

# HEALTH

## WHO'S HEALTH EMERGENCY APPEAL 2024

A baby receives a medical checkup at the medical health point at UNRWA shelter in Taif Prep Boys School.

Photo: © WHO oPt



# FOREWORD

The threats of climate change, extreme weather events, food insecurity, conflict and displacement are intersecting, causing deeper and increasingly complex health emergencies. In 2024, almost 300 million people will require humanitarian health assistance and protection, and at least 15 emergencies are expected to require the highest level of intervention.

At least five WHO regions are impacted by worsening conflict and insecurity, including desperate situations in Ethiopia, Haiti, Myanmar, the occupied Palestinian territory, Sudan, and Ukraine. For those facing emergencies, disruptions to essential health services often mean the difference between life and death. From mothers giving birth during conflict, to aid to young children in drought-affected regions, to those receiving cancer treatment or dialysis, health care saves lives. Health care services are also critical for breaking the cycle that too often leaves communities in a perilous state and reliant on yet more emergency assistance.

Meanwhile, the climate crisis is stretching our ability to respond to a growing number of disasters. These are leading to an increased number of infectious disease outbreaks, higher levels of severe malnutrition, and a heightened risk of water-borne diseases following drought and flooding. Every humanitarian crisis is also a health crisis. Day and night, heroic health workers are helping those in crisis on the frontline, delivering critical services at great personal risk.

To stay ahead of these deepening threats, we need a robust approach that allows us to act quickly to provide high-quality healthcare to people in urgent need. We must do this while building resilience to future health threats and delivering on our longer-term commitments to people and the U.N.'s Sustainable Development Goals.

To achieve this, WHO urgently needs US\$1.5 billion in funding to protect the health of the most vulnerable populations facing emergencies. This year's appeal is the product of a series of difficult decisions. It is based on robust and rigorous plans highlighting where funds should be targeted to have the greatest impact, in the face of increasingly protracted crises. Last year saw a significant drop in donor funding for humanitarian relief. In 2024, emergency health delivery needs will grow, even as funding is decreasing. It is imperative that donors step up support and fund health care. The ability of WHO to deliver aid is a matter of life and death.

With the support of donors, we will save lives, meet critical health needs for the most vulnerable, and help communities emerge from crises with a greater ability to tackle future health threats. That support allowed us to assist millions of people in 2023. As we enter 2024, the solidarity and support of the international community is needed more than ever.

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



**Dr Mike Ryan**  
Executive Director of WHO's Health Emergencies Programme

# HEALTH NEEDS IN HUMANITARIAN CRISES

## KEY FACTS:

- An alarming combination of conflict, climate-related threats and increasing economic hardship mean that almost 300 million people will need humanitarian assistance and protection in 2024 – with an estimated 166 million people requiring health assistance.
- Every humanitarian crisis is also a health crisis. Failing to protect healthcare in humanitarian emergencies not only puts lives at immediate risk, it also feeds a cycle of disruption to the health system functionality, reducing people’s access to health, perpetuating poverty, and threatening progress on global targets on health, education, nutrition and livelihoods.
- In 2024, WHO is calling for US\$1.5 billion to provide life-saving health interventions for vulnerable populations in the most complex emergencies.
- Through the Health Emergency Appeal 2024, WHO will provide critical support to 41 ongoing health crises around the world, reaching millions with urgent health assistance. This includes 15 ‘Grade 3’ emergencies, which require the highest level of support from WHO.
- Underfunding across the humanitarian sector is affecting the UN and its partners. While WHO’s work spans preparedness, readiness, and response, WHO remains especially concerned for the outlook for financing in 2024, and the impact of underfunding on its 40+ emergency response operations in 2024. It is imperative that the appeal is fully funded, for WHO to reach those with the most urgent health needs whilst continuing to build preparedness for future threats.
- The cost of inaction is one the world cannot afford: when communities and humanitarian partners cannot respond, more lives are put at risk and more communities suffer from the long-term consequences of a lack of access to health.

## EVERY HUMANITARIAN CRISIS IS ALSO A HEALTH CRISIS

In every humanitarian crisis, people are at risk of trauma, diseases and death. Rapid access to health services can mean the difference between life and death. Hospitals and primary health care facilities need critical supplies and operational support to provide vulnerable populations with critical services and treatments.

During complex emergencies, without concerted action, people may go for long periods without any access to essential health services. This increases their vulnerability to disease outbreaks and malnutrition, fueled by displacement, overcrowding and shortages of food and water. This can have profound long-term consequences.

Women, children, the elderly and people with pre-existing medical conditions are disproportionately affected by humanitarian emergencies. Maintaining essential health services is therefore critical - enabling mothers to give birth safely, protecting children against infectious diseases, treating malnutrition and ensuring those with chronic diseases continue to receive vital treatment.

Humanitarian crises have also led to direct impact on health care availability and access. In 2023, over 1300 attacks on health care were reported on WHO’s Surveillance System for Attacks on Health Care (SSA), including attacks on health workers, patients, health facilities, transport, supplies and warehouses. These took place across 19 countries and territories experiencing complex humanitarian crises, and led to more than 700 deaths and over 1100 injuries of health workers and patients.



## THE COST OF INACTION

Underfunding is directly linked to inaction, which puts even more lives at risk. As outlined in this year’s Global Humanitarian Overview, 2023 is likely to be the first year since 2010-2011 when humanitarian funding declined compared to the previous year. By 24 November 2023, about \$20 billion had been received against the GHO 2023 requirements, amounting to about 35% of requirements.

This underfunding is having dire consequences on millions around the world, leaving those in need without immediate relief, whilst impacting future prospects for children as their long-term health is put at serious risk.

# GRADE 3 HEALTH EMERGENCIES



## UKRAINE

The conflict in Ukraine has severely impacted the country's healthcare system and displaced many civilians, both internally and across borders. Ukraine faces acute shortages of healthcare supplies and personnel, and WHO is working to support the millions of Ukrainians who require mental health and rehabilitative services as well as other healthcare needs.



## AFGHANISTAN

Afghanistan continues to face a long-term humanitarian crisis exacerbated by challenges including lack of access to healthcare, food security, disease outbreaks, and natural disasters. 23.7 million people urgently need access to clean water and sanitation, and WHO is working to provide essential services and vital medical supplies.



## HAITI

Haiti faces a prolonged humanitarian crisis which has worsened significantly in 2023 due to escalating insecurity. The rising violence has further weakened the country's health system and many Haitians are unable to access essential health services. WHO is working to combat a cholera epidemic in the country and to enable Haitians to receive critical medical supplies and healthcare.



## OCCUPIED PALESTINIAN TERRITORY

The escalation of hostilities in the occupied Palestinian territory has led to the death, injury or displacement of thousands of civilians. WHO is urgently working alongside its partners to provide lifesaving healthcare and essential medical supplies in the Gaza Strip, which is facing a severe humanitarian and health crisis.



## SYRIAN ARAB REPUBLIC

More than 15 million people in Syria are in need of lifesaving and life-sustaining health services. Decreasing humanitarian support, disease outbreaks and the earthquake that struck in February 2023 have severely impacted the country's health system, which was already strained by years of conflict.



## NORTHERN ETHIOPIA

The combined effects of conflict and drought have left Ethiopia facing one of the worst humanitarian crises in decades, with conflict, internal displacement, socioeconomic hardship, the collapse of public services, outbreaks of disease including cholera, recurrent floods, and food insecurity all impacting lives and livelihoods around the country. 20 million people will need humanitarian assistance in Ethiopia in 2024.

Globally, WHO continues to respond to COVID-19, cholera and Dengue as Grade 3 emergencies.



## YEMEN

WHO is responding to an acute humanitarian crisis in Yemen, where an estimated 18.2 million people will need humanitarian assistance in 2024. The country faces disease outbreaks and armed conflict, and many people are unable to access basic healthcare services and essential medical supplies.



## GREATER HORN OF AFRICA\*

The Greater Horn of Africa, comprised of parts of Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda, is one of the world's most vulnerable regions. The region faces severe food insecurity, worsened by the climate crisis and conflict, and malnutrition and cholera are key challenges. WHO is providing nutrition actions to combat malnutrition alongside other essential health services.



