ across all seven countries in the region – WHO and partners strengthened the resilience of affected countries, reaching the most vulnerable and saving lives.

The impact on health of the food crisis in the greater Horn of Africa is as undeniable as it is alarming. This is why ensuring a strong health response is essential to prevent avoidable disease and deaths. In 2022, CFE funds helped kick-start this vital response. Today, WHO remains on the ground and continues to provide life-saving health services across the region.

Taking urgent action in the wake of multiple storms and floods across south-east Africa



A local nurse shows a WHO rapid assessment team the damage caused by Cyclone Gombe at Mucuali health centre in Nampula province, Mozambique, in March 2022. WHO released US\$ 1.2 million from the CFE to provide essential health services in cyclone-affected areas. © WHO/Joelma Pereira

Floods are the most frequent type of natural hazards. They can cause widespread devastation to homes, hospitals, crops and cattle – resulting in a large human cost. Contaminated water escalates the risk of waterborne diseases, such as cholera and diarrhoea – making a bad situation worse.

In 2022, the CFE enabled WHO to rapidly respond to storms and floods in several countries. In storm-battered south-east Africa,

resources from the CFE were used to deliver medical services to hard hit and often remote areas in Madagascar, Malawi and Mozambique.

From January through March, a series of powerful tropical storms and cyclones hit south-east Africa: Tropical Storm Ana and Cyclone Gombe led to flooding in Madagascar, Malawi and Mozambique; while Cyclones Batsirai and Emnati compounded the emergency in Madagascar.

Madagascar

Cyclone Batsirai made landfall in Madagascar on 5 February 2022, when the country was already confronting the impact of Tropical Storm Ana. More than two-thirds of the country's regions were affected; 90 to 95% of Mananjary District in the south-eastern Vatovavy Region was devastated.

Only two weeks later, another cyclone hit the country: Emnati. Approximately 2.6 million people of Vatovavy, Fitovinany and Atsimo Atsinanana regions in the south-east were affected directly or indirectly – of them 470 000 children under 5, and 118 000 pregnant and lactating women.

To reduce disease and death as the result of flooding, on 6 February US\$ 253 000 was released through the CFE. This allowed

multiple international shipments of emergency medical kits, medical supplies and multi-purpose tents to reach Madagascar between February and April to address the impact of both storms. Four mobile clinics were set up to treat isolated and vulnerable groups, which resulted in nearly 11 300 consultations; and more than 13 000 people received emergency primary care in the three most affected regions in the south-east. In addition, two epidemiologists and a field logistician were recruited and deployed to support life-saving interventions. Overall, nearly 28 000 people benefited from the response.

Malawi

Tropical Storm Ana hit Malawi on 23 January 2022 causing torrential rains, strong winds and severe flooding in several districts across the country, especially in the south. On 26 January,



At a temporary shelter for people displaced by tropical cyclone Batsirai in Madagascar, a WHO officer speaks to the grandmother and mother of twins about the importance of vaccinating the infants (February 2022). © WHO/Henitsoa Rafalia

Responding to four different storms across three countries, WHO was able to step in quickly to help national health authorities avoid the worse health effects of flooding. Thanks to the agility of the CFE, swift action helped ensure that affected populations had access to life-saving medical supplies and services, when and where they needed them.

Malawi's President declared a State of National Disaster. With nearly one million people affected; 63 health facilities hit (29 of them not accessible); 337 boreholes damaged; nearly 54 000 latrines collapsed; and substantial loss of medicines and vaccines – the need for a rapid health response was as urgent as it was clear.

To contain the health impact of flooding, in February 2022 nearly US\$ 400 000 was released from the CFE within 24 hours of request. With partners, WHO supported the Ministry of Health to assess 104 health facilities for functionality and safety; train 303 health workers in cholera management; reach 8 000 patients with life-saving cholera emergency treatment and testing kits; and vaccinate nearly 800 000 children aged 1 to 14 against cholera. More than 43 000 displaced individuals benefited from mobile clinics, some of them boat-powered, across the five most affected districts in the south of the country.