## SOMALIA

Somalia continues to face high levels of food security and malnutrition, and childhood malnutrition and disease prevalence among children remain high. WHO is working to support vulnerable populations in Somalia through vaccination campaigns and other activities as the health system struggles to provide essential health services.



## DEMOCRATIC REPUBLIC OF THE CONGO

WHO is providing emergency health services and working to strengthen health systems across the Democratic Republic of the Congo, which is facing a protracted crisis caused by armed conflict, inter-communal violence, health emergencies and natural disasters. WHO is responding to epidemics in the Democratic Republic of the Congo including cholera, measles, mpox, COVID-19 and Ebola.



## SUDAN

Sudan's health system, which was already struggling to meet the needs of its people, is buckling under the pressure of massive internal displacements since the outbreak of war in 2023. In addition to the displacement of thousands, Sudan is also facing a humanitarian crisis and disease outbreaks. WHO is targeting 14.7 million people for health assistance in 2024.



## SOUTH SUDAN

South Sudan is facing a severe humanitarian crisis, with its population affected by the climate crisis, conflict, food insecurity and disease outbreaks. Many people have been internally displaced, and WHO is working to address acute food insecurity and other critical health challenges in the country.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

\*Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda

## INTERSECTING THREATS

As of January 2024, WHO was responding to 15 Grade 3 emergencies, requiring the highest level of support. 13 of these were complex humanitarian crises precipitated by the intersecting and mutually reinforcing threats of conflict, climate emergency and natural disasters.

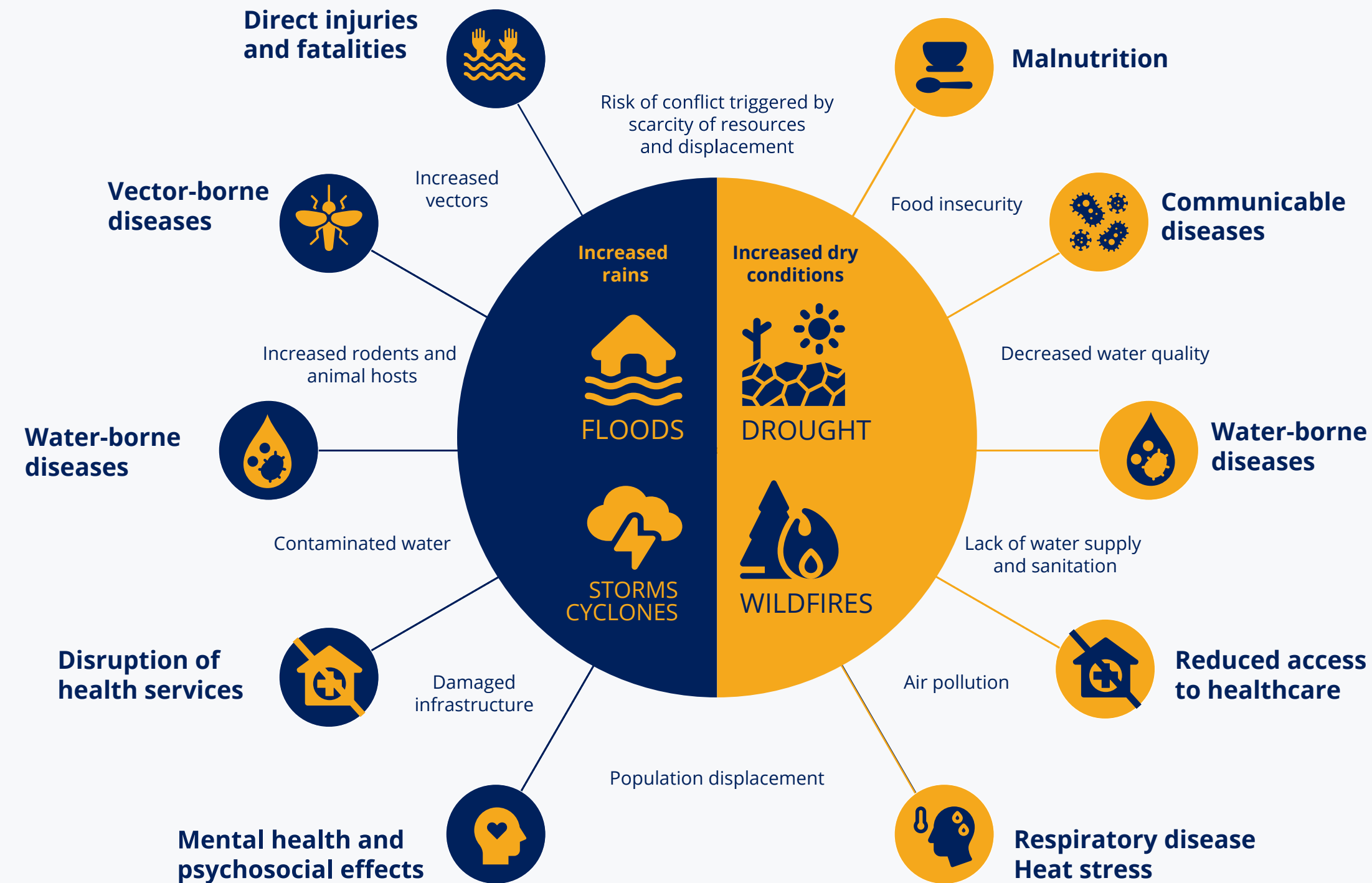
### **Climate change increases the risks affecting health emergencies and their frequency.**

Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress alone. The direct damage costs to health are estimated to be between US\$ 2–4 billion per year by 2030.

In 2023, climate change was an aggravating factor in a high proportion of the emergencies WHO was responding to. Changes in climate can also lead to scarcity of resources, causing or compounding conflict. The climate crisis is triggering a growing number of extreme weather events. These are leading to an increased number of infectious disease outbreaks, decreased access to health, higher levels of severe malnutrition due to food insecurity, and heightened risk of water-borne diseases following drought and flooding.

Temperature and precipitation changes enhance the spread of vector-borne diseases, increasing the frequency, intensity and geographic range of diseases such as cholera, chikungunya, dengue, malaria, yellow fever and zika. Extreme weather events decrease the quality and availability of water, disrupt sanitation systems and cause population displacements, increasing the risk of outbreaks of diseases such as cholera and diarrhoeal diseases. They also reduce access to health services as health facilities sustain damages and/or roads leading to health facilities become impassable.

In the coming months, the most severe health threats are likely to arise from malnutrition due to ongoing food insecurity as well as cholera and other diarrhoeal diseases. These are also compounded by El Niño, a climate pattern causing significant changes in temperature, with the greatest impact expected to occur in 2024.



The cholera outbreak in Ethiopia has sparked urgent prevention measures across all affected regions.

*Photo: WHO /Mulugeta Ayene*

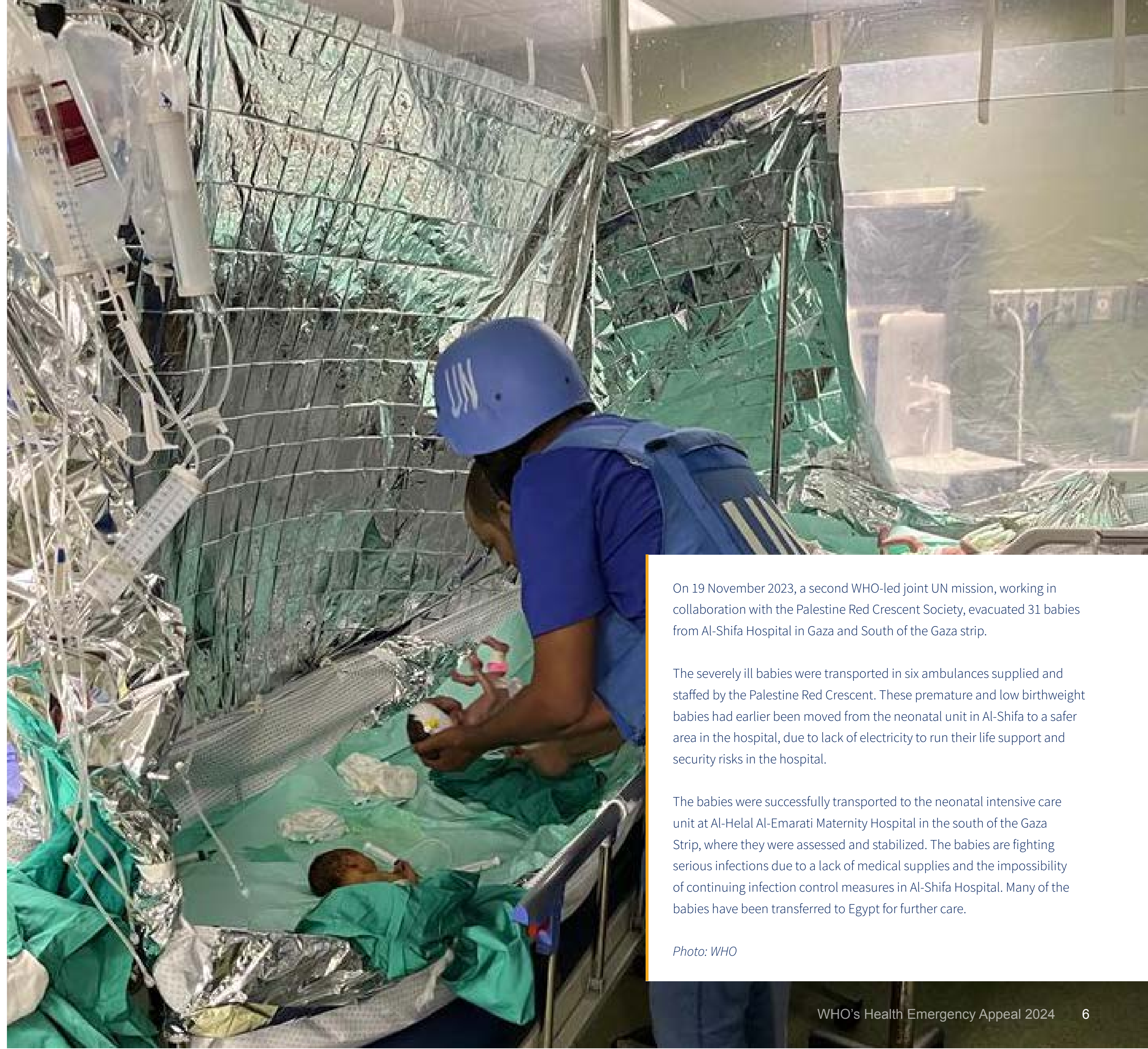
## ARMED CONFLICT THREATENS LIVES AND LONG-TERM HEALTH OUTCOMES

Conflicts are resurging and are more intense. One child in every five is currently living in or fleeing from a conflict zone and 75% of all maternal deaths occur in countries hosting fragile contexts. At least five of six WHO regions are impacted by worsening conflict and insecurity.

Beyond immediate injury and trauma, conflict has a widespread impact on the health of communities and presents serious challenges for the safe delivery of health services. Conflicts provide an environment for diseases to spread and kill rapidly. Almost one in five people affected by conflicts require specialized mental health services. Food insecurity results in undernutrition and increased morbidity, undermining the resilience and coping capacity of vulnerable populations.

Conflict is also a key driver of displacement, and the number of refugees grew to a record high of 36.4 million by mid-2023. Refugees and migrants often face worse health outcomes in countries of transit and destination due to cultural barriers, institutional discrimination and restricted use of health services. Large displacements of people also increase the risk of disease outbreak, due to overcrowding, poor water and hygiene, and lack of access to vaccinations and essential health services.

Essential health services are critical to mitigating the worst impacts of conflict: forced and voluntary displacement, the violation of the rights of women, girls, the elderly and disabled, and the targeting of health workers and facilities.



On 19 November 2023, a second WHO-led joint UN mission, working in collaboration with the Palestine Red Crescent Society, evacuated 31 babies from Al-Shifa Hospital in Gaza and South of the Gaza strip.

The severely ill babies were transported in six ambulances supplied and staffed by the Palestine Red Crescent. These premature and low birthweight babies had earlier been moved from the neonatal unit in Al-Shifa to a safer area in the hospital, due to lack of electricity to run their life support and security risks in the hospital.

The babies were successfully transported to the neonatal intensive care unit at Al-Helal Al-Emarati Maternity Hospital in the south of the Gaza Strip, where they were assessed and stabilized. The babies are fighting serious infections due to a lack of medical supplies and the impossibility of continuing infection control measures in Al-Shifa Hospital. Many of the babies have been transferred to Egypt for further care.