Mozambique

Cyclone Gombe was the last of a rapid succession of storms to strike south-east Africa, hitting Mozambique the hardest. The cyclone made landfall on 11 March 2022 near where Tropical Storm Ana had struck only a few weeks earlier, magnifying the impact of both storms. As a Category 3 cyclone with winds up to 185 kilometres per hour, Cyclone Gombe caused 63 deaths, injured 108 and displaced tens of thousands of people; in addition, nearly 79 000 houses were destroyed, 69 health

facilities severely damaged and more than 1 000 kilometres of roads affected.

Immediately following the storm, WHO supported the Ministry of Health to undertake a rapid needs assessment and distribute existing stocks of medicines and supplies. When the extent of the damage to the health sector became evident, WHO released US\$ 1.2 million from the CFE in early April to provide essential health services in the cyclone-affected areas, including preventing and responding to disease outbreaks.

In the most-affected areas of Nampula and Zambezia provinces, these funds were instrumental in the rapid procurement and delivery of essential medical equipment, drugs and consumables. Sixteen boxes of essential medicine and supplies, including trauma kits reached 70 000 patients; 70 clinicians (41% women) were trained in the surveillance and management of diarrhoea and cholera; and continuity of service was ensured in nearly 90% of affected health facilities, including by erecting tents and deploying much needed health personnel.

Responding to four different storms across three countries, WHO was able to step in quickly to help national health authorities avoid the worse health effects of flooding. Thanks to the agility of the CFE, swift action helped ensure that affected populations had access to life-saving medical supplies and services, when and where they needed them.

Containing two measles outbreaks: Afghanistan and Somalia



Mohammad Aman brings his four-year-old daughter Nastaran to a measles vaccination site in Mazar-i-Sharif. In 2022, CFE funds supported a national measles vaccination campaign across Afghanistan reaching three million children under five. © WHO

Measles is an extremely contagious viral disease. Despite the availability of a safe and effective vaccine, it remains a major cause of death among young children globally – where vaccine coverage is low and access to health care is poor.

2022 saw a spike in measles cases globally, with an increase by 79% in the first two months compared to the same period in 2021. Afghanistan and Somalia were among the countries with the largest outbreaks.

With measles endemic in the country, **Afghanistan** has experienced a virus resurgence

since 2021. In early 2022, an increasing number of cases was detected across the country and, within two months, more than 1 000 were confirmed.

The combination of a fragile health system overburdened by the COVID-19 pandemic response; low routine immunization coverage due to the pandemic and extended periods of insecurity; and widespread malnutrition that weakens immunity and makes children more likely to experience severe disease and death – all these factors left many children under the age of 5 vulnerable to infection.

To avoid catastrophic consequences in the context of one of the largest and longest-standing humanitarian emergencies in the world, in February 2022 US\$ 1.5 million was released from the CFE. This enabled the Ministry of Public Health to kick-start a three-phase measles vaccination campaign across 141 districts, with support from WHO and partners.

Some 16 000 vaccinators were recruited, trained and deployed, while health facilities in 25 provinces were stocked with vaccine and necessary supplies (e.g. syringes, safety boxes and masks). Thanks to the financial support of the Global Polio Eradication Initiative, the measles vaccine was integrated with the polio vaccine to maximise outreach effort and protection. As a result, three million children under the age of 5 were vaccinated in Afghanistan, with a decrease in measles cases by over 40%.

In the same year, the CFE was also instrumental in responding to a measles outbreak in **Somalia**. Although measles is endemic in the country, cases started rising in early 2022. Between 2 January and 5 March 2022, more than 3 500 suspected cases were reported.

With an ongoing drought – which meant that people are forced to move in search of food and water, making malnourished children more susceptible to infections – and no vaccination campaign carried out since 2019 as a result of the COVID-19 pandemic, an emergency response was urgently needed to avoid the worst consequences of a preventable disease.

Within 48 hours of request, WHO released US\$ 1 million in May 2022 to launch a life-saving vaccination campaign across 17 districts in Puntland and Galmudug states. With the collaboration of partners, WHO supported the ministries of health in both states to plan, implement and monitor the measles campaign.

This included a one-day training of trainers for regional and district management teams, which in turn trained 978 vaccinators, 489 data recorders and 489 social mobilizers; as well as comprehensive risk communication campaign – with 40 awareness-raising sessions engaging community elders, door-to-door visits reaching more than 1 500 people, and TV and radio announcements targeting an estimated two million people.

Importantly, infrastructure built during previous polio campaigns proved helpful in this measles campaign. Overall, more than 459 000 children under 5 were vaccinated against measles in Somalia, benefiting from WHO's emergency response.

Both in Afghanistan and Somalia, inclusivity was paramount to reach vulnerable populations. This also meant training and deploying female vaccinators, who would be better accepted by mothers in areas where mothers are not allowed to move far from their home to vaccinate their children.

In different continents but fighting the same disease, a swift release of CFE funds played a key role to avoid vaccine-preventable disease and deaths in both countries.

More than 459 000 children in Somalia and three million children in Afghanistan under the age of five were vaccinated against measles, benefiting from WHO's emergency response.

Small releases, big impact: Iran (Islamic Republic of), Nigeria and Sudan



WHO representatives visit the warehouse of the Islamic Republic of Iran's National Emergency Management Organization, where CFE-funded trauma and emergency surgery kits were stored ready for use in the aftermath of the earthquake that hit Hormozgan Province on 2 July 2022. © WHO

Even small CFE releases had a big impact in 2022. While larger emergencies made the headlines, the CFE was also used for lesser-known emergency responses.

In **Iran (Islamic Republic of)**, the CFE was used to respond to a 6.1-magnitude earthquake that jolted the country on 2 July 2022. Hitting a historically underprivileged area in Hormozgan Province, in the south of the country, the earthquake left two health facilities damaged and unusable in the context

of already insufficient health resources. Within 24 hours of request, US\$ 50 000 was released to support the National Emergency Management Organization (NEMO). This small, rapid injection of resources allowed WHO to fill an urgent gap in emergency supplies and equipment, benefiting 50 hospitalized trauma patients in need of life-saving surgery. Furthermore, the support resulted in greater collaboration between WHO and NEMO, serving as a catalyst to enhance emergency preparedness work.

In **Nigeria**, CFE funding enabled WHO to provide support to the government-led response to a Lassa fever outbreak in January 2022. Within 24 hours of request, US\$ 206 000 was released, allowing 65 clinicians to be trained in Lassa fever case management; national rapid response teams to be deployed to strengthen investigation in eight states; and necessary supplies to be distributed to communities and health facilities for the elimination of rodents that carry the Lassa virus. In just a few months, the outbreak was successfully contained.

In **West Darfur**, Sudan, a small but critical release of US\$ 300 000 in April 2022 helped local health facilities better cope with the increased influx of wounded people, as a result of resuming tribal clashes. With CFE funds, Kereneik Hospital was one of two local hospitals to receive trained medical staff and supplies.

Trauma kits and basic anaesthesia supplies were delivered to the hospital to treat up to 500 injuries, as well as medicines and other medical supplies to cover 60 000 patients for six months. Between June and July, nearly 900 000 people benefited from a stronger trauma referral and case management system in the affected area. Thanks to timely funding from the UN Central Emergency Response Fund and other donors, expenses charged to the CFE could be transferred to incoming donor resources allowing 100% of the CFE allocation to be returned to the Fund.

Be it in response to disease outbreaks, natural hazards or conflict – modest but timely releases from the CFE made a difference in people’s lives, allowing WHO to fill a crucial gap in health emergency responses throughout the year.