*Photo: WHO*

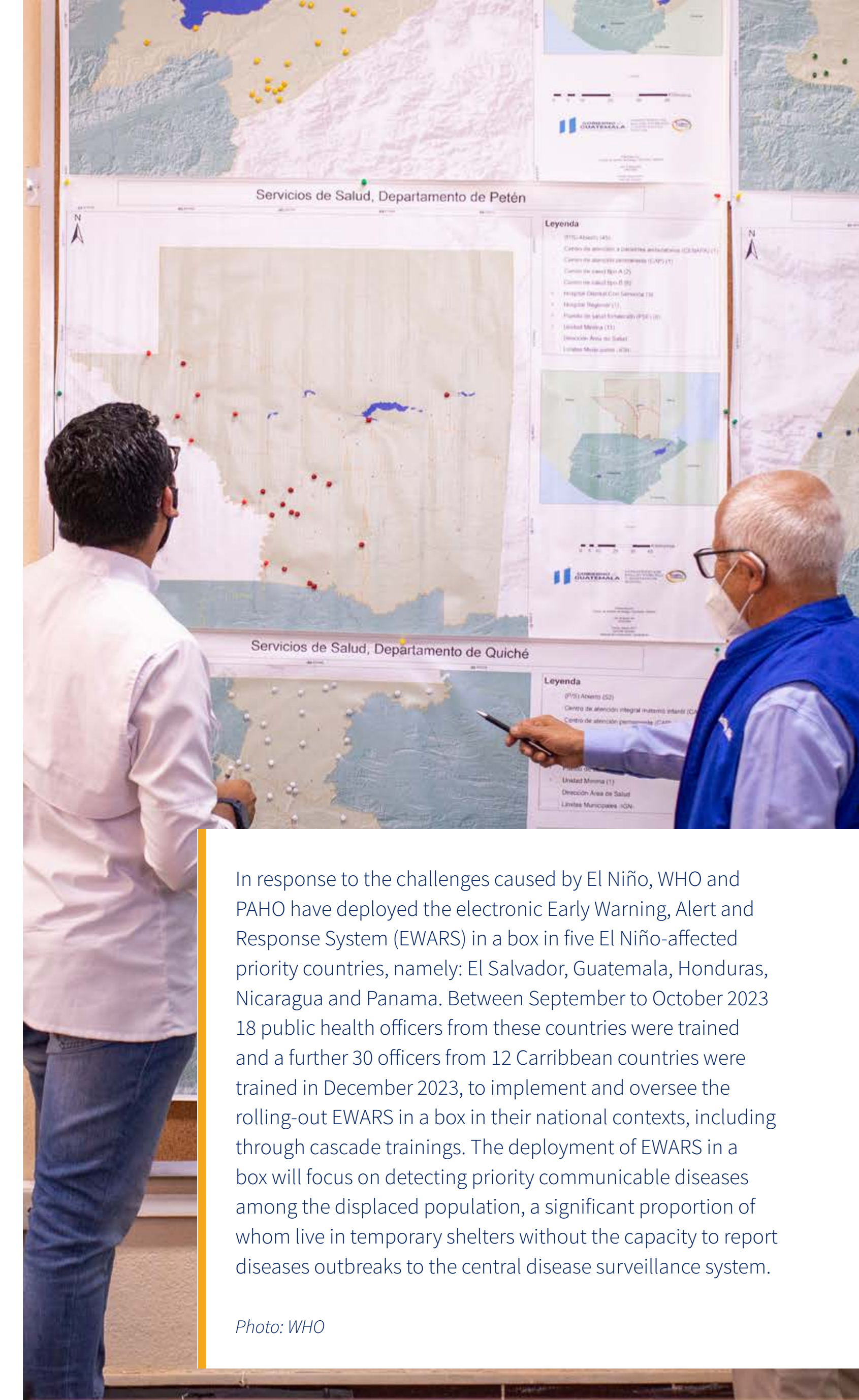
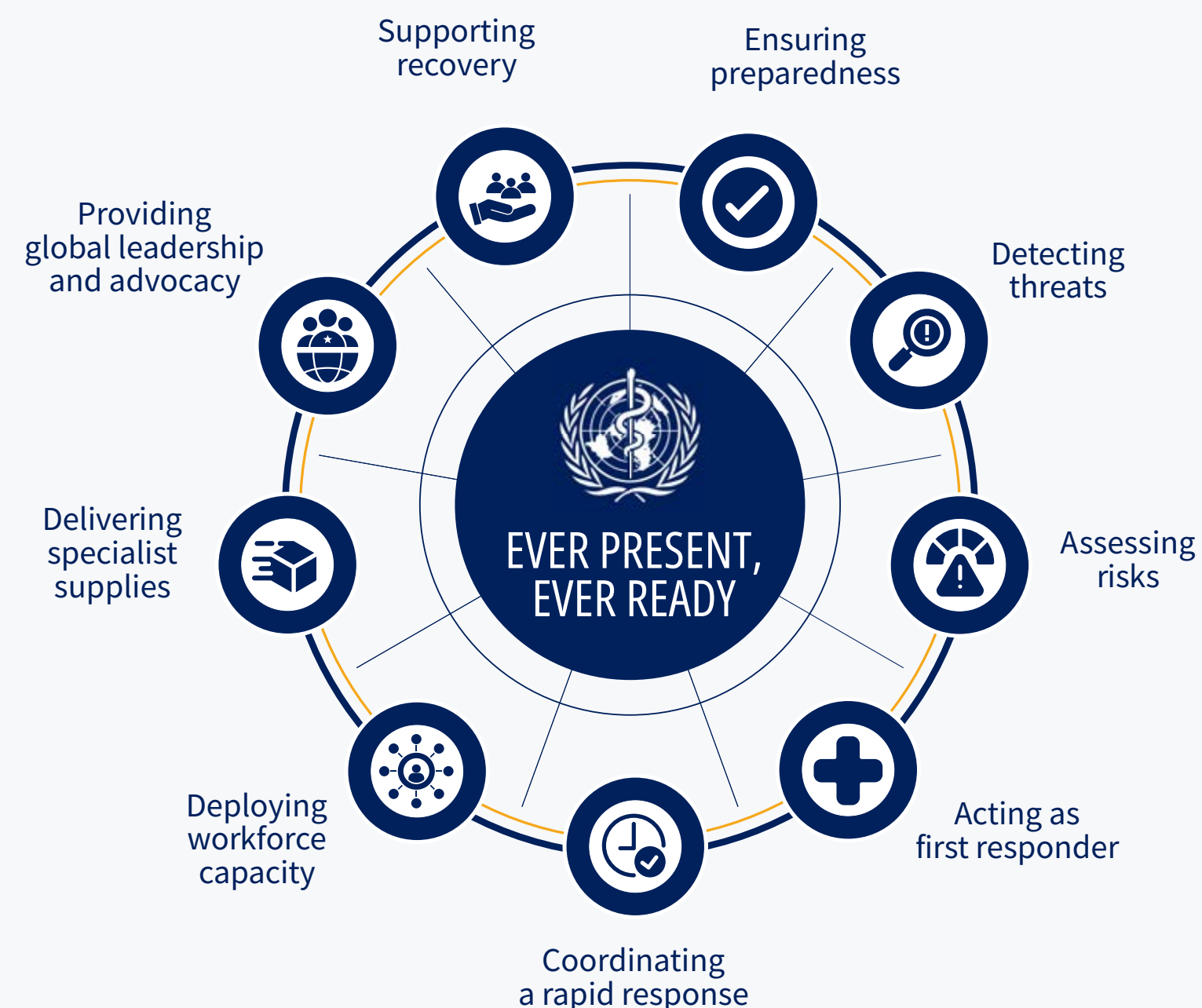
# WHO'S ROLE IN HEALTH EMERGENCIES

## KEY FACTS:

- In an emergency, every minute counts. WHO is already on the ground ready to assess needs and public health risks, and rapidly deploy and scale up a response that saves lives and protects health.
- WHO is a key humanitarian partner in health responses, coordinating and collaborating with a range of global and local actors to deliver vital health assistance during a crisis. From UN agencies to international organizations, health ministries and local actors, we work with multiple partners to ensure that no health need remains unmet.
- In 2023, we responded to a total of 65 graded emergencies, targeting more than 102 million people across 29 countries, alongside health cluster partners.
- WHO staff and our partners work every day to protect health and are determined to continue to deliver lifesaving healthcare to those who need it most, despite increasingly complex and hostile operating environments.
- We offer strategic evidence and science driven support to countries, partnering with them to deliver best-in-class rapid response while building resilience to future shocks.

## EVER PRESENT, EVER READY

WHO expertly matches the right solutions to the highest priority needs, protecting health and minimising the knock-on effects of crises. We prioritise support for health systems and existing health facilities where feasible, taking action to maintain and strengthen the delivery of services. We build on community-driven solutions and invest in local resilience strengthening.



In response to the challenges caused by El Niño, WHO and PAHO have deployed the electronic Early Warning, Alert and Response System (EWARS) in a box in five El Niño-affected priority countries, namely: El Salvador, Guatemala, Honduras, Nicaragua and Panama. Between September to October 2023 18 public health officers from these countries were trained and a further 30 officers from 12 Caribbean countries were trained in December 2023, to implement and oversee the rolling-out EWARS in a box in their national contexts, including through cascade trainings. The deployment of EWARS in a box will focus on detecting priority communicable diseases among the displaced population, a significant proportion of whom live in temporary shelters without the capacity to report diseases outbreaks to the central disease surveillance system.

*Photo: WHO*

## KEY ACTIVITIES

### Ensuring preparedness and readiness

Our focus on preparedness and readiness enables a rapid and efficient response. We put systems in place to detect emerging threats, train local staff on emergency responses, and ensure supplies are in place. An effective response to health emergencies does not happen in a vacuum, it demands preparedness and readiness. WHO's Health Emergencies Programme delivers continuous and complementary interventions and programmes ensuring that we are ready when a crisis strikes.

### Detecting threats

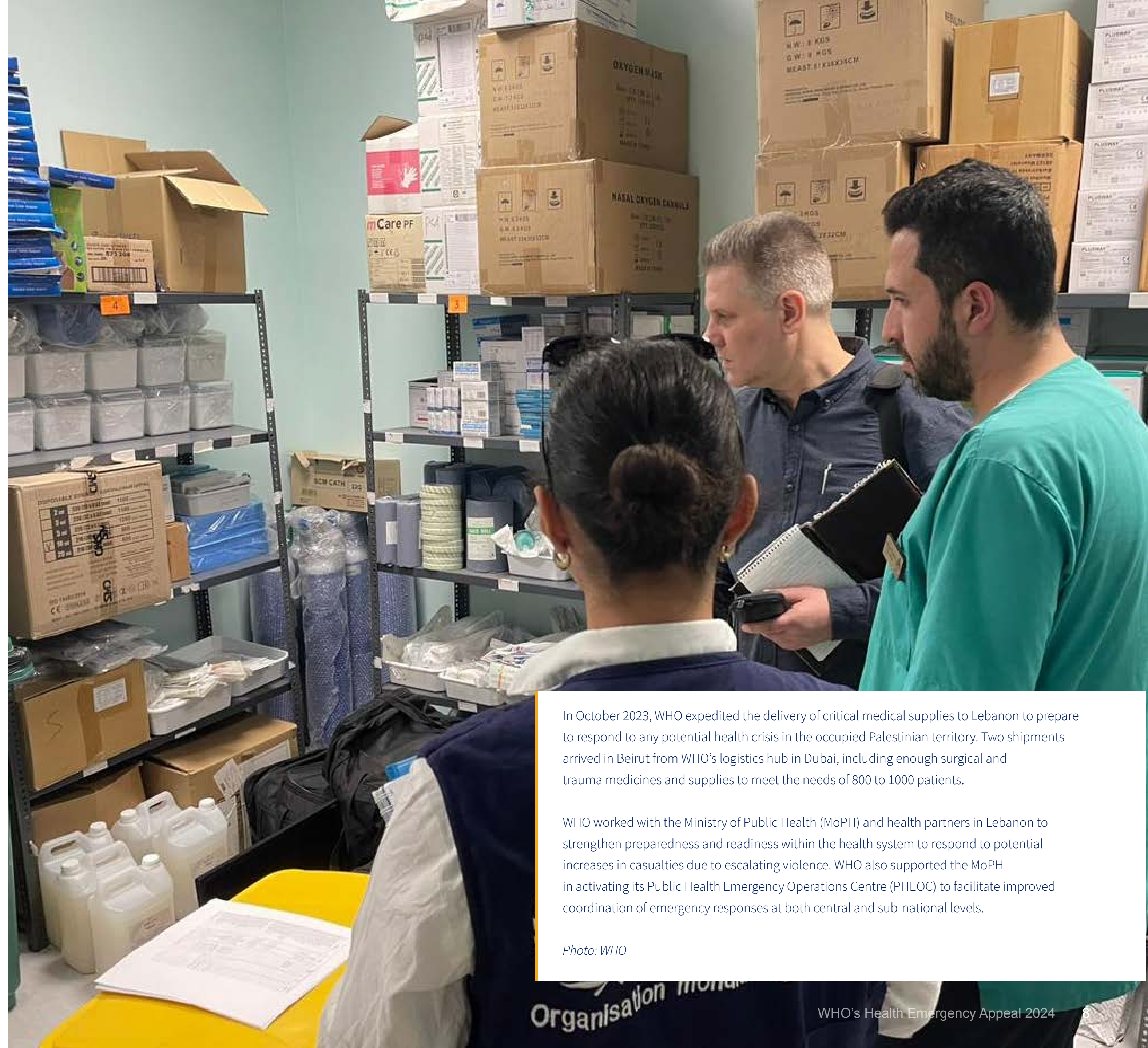
WHO's global surveillance system picks up public health threats 24 hours a day, 365 days a year. Our Public Health Intelligence system is designed to detect signals of potential international public health concern and track new health events globally. In the most challenging and complex settings, such as in countries in conflict or following a natural disaster, dedicated Early Warning, Alert and Response Systems (EWARS) are established as an integral part of national response activities to rapidly detect and respond to outbreaks, to prevent spread and save lives.

### Assessing and monitoring risks

Once an event is verified, WHO assesses and grades the level of risk and sounds the alarm to help protect populations from the consequences of outbreaks, disasters, conflict, and other hazards. WHO also evaluates existing capacities to respond and monitors health system functioning and service availability (HeRAMS) for effective targeting of support. We quickly implement steps to minimize the knock-on effects of crises.

### Serving as first responder

With dedicated teams in 150 countries, our public health experts, scientists, doctors and field officers are already on the ground and able to serve as the first responder. As a trusted, neutral partner to governments and ministries of health, WHO often delivers lifesaving care in areas others can't access - in many conflict-affected and humanitarian settings, WHO staff even act as a provider of last resort care.



In October 2023, WHO expedited the delivery of critical medical supplies to Lebanon to prepare to respond to any potential health crisis in the occupied Palestinian territory. Two shipments arrived in Beirut from WHO's logistics hub in Dubai, including enough surgical and trauma medicines and supplies to meet the needs of 800 to 1000 patients.

WHO worked with the Ministry of Public Health (MoPH) and health partners in Lebanon to strengthen preparedness and readiness within the health system to respond to potential increases in casualties due to escalating violence. WHO also supported the MoPH in activating its Public Health Emergency Operations Centre (PHEOC) to facilitate improved coordination of emergency responses at both central and sub-national levels.

*Photo: WHO*





On 10 September 2023, Storm Daniel hit northeastern Libya with torrential rains and flash floods affecting multiple cities and towns. Its impact was compounded by the collapse of two dams that led to the deaths of thousands of people in Derna. Only days later, WHO delivered 29 metric tonnes of health supplies to Benghazi from its Global Logistics Hub in Dubai. These included essential medicines, trauma and emergency surgery supplies, and cholera laboratory kits, as well as highly specialized medical equipment which allowed WHO to reach almost 250 000 people with health assistance.

Photo: WHO

### **Coordinating a rapid response**

Rapid and well-coordinated action saves lives, protects health, and minimizes the impact of health emergencies. As health cluster lead, WHO is responsible for rapidly directing a strategic response across hundreds of partners – ensuring that the right people and the right medical supplies are in the right place at the right time.

For every graded emergency, WHO allocates resources according to its “no regrets” policy. This means ensuring that the staffing and resources requested by the Incident Manager, WHO’s lead for a given emergency response, are made available without delay. WHO assists member states in establishing Public Health Emergency Operations Centres (PHEOC). When a public health emergency is confirmed, a national IMS is in place in the PHEOC to coordinate the national response with WHO and partners’ support.<sup>1</sup>

### **Deploying surge workforce capacity**

WHO’s health emergency workforce can be rapidly deployed to provide additional support during health emergencies. This includes operational partnerships such as the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams, Standby Partnerships Programme and the Global Health Cluster.

### **Adapting to unique local environments**

Every emergency is different. WHO works with a vast network of over 900 local actors to ensure that the best local health solutions are provided in the right context, to the right people at the right time. We recognise the importance of local knowledge in times of crisis and are committed to strengthening the long-term recovery and resilience of health systems.

### **Delivering specialist supplies**

Our global infrastructure and local presence allow us to play a critical role in the rapid transport and delivery of large volumes of specialist medical supplies and countermeasures, such as trauma and emergency surgery kits, vaccines, and birthing kits. The WHO Global Logistics Center represents the largest repository of pre-positioned health supplies and equipment within the World Health Organization’s global supply chain. Delivering health supplies to over 141 countries across all six WHO geographic regions, the operation rapidly delivers essential medicines and equipment in response to acute and protracted health emergencies around the world while simultaneously supporting quality assurance, consolidation, and distribution planning services for programs across the organization. WHO has developed standardized kits to meet different health needs in humanitarian emergencies and disasters, which are prepositioned in strategic locations to be mobilized quickly in times of need.

### **Providing global leadership and advocacy**

WHO is the trusted authority on health. Our global health diplomacy advocates for patients, healthcare, and adherence to international law, International Health Regulations (IHR), keeping health at the centre of emergency discussions.

### **Supporting recovery**

We provide ongoing support to national governments, helping increase the quality and coverage of health services - primary and acute care, clinical management, infection prevention and control, surveillance systems, research and development and on training the health workforce – building health systems that are resilient to future threats.