Emergency supplies procured with CFE funds in response to the earthquake in the Islamic Republic of Iran benefited hospitalized trauma patients in need of life-saving surgery. © WHO

14th and 15th Ebola outbreaks in the Democratic Republic of the Congo



Contacts of contacts are being vaccinated to help contain the 14th Ebola outbreak in the Democratic Republic of the Congo in May 2022.
© WHO/Eugene Kabambi

2022 saw a resurgence of Ebola virus disease in the Democratic Republic of the Congo (DRC). First in Mbandaka, Equateur Province, in April and then in Beni, North Kivu Province, in August – both outbreaks were rapidly brought under control by national health responders, with the support of two CFE releases for a total of US\$ 700 000.

In **Mbandaka**, vaccination was launched in a matter of days. By early July, some 2 000 people were vaccinated, including more than 1 300 frontline workers. This, together with key countermeasures such as surveillance and testing, helped bring the outbreak to an end in less than three months.

In **Beni**, CFE funds allowed WHO and partners to support health authorities extinguish the Ebola flare-up in just 42 days. Multidisciplinary teams were deployed to actively search and care for cases; a cargo airplane was sent from Goma to Beni with medical supplies and ultra-cold chain equipment; and more than 686 health workers were briefed on infection prevention and control (IPC).

Coupled with funds readily available, the robust experience in Ebola control gained by national authorities and health staff over the years proved critical in ending both emergencies swiftly – with limited transmission of the virus.

Global mpox outbreak



A laboratory technician mixes mpox samples with stocks inside the biosafety cabinets at the National Institute of Health Doctor Ricardo Jorge in Lisbon to determine infection in suspected individuals. © WHO/Khaled Mostafa

With speed being critical in rapidly changing emergency settings, between June and July 2022 WHO released US\$ 8 349 000 from the CFE – even before mpox (monkeypox) was declared a Public Health Emergency of International Concern (PHEIC). This was crucial to kick start a rapid response to the global mpox outbreak by strengthening diagnostics, clinical management and surveillance across Member States.

As mpox cases emerged in new populations and geographical areas, health authorities faced challenges to understand clinical features and issue recommendations for case management. In response, WHO created a [Global Clinical Platform](#)¹⁸ to help inform clinicians, as well as a case report form to standardize data collection.

In different contexts, the quick release of funds allowed WHO to take timely action, which can make the difference between life and death in an emergency. For example: diagnostic kits were delivered to 20 countries in 11 days across the WHO Eastern Mediterranean Region; 37 countries and territories received molecular diagnostics training in the Americas; 362 health workers were trained in Ghana on mpox surveillance, risk communication and improved case management; and 130 000 doses of third generation mpox vaccines were secured for Latin America and the Caribbean.

Sahel crisis: A catalytic investment to scale up the health response



Residents of a displacement camp in Ménaka, Mali, wait in line to be vaccinated against COVID-19 on 18 December 2022. More than 400 000 people are internally displaced in Mali as a result of the worsening security situation. © WHO/Fatoumata Diabaté

The **Sahel** is facing one of the fastest growing, yet most forgotten crises in the world. It is estimated that more than 33 million people are grappling with the devastating impacts of armed conflict, insecurity, food insecurity and displacement across **Burkina Faso, Cameroon, Chad, Mali, Niger, and Nigeria**. Health indicators are among the worst in the world; droughts, land degradation and unpredictable weather are exacerbating the crisis.

In 2022, WHO released US\$ 8.3 million from the CFE to dramatically scale up its capacity to respond to the region's acute health needs. Thanks to these funds, WHO established dedicated Incident Management Teams in each of the six countries, as well as a new Sahel Command Centre in WHO's regional emergency hub in Dakar, Senegal. This enabled the Organization to coordinate response activities across the region – including training, distributing medicines and supplies, and providing expertise where needed.

Thanks to a timely investment from the CFE, WHO's comprehensive health response reached nearly nine million people across the Sahel in 2022.

Nearly 1 800 health workers were trained in rapid response, cholera management, mental health, nutrition, and diseases surveillance. 949 health facilities and 214 mobile medical teams received direct support – including hundreds of tonnes of equipment, supplies and medicines – enabling them to deliver essential health services and take life-saving action, such as screening for malnutrition and managing related medical complications.