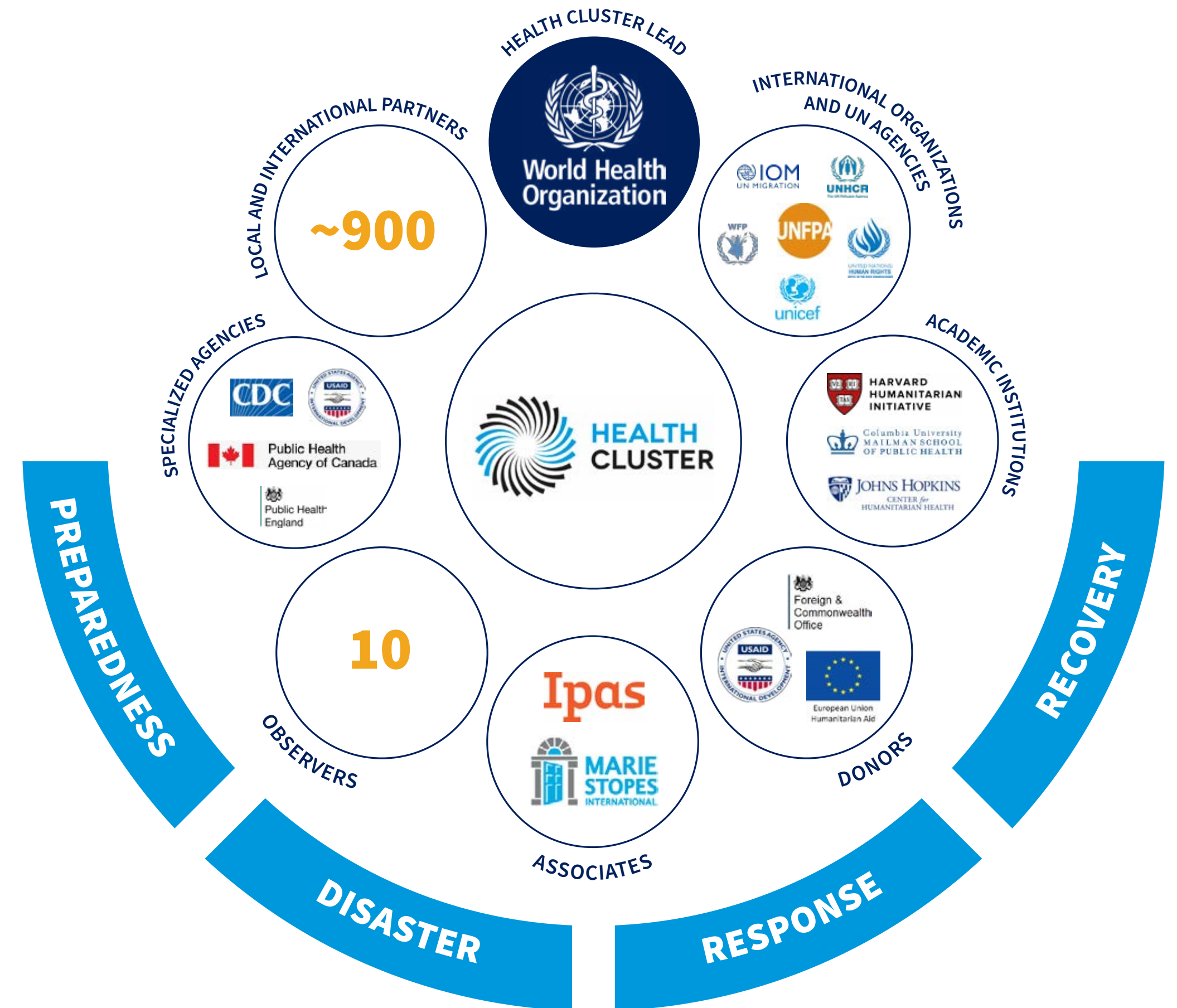
<sup>1</sup> The Incident Management System (IMS) is an emergency management approach comprising six critical functions: Leadership, Partner Coordination, Information and Planning, Health Operations and Technical Expertise, Operations Support and Logistics, and Finance and Administration.



Throughout 2023, WHO continued to drive the response to the ongoing health emergency in Ukraine, leading the Health Cluster which brings together almost 200 partners. In June, WHO co-ordinated a rapid response to the destruction of the Kakhovka Dam. This included the delivery of essential medicines and supplies to hospitals serving affected populations in addition to the resources needed to treat 3000 people for non-communicable diseases. Support was also provided for disease surveillance and rapid assessment of mental health and other emerging needs. WHO also worked to anticipate potential threats and assess the health risks associated with the destruction of the dam, such as the significant risk of waterborne diseases and rodent-borne diseases, the lasting physical and mental health impact on affected communities, and the anticipated damage to health facilities in the medium to long term. In this context, WHO delivered community education and engagement campaigns on how to stay safe during floods and developed materials on acute infections such as cholera and botulism, water treatment and food safety in partnership with the Ministry of Health. WHO and partners are also continuing to support authorities to provide health services, with the WHO-supported national Emergency Medical Teams (EMT) on standby to assist civilians with a range of urgent medical needs, and monitor potential environmental risks, including chemical and nuclear hazards.

Photo: GettyImages

## WHO'S ROLE AS HEALTH CLUSTER LEAD



# IMPACT IN 2023

Throughout 2023, WHO responded to a total of 65 graded emergencies, including 17 emergencies at the highest-level Grade 3. This included emergencies in Afghanistan, Democratic Republic of the Congo, Ethiopia, Haiti, occupied Palestinian territory, Somalia, Sudan and Ukraine where United Nations Inter-Agency Standing Committee System-Wide Scale-Up protocols were activated.

Many of these were related to conflict, including the occupied Palestinian territory, and countries such as the Democratic Republic of the Congo, Ethiopia, Haiti, Myanmar, Sudan, Ukraine and others saw worsening conflict and insecurity. In these countries, WHO scaled up operations to prevent, detect and respond to infectious disease outbreaks; strengthened hospitals to do everything from delivering new babies to treating war injuries; supplied essential medicines and medical equipment; and worked to enable—and where possible, strengthen—laboratory capacity to diagnose diseases. At times, WHO staff went above and beyond, risking their lives to deliver healthcare.

WHO was also on the ground whenever disasters struck, including during earthquakes in Afghanistan, Nepal, the Syrian Arab Republic and Türkiye, devastating floods in Libya, Pakistan and South Sudan, heatwaves, wildfires, drought and more – deploying emergency medical teams, sending emergency medical aid and helping countries cope with the mid- and long-term health impacts.

As the Health Cluster Lead, WHO works with partners to ensure that no health need remains unmet. WHO works at the centre of the health response to humanitarian crises, coordinating and collaborating across health ministries, UN agencies, and operational partners.

In 2023, in partnership with more than 900 national and international partners, more than 107 million people across 29 countries received health cluster support.

**44.7 MILLION**

primary healthcare consultations supported by the Health Cluster<sup>2</sup>

**8329**

mobile clinics were deployed by the Health Cluster

**319 000**

disability-related consultations supported by the Health Cluster

**5 MILLION**

maternal health consultations provided by the Health Cluster

**6500**

metric tons of critical health supplies were delivered by WHO

**2.1 MILLION**

consultations related to mental health and psychosocial support were provided by the Health Cluster

**1.4 MILLION**

trauma consultations were supported by the Health Cluster

**17 MILLION**

children under five benefited from early detection services and treatment for severe wasting

**30 MILLION**

oral cholera vaccine doses were deployed to countries jointly through GAVI, UNICEF, Ministries of Health and WHO

**1 MILLION**

pieces of information were screened by WHO in 2023 to detect potential signals of disease outbreaks and other public health threats

<sup>2</sup> This data is based on Health Cluster data from Jan -Aug 2023

## OUR WORK IS MADE POSSIBLE BY OUR GENEROUS PARTNERS AND DONORS

### Top 10 contributors to WHO's Health Emergency Appeal in 2023:

- UNITED STATES OF AMERICA
- GERMANY
- WORLD BANK\*
- GAVI, THE VACCINE ALLIANCE
- EUROPEAN COMMISSION
- UN CENTRAL EMERGENCY RESPONSE FUND
- CANADA
- FRANCE
- JAPAN
- NORWAY

We thank 15 Member States who pledged and contributed more than US\$34 million to the Contingency Fund for Emergencies (CFE) in 2023. This enabled WHO to allocate more than US\$78 million from the CFE in response to 22 emergencies in 29 countries and territories in 2023.

### Contributors to CFE in 2023:

Austria, Canada, China, Estonia, Germany, Ireland, Kuwait, New Zealand, Norway, Philippines, Portugal, Slovak Republic, Switzerland, WHO Foundation.

\*Including World Bank funding allocated to WHO through IDA and multiple Member States

# 2024 FUNDING REQUIREMENTS

In 2024, we need US\$1.5 billion to provide live-saving health care to millions of people in emergencies. With your support, we will save lives, ensure that no critical health need is left unmet, and help to break the cycle that leaves communities in positions of entrenched fragility.

WHO is committed to helping countries strengthen their resilience. Our holistic approach invests in robust logistics, infrastructure, and healthcare system strengthening, as well as improving workforce capacity. We strive to prevent emergencies where possible and to improve preparedness, detection, and best-in-class rapid response deployment where necessary.

Through the Health Emergency Appeal 2024, WHO will provide support to 41 health crises around the world, including 15 of the highest-level 'Grade 3' emergencies – those which require an urgent and major WHO response.







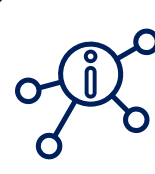
A father with his two children amidst the remnants of their house in Herat, Afghanistan. On 7 October 2023, an earthquake claimed the lives of his mother, his wife and their seven-month-old baby girl. WHO, together with 19 health partners, were on the ground within few hours of the earthquake, providing healthcare services to the affected populations.

Photo: WHO / Zakarya Safari



FOR EVERY **US\$1** INVESTED IN WHO, AT LEAST  
**US\$35**  
IS DELIVERED AS RETURN ON INVESTMENT<sup>3</sup>

IN HEALTH EMERGENCIES, WE ARE ABLE TO MAXIMIZE RESOURCES BECAUSE WE:

-  use our knowledge as a long-term partner to the countries facing crises, to support and conduct rapid assessments and a tailored response
-  invest in local solutions, which meet specific needs of communities and ensure longer-term resilience
-  prioritize high-impact solutions, such as vaccines
-  coordinate the activities of 900 partners in the Health Cluster, ensuring no critical needs are unmet and minimizing duplication of efforts
-  are uniquely placed to coordinate an interoperable response across countries and ensure that information and lessons are shared globally

<sup>3</sup> <https://www.who.int/about/funding/invest-in-who/investment-case-2.0>



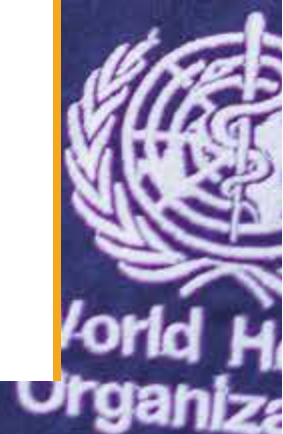
Nurse Rosemary Raikekeni brings COVID-19 vaccines and other essential health services to residents of remote Kuvamiti village in East Guadalcanal, Solomon Islands, on 17 May 2023.

Photo: WHO / Neil Nua



Nadir Makki is in charge of the WHO operation responding to the health impact of the ongoing conflict in Khartoum in Aljazeera state, Sudan. With the continued support of our donors, Nadir remains committed to continuing work to save lives and meet critical health needs of communities.

Photo: WHO / Ala Kheir



## 2024 FUNDING REQUIREMENTS

Emergency	US\$ '000
Greater Horn of Africa Drought and Food Insecurity	64 651
Multi-Region Cholera	49 874
Sudan Conflict and Complex Emergency	39 842
Haiti Humanitarian Crisis	8 950
Democratic Republic of the Congo Humanitarian Crisis	21 597
occupied Palestinian territory crisis*	219 126
Multi-Region Dengue	15 469
Syrian Arab Republic Complex Emergency	79 829
Ukraine war	77 149
South Sudan Humanitarian Crisis	22 432
Yemen Complex Emergency	77 022
Afghanistan Complex Emergency	133 030
Somalia Complex Emergency	25 160
COVID-19	138 163
Northern Ethiopia Humanitarian Response	30 000
<b>G3 emergencies requirement</b>	<b>1 002 294</b>
<b>Other emergencies and ongoing operations</b>	<b>447 820</b>
<b>Requirement for ongoing emergency responses</b>	<b>1 450 114</b>
<b>Contingency Fund for Emergencies (CFE)**</b>	<b>50 000</b>
<b>Grand Total</b>	<b>1 500 114</b>

\* Estimated critical needs for 3-6 months, to be updated based on the evolving situation and humanitarian access

Level of Organization	US\$ '000
Country-level	1 363 705
Regional-level	61 890
Global support	24 519
<b>Total</b>	<b>1 450 114</b>

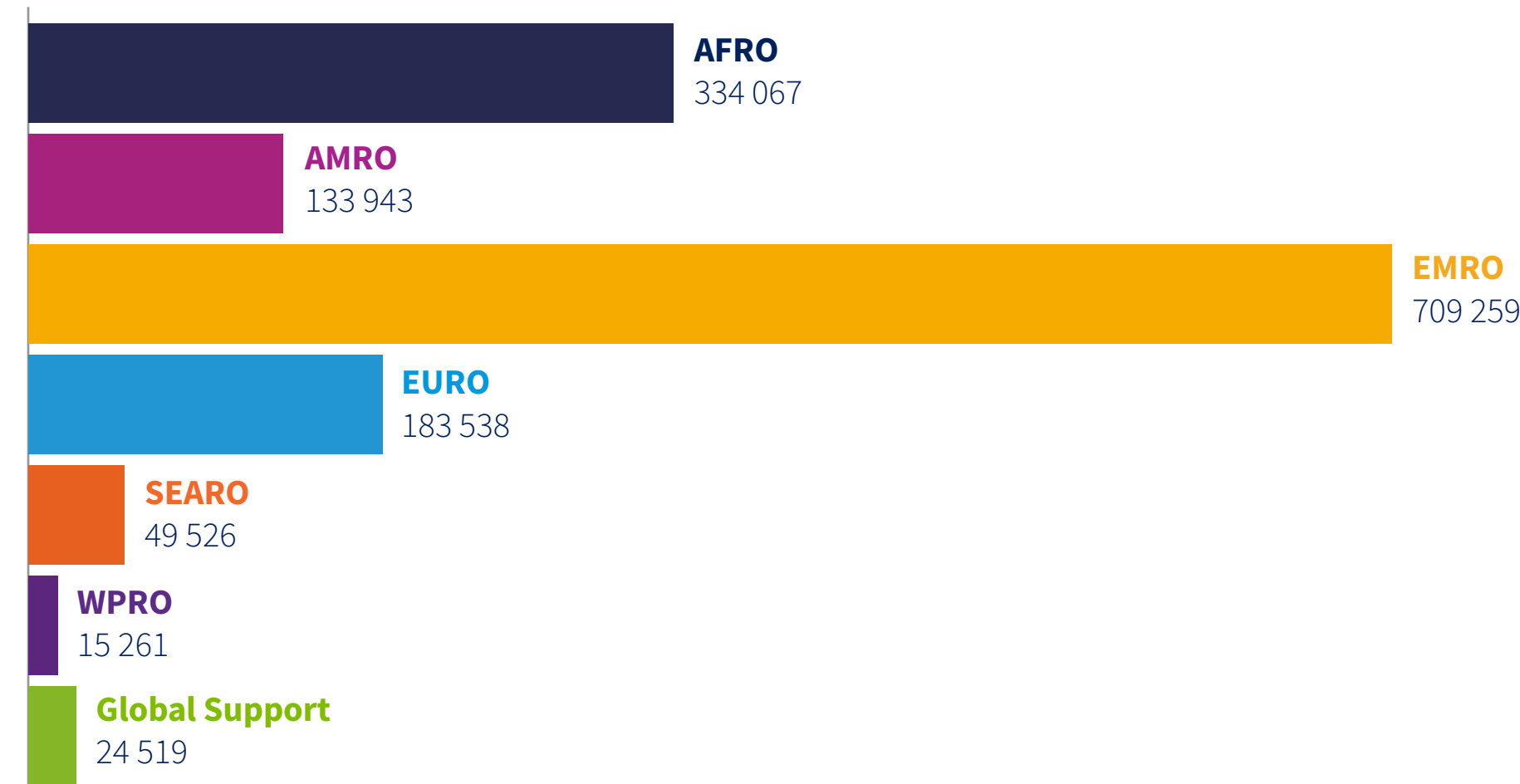
Emergency Response Pillar	US\$ '000
P1. Leadership, coordination, planning, and monitoring	116 755
P2. Risk communication and community engagement	42 131
P3. Surveillance, case investigation and contact tracing	148 987
P4. Travel, trade and points of entry	13 036
P5. Diagnostics and testing	93 508
P6. Infection prevention and control	41 763
P7. Case management and therapeutics	174 224
P8. Operational support and logistics	184 071
P9. Essential health systems and services	495 528
P10. Vaccination	121 435
P11. Research, innovation and evidence	18 675
<b>Total</b>	<b>1 450 114</b>



Ukraine: Diagnostic Laboratory at Mechnikov Hospital in Dnipro, July 2023.

Photo: WHO / Christopher Black

## FUNDING REQUIREMENTS BY MAJOR OFFICE (US\$ '000)



\*\*Minimum requirement for the replenishment

## WHAT YOUR SUPPORT WILL ENABLE:

Fully funding WHO's 2024 Health Emergency Appeal is critical to saving lives and enabling WHO to ensure that no critical health need is left unmet. Your support allows WHO to continue:

**Saving lives and reducing suffering:** Coordinating emergency responses with all health partners, advocating for health. Advocating for the active protection of health care to maintain its capacity to deliver in a safe space.