CFE funding was also used to roll out a [Health Resources and Services Availability Monitoring System \(HeRAMS\)](#) in Niger and Cameroon. Rapidly deployable and scalable, HeRAMS aims to ensure core information on

essential health resources and services is readily available to decision makers and, as such, is an essential component of emergency preparedness and response. The funding was also used to reinforce the implementation of this information-sharing system in the other countries of the region.

Thanks to a timely investment from the CFE, WHO's comprehensive health response reached nearly nine million people across the Sahel in 2022. In 2023, emergency health needs in the region remain considerable. WHO continues to play a crucial role in delivering health services to the most vulnerable in the Sahel.

How mental health support is restoring hope in war-torn Nigeria

“At some point, I lost it,” says Hafsat Naya,* 59, who lives in Jere, a Local Government Area in Borno State, Nigeria. “I was separated from the people I knew. Everyone had been displaced. There were a lot of killings and we could not go to the farm or market because of fear.”

In Borno State, over two million women, children, and men have been forced to flee their homes to stay alive. More than a decade of conflict in north-east Nigeria has resulted in an ongoing humanitarian crisis, with a dramatic mental health cost.

For Hafsat, this cost became very clear when she lost the ability to work. Her mental health deteriorated to the point that she was not able to support her family, nor herself. She had to rely on her children to feed, bathe and care for her. Slowly, she withdrew from life.

“They had to take me to the hospital, where I started treatment. As I got better, I was referred to Mala-Kachallah primary health care clinic in Maiduguri,” says Hafsat. “The health workers are very welcoming and not judgmental, I am happy with how I am treated. Also, the drugs I need to take are given to me free of charge. This has made it easy for me to continue my treatment because I would not have been able to afford it,” she adds.

Like Hafsat, 60 million people in Nigeria are suffering unspeakable distress and need help to restore their mental health, which is a crucial part of a fulfilling life.

To meet these growing needs, the World Health Organization (WHO) has been providing mental health support as part of its health care response in Borno State. More than 150 health workers have been



A mental health nurse prepares prescription drugs for a patient at Mala-Kachallah primary health care clinic in Maiduguri, Nigeria, on 5 October 2022. © WHO/Kingsley Igwebuike

trained in mental health care strategies in emergency settings. Patients seeking help can now receive the care they need in an effective way.

“WHO’s continued provision of mental health services to the most vulnerable in Borno State has been made possible through the generous funding from the Contingency Fund for Emergencies (CFE) and other donors,” says Dr Beatrice Muraguri, WHO Emergency Manager for north-east Nigeria.

Mallam Muhammad Dauda Jamil, Deputy Director for Emergency Medical Response and Humanitarian Services in Borno State, highlights that many vulnerable people have benefited from WHO’s work in mental health – which integrates mental health and psycho-social support with response to gender-based violence.

“WHO is the leading organization providing specialized mental health care across 15 Local Government Areas; we are grateful for its tremendous support,” he says.

From January to December 2022, more than 16 500 patients have received specialized mental health care services and some 176 000 people have benefited from psychosocial support in Borno State. Hafsat is one of them.

“I am beginning to understand what happened to me,” says Hafsat. “Everything is not yet perfect, but I have started a small business and, for the first time in a while, I have some hope for the future,” she adds.

*Name changed to protect identity

Looking ahead



WHO Regional Director for Europe, Dr Hans Kluge, talks with Ukrainian refugees at the Rzeszow train station in southeastern Poland. © WHO/Uka Borregaard

The CFE remains a critical investment in global health security. The Fund is a cornerstone of WHO's emergency response capacity, enabling the Organization to respond quickly and effectively to health emergencies worldwide, whenever they occur.

WHO's work in emergencies would not be possible without generous donor funding. This support is not taken for granted. With aid budgets stretched, WHO and other relief actors must do more with less and deliver value for money in the face of competing priorities.