**Maintaining essential health services:** WHO teams support the delivery of essential health services, targeting needs that are unmet or underserved. This includes ensuring continuity of care for people with chronic conditions, providing critical sexual and reproductive health services, mental health services, and implementing vaccination programmes to prevent infectious disease outbreaks.

**Delivery of essential health supplies and operational support:** WHO supports access to essential health care by procuring and distributing supplies, such as medicine, equipment or additional operational support to enable service delivery.

**Supporting direct access to health care for communities:** Our teams collaborate with affected communities, healthcare professionals and local authorities to ensure they have access to care, deploying mobile clinics and innovative last-mile solutions.

**Strengthening partnerships with local actors:** WHO is committed to purposefully working with local actors, tapping into their specialist knowledge and skills to access hard-to-reach areas, using cost-effective local resources and increasing accountability to those we serve.

**Enabling evidence-based and effective responses:** During emergencies, WHO plays a critical role in assessing risk plans and monitoring and sharing information, including tracking injuries, reporting on infectious disease outbreaks, and documenting attacks on health care.

**Providing global health leadership:** Coordinating emergency responses with all health partners, advocating for health and the protection of health workers and health facilities.

**Supporting existing health systems:** WHO bolsters existing health systems, supporting the health teams who are already delivering and systems which are already in place, often in dangerous situations.

**Building resilience:** By ensuring that humanitarian response includes strong health systems, we help countries to emerge from emergencies with greater resilience against future threats.



The February 2023 earthquakes in southern Türkiye and northern Syria left thousands dead and thousands more at risk in health systems already exhausted by twelve years of war in Syria. WHO was quick to scale up its activities in response to the earthquakes: within the first 24 hours, the WHO Country Office in Syria dispatched essential medicines and supplies to all heavily affected areas of Aleppo, Homs, Hama, Tartous and Latakia, enabling the provision of 102 415 treatments. In Gaziantep, WHO distributed 183 metric tons of supplies to 200+ health facilities and delivered over 100 tons of essential medicines and supplies from Türkiye. WHO's Early Warning Alert and Response System (EWAR) was launched in 237 reporting sites, as well as rolling out surveillance sites and deploying mobile teams to cover displaced populations in affected areas.

The leading causes of maternal and infant mortality in Yemen are multiple, interrelated and almost always preventable. 46% of all health facilities are partially functioning or out of service, and the Al Mukalla Hospital is the only public hospital providing obstetrics, gynaecology, and newborn care services in Al Mukalla, Yemen's sixth-largest city, with an annual average of 4000 to 7000 deliveries.

WHO has provided support to Al Mukalla Hospital and enabled uninterrupted provisions of life-saving medicines, medical supplies, fuel, water, oxygen, and safe water. Electrical transformers have been provided to the hospital that have reduced frequent power cuts from 10 minutes or longer to just five seconds consistently. Hospital staff have confirmed seeing notable improvements in the hospital's newborn care services, and corresponding reductions in newborn deaths.

In south and south-eastern Ethiopia, around 24 million people are grappling with severe food insecurity, malnutrition and extreme deprivation as their livelihoods have been severely affected following five straight seasons of failed rains. In remote drought-gripped areas of Ethiopia, mobile health and nutrition teams, with support from World Health Organization (WHO), are working to deliver critical health assistance and treat malnutrition to avert an extreme situation and curb potential loss of life, especially among children for whom the combination of malnutrition and disease can be fatal.



**Strengthening partnerships with local actors**

Photo: WHO / Khalil Ashawi

Localization is a core focus of WHO's emergency response in the Syrian Arab Republic, with activities implemented in close partnership with Government Ministries, UN agencies, international NGOs, national NGOs and the Syrian Arab Red Crescent.

In 2023 WHO advocated and provided technical guidance and support to ensure representation and inclusion of NGOs into the key policy and strategy documents. To ensure improved access to health care across the Syrian Arab Republic, WHO signed 20 agreements with a total of 15 NGOs in 2023 (an increase in the number of engagements with NGOs comparing to 2022 where 13 agreements were signed) providing essential health care services in areas where people would otherwise have restricted or no access to care. Through these partnerships, an average of 9 fixed and 23 outreach teams carried out a total of 988 199 medical procedures and provided 318 316 courses of treatment in 2023 (January – November).



**Enabling evidence-based and effective responses**

Photo: WHO / Ala Kheir

More than 370 000 people have fled to Chad since the start of the conflict in Sudan. Among them, thousands of victims of trauma and war injuries have been identified and treated with support from WHO and its partners. WHO and its partners deployed medical personnel to Chad, including members of Togo's WHO-trained emergency medical team (EMT) who treated nearly 60 patients within three weeks, including some with injuries caused by firearms. WHO also equipped the Abéché hospital with an operating theatre for surgical procedures. WHO vaccinated more than 50 000 children against polio across 34 refugee sites and held a measles vaccination campaign in Abéché.



**Building resilience**

Photo: WHO / Fabeha Monir

Since April 2023 Bangladesh has been experiencing its most severe outbreak of dengue on record. The outbreak is putting huge pressure on the health system.

WHO is supporting the authorities to strengthen surveillance, laboratory capacity, clinical management, vector control, risk communication and community engagement, and has trained doctors and deployed experts on the ground. WHO has also provided supplies to test for dengue and to support care for patients.



**Supporting existing health systems**

Photo: WHO / Esther Ruth Mbabazi

On 11 January, Uganda declared the end of the outbreak of Ebola disease caused by the Sudan ebolavirus (SUDV), less than four months after the first case was confirmed in the country's central Mubende district.

WHO and partners supported Ugandan health authorities from the outset of the outbreak, deploying experts, providing training in contact tracing, testing and patient care, as well as building isolation and treatment centres and providing laboratory testing kits. Due to the joint efforts, the processing time for Ebola disease caused by the Sudan ebolavirus samples dropped from a few days to six hours. WHO also helped to protect frontline health workers by ensuring a steady supply of personal protective equipment and provided nearly \$US6.5 million to Uganda's response as well as an additional \$US3 million to support readiness in six neighbouring countries.



**Providing global health leadership**

Photo: WHO / Ala Kheir

In Equatorial Guinea's first Marburg Virus Disease outbreak, WHO supported the country with the establishment of laboratory testing capacity at different field locations, the first Marburg Treatment Center providing care resulting in the survival of patients, surveillance and contact tracing, and capacity building of health workers across all outbreak response pillars. Among others, WHO launched its first free course on Marburg virus disease in early 2023 in four new languages to expand access to critical knowledge about the disease amidst outbreaks in Equatorial Guinea and the United Republic of Tanzania.

The four languages – Dholuo, Kirundi, Spanish and Swahili – were prioritized based on a scoping of the languages spoken in areas affected by the recent outbreaks, as research has shown that it is easier to learn and understand in one's own native language.

As of April 2023, 8400 people had enrolled on the course globally, with 6500 certificates awarded.



Lema, who works as a gender-based violence officer at Kabul's Jomhuriat Hospital, goes through her daily routine of walking through the emergency ward on the lookout for signs of GBV injuries. She works quietly with other doctors to be able to identify victims and refer them to a centre they run inside the hospital, which is fully supported by WHO.

Photo: WHO / Kiana Hayeri

## OUR COMMITMENTS TO THOSE WE SERVE

Humanitarian crises threaten the fundamental right to health. Every day, WHO teams work in challenging environments to ensure life-saving care for vulnerable people.



### 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 and 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 partnerships to build resilience

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



### Aid diversion

WHO is committed to mitigating the risks of fraud and aid diversion in all its humanitarian operations so that the right assistance is delivered at the right time, to the people who need it the most, without subsequent aid diversion.



### 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.



### Accountability to affected populations

Demonstrating commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into WHO's response strategy.<sup>4</sup>



### 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.

<sup>4</sup> <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-56>



## HOW APPEAL FUNDING WORKS

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 specifically allocated to regions, countries, or with full flexibility which allows WHO to allocate resources according to the greatest need.

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 can 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 Program of Work**  
**1 billion people better protected from health emergencies**

Contingency Fund for Emergencies

Emergency operations and appeals segment of the Program Budget

Health Emergency Appeal

Base Segment of the Program Budget



Children look through a hole in a wall at a destroyed residential area, Gaza Strip, occupied Palestinian territory.

Photo: WHO

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