And donors recognize the value of investing in the CFE, whose speed and flexibility saves time, resources, and lives. Continued predictable and sustainable financing is required to guarantee

the viability of the Fund and to ensure that WHO can continue to stop disease outbreaks before they spread, address essential health needs in complex emergencies, and provide immediate care to survivors of natural disasters.

WHO entered 2023 responding to some 55 emergencies, including 11 Grade 3 crises. This was before the devastating earthquakes that struck [Türkiye and the Syrian Arab Republic](#),¹⁹ continued cholera outbreaks, the conflict in Sudan and other crises, serving once again to remind us of the unpredictable nature of emergencies. With millions of lives at stake, WHO is once again leaning on the CFE to respond to these and other emergencies this year. Every dollar counts and provides a lifeline to people impacted by health emergencies.

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Annex 1

CFE contributors, 2015 – 2022 (US\$)

	2015	2016	2017	2018	2019	2020	2021	2022	
Germany	1 096 491	3 728 495	9 876 113	15 216 968	17 117 838	4 506 001	31 648 800	20 996 451	104 187 157
United States of America								49 961 538	49 961 538
Japan		10 833 800			22 055 107				32 888 907
United Kingdom	9 436 834		1 100 000	5 641 749	5 235 602		5 586 592		27 000 777
Netherlands (Kingdom of the)		1 082 514		1 165 501	2 352 941	6 794 448	1 176 471	1 176 470	13 748 345
Norway				1 253 761	1 173 434	2 580 461	3 472 146	4 650 081	13 129 883
Sweden		1 159 555		4 412 089	1 028 383	4 186 545			10 786 572
Canada	729 927		751 880	753 012	741 290	1 455 592	1 622 060	1 545 595	7 599 356
Denmark				3 185 011		1 211 387			4 396 398
New Zealand					1 004 016	972 763	1 094 891	977 199	4 048 869
Australia				3 044 140	353 857				3 397 997
Korea			1 015 192	1 000 000	1 000 000				3 015 192
China	2 000 000						1 000 000		3 000 000
Kuwait				500 000	500 000	500 000		500 000	2 000 000
France		1 418 218					281 532		1 699 750
Luxembourg				578 704	555 556	218 341	238 663		1 591 264
India	1 000 000								1 000 000
Finland					739 283				739 283
Switzerland				502 008			75 922	100 503	678 433
Estonia	32 967	53 078	59 242	56 818	55 556	58 754	33 784	31 983	382 182
Austria						339 367			339 367
Philippines					2 500	20 000	35 000	35 000	92 500
Portugal							28 153	28 377	56 530
Malta				20 000					20 000
Georgia					5 000	5 000	5 000		15 000
Total (US\$)	14 296 219	18 275 660	12 802 427	37 329 761	53 920 363	22 848 659	46 299 014	80 003 197	285 775 300

Annex 2

CFE approved releases, utilization, and amount refunded, 2022 (as at 1 May 2023)

Emergency	Approved (US\$)	Utilization (US\$)	Refunded (US\$)	Percent
Afghanistan measles outbreak	1 500 000.00	1 474 483.61	25 516.39	1.70%
Armenia Azerbaijan conflict	50 000.00	49 800.94	199.06	0.40%
Belarus migrant crisis	50 000.00	47 670.31	2 329.69	4.66%
Benin cholera outbreak	277 140.00	214 053.33	63 086.67	22.76%
Cameroon cholera outbreak	456 425.00	452 838.03	3 586.97	0.79%
Democratic Republic of the Congo 15th Ebola outbreak (North Kivu)	200 000.00	198 230.82	1 769.18	0.88%
Democratic Republic of the Congo 14th Ebola outbreak (Equateur Province)	500 000.00	441 518.15	58 481.85	11.70%
Ethiopia complex emergency (northern Ethiopia)*	3 000 000.00	605 161.00	0.00	
Ethiopia drought response	3 154 344.00	3 103 599.23	50 744.77	1.61%
Gambia acute kidney injury	470 000.00	450 668.40	19 331.60	4.11%
Ghana Marburg Virus Disease outbreak	200 000.00	199 999.64	0.36	0.00%
Greater Horn of Africa drought and food insecurity*	16 545 087.00	13 967 722.30	0.00	
Guinea & Sierra Leone Ebola vaccination	233 400.00	224 336.00	9 064.00	3.88%
Iran (Islamic Republic of) earthquake	50 000.00	43 544.30	6 455.70	12.91%
Iraq Crimean-Congo Hemorrhagic Fever outbreak	500 000.00	499 999.28	0.72	0.00%
Lebanon cholera outbreak	2 245 420.00	961 680.41	1 283 739.59	57.17%
Madagascar storms	253 275.00	250 285.13	2 989.87	1.18%
Malawi cholera outbreak*	495 471.00	0.00	0.00	
Malawi storms	398 600.00	383 539.18	15 060.82	3.78%
Mozambique storms	1 218 676.00	1 051 905.31	166 770.69	13.68%
Mpox outbreak (global)*	8 348 983.00	6 026 198.93	196 836.70	
Nigeria Lassa Fever outbreak	206 000.00	205 999.68	0.32	0.00%
occupied Palestinian territory complex emergency	1 967 290.00	1 899 564.13	67 725.87	3.44%
Pakistan cholera outbreak	677 000.00	541 455.66	135 544.34	20.02%
Pakistan floods	10 000 000.00	4 135 575.69	5 864 424.31	58.64%
Sahel crisis	8 774 598.00	8 229 228.49	545 369.51	6.22%
São Tomé and Príncipe Dengue Fever outbreak	332 051.00	178 195.94	153 855.06	46.33%
Somalia explosions / trauma response	973 876.00	973 874.78	1.22	0.00%
Somalia measles outbreak	1 000 000.00	938 658.21	61 341.79	6.13%
South Sudan floods	462 200.00	412 532.54	49 667.46	10.75%
Sudan (West Darfur) conflict	300 000.00	0.80	299 999.20	100.00%
Sudan civil unrest	80 000.00	47 714.00	32 286.00	40.36%
Syrian Arab Republic cholera outbreak	1 900 000.00	1 608 303.08	291 696.92	15.35%
Uganda Ebola outbreak*	10 721 928.00	6 128 808.60	4 269 791.00	
Ukraine crisis	10 228 572.00	275 246.11	9 953 325.89	97.31%
Total	87 770 336.00	56 222 392.01	23 630 993.52	26.92%

*Amount refunded not finalized. Financial reconciliation will be completed upon financial closure of these allocations which were ongoing at time of writing.

Annex 3

CFE utilization by category (as at 1 May 2023)

Category	Utilization (US\$)	Description
Contractual Services	24 645 359	
Consulting and research services	103 734	Consultant and research costs
General contractual services	12 206 740	Contracts for services provided to WHO
Training	1 003 242	Training for WHO staff or organized by WHO
Security Expenses	191 170	Expenses to guarantee the security of WHO staff and premises
Special service agreements	3 380 399	Agreements with individuals (e.g. technical and administrative support for health campaigns)
Direct Implementation	7 760 074	To cover operational costs of activities when not feasible to implement activities through other contractual arrangements
Equipment, vehicles and furniture	575 425	Vehicles, IT equipment, office furniture, telecom equipment
General operating expenses	2 997 082	Rent, utilities, maintenance, office supplies, etc.
Medical supplies and materials	15 711 794	Vaccines, health kits, protective equipment, hospital and lab supplies
Staff and other personnel costs	1 919 914	Regular staff costs, daily paid staff (e.g. interpreters)
Transfers and grants	7 820 082	
Direct financial cooperation	4 667 300	Transfers made to government partners, (e.g. per diems and operational costs of public health activities, such as immunization campaigns)
Agreements with UN and NGOs	828 172	Grants to international and national implementing partners
Equipment for third parties	2 324 611	Equipment and supplies for third-party implementation
Travel	2 552 736	Duty travel on mission for WHO (e.g. international staff travel)
Total (US\$)	56 222 392	

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