



WHO's response to health emergencies

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WHO's response to health emergencies: annual report 2023

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Cover photo:

WHO and partners deployed an international emergency medical team and evacuated a 12-year-old child with cystic fibrosis from Kamal Adwan hospital in northern Gaza.

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Acronyms and abbreviations

| | |
|-----------------|--|
| AFP | acute flaccid paralysis |
| CFE | Contingency Fund for Emergencies |
| CHW | community health worker |
| COVID-19 | coronavirus disease 2019 |
| EMT | emergency medical team |
| EQA | external quality assessment |
| GIS | geographic information system |
| GOARN | Global Outbreak Alert and Response Network |
| HIV | human immunodeficiency virus |
| IDP | internally displaced persons |
| IHR | International Health Regulations (2005) |
| IPC | infection prevention and control |
| MHPSS | mental health and psychosocial support |
| NGO | nongovernmental organization |
| OCV | oral cholera vaccine |
| PAHO | Pan American Health Organization |
| PHEOC | public health emergency operations centre |
| PHEIC | public health emergency of international concern |

| | |
|---------------|---|
| PHSM | public health and social measures |
| PSEAH | prevention of sexual exploitation, abuse and harassment |
| RCCE | risk communication and community engagement |
| RDT | rapid diagnostic test |
| RRT | rapid response team |
| SAGE | Strategic Advisory Group of Experts on Immunization |
| SAM | severe acute malnutrition |
| SEAH | sexual exploitation, abuse and harassment |
| SGBV | sexual and gender-based violence |
| SSA | Surveillance System for Attacks on Health Care |
| TB | tuberculosis |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| WASH | water, sanitation and hygiene |
| WGS | Whole Genome Sequencing |
| WHO | World Health Organization |

WHO's impact in 2023



“JUST AS THE ISSUE OF HEALTH IS AT THE VERY HEART OF SO MANY CRISES, SO, THEREFORE IS THE ROLE OF THE WORLD HEALTH ORGANIZATION (WHO).

ON THE GROUND IN MORE THAN 150 COUNTRIES, WORKING WITH 900 INTERNATIONAL, REGIONAL AND LOCAL HEALTH CLUSTER PARTNERS TO DELIVER VITAL HEALTH ASSISTANCE, WHO OFFERS THE UNIQUE EXPERTISE AND CAPACITY TO SAVE LIVES.

AND THEY HAVE MORE THAN SHOWN THEIR ABILITY TO DO SO. IN 2023, THEY LED THE HEALTH CLUSTER IN TARGETING THE HEALTH NEEDS OF 102 MILLION PEOPLE ACROSS 29 COUNTRIES. THEY SUPPORTED MORE THAN 44 MILLION PRIMARY HEALTH CARE CONSULTATIONS, DEPLOYED MORE THAN 8000 MOBILE CLINICS, AND HELPED DISTRIBUTE 30 MILLION ORAL CHOLERA VACCINE DOSES.”

Martin Griffiths,

Under-Secretary-General for Humanitarian Affairs and
Emergency Relief Coordinator, 15 January 2024

Year on year, WHO is responding to more frequent, more complex and longer-lasting health emergencies than at any time in its history. During 2023, WHO responded to 72 graded emergencies, 19 of which were Grade 3 – requiring the highest level of Organization-wide support. The threats of climate change, extreme weather events, food insecurity, conflict and displacement continued to intersect, causing deeper and increasingly complex health emergencies. As 2023 came to an end, five of the six WHO Regions were impacted by worsening conflict and insecurity, including desperate situations in Haiti, the occupied Palestinian territory, Sudan and Ukraine. In these instances, WHO scaled up operations to provide critical life-saving health interventions; to prevent, detect and respond to infectious disease outbreaks; strengthened hospitals to ensure continuity of essential services; supplied essential medicines and medical equipment; and worked to enable and strengthen laboratory capacity to diagnose diseases. At times, WHO staff went above and beyond, risking their lives to deliver health care. In Ukraine, WHO joined a humanitarian convoy 72 hours after the government regained control of the city of Kherson, delivering medicines to a health centre to treat more than 1000 patients.

In an emergency, every minute counts. With its network of established country and regional offices, WHO is often already on the ground when disasters strike, ready to rapidly coordinate the deployment of Emergency Medical Teams (EMTs), procure and deliver essential health supplies, and scale up local responses to help save lives and protect health. In Türkiye, in February 2023, WHO's field presence meant its response started immediately at the onset of the earthquakes, leading to the largest deployment of EMTs to a disaster zone in the WHO European Region in its 75-year history. Following the powerful earthquakes that struck Herat Province, western Afghanistan, in October 2023, WHO was on the ground within hours – supporting hospitals in mass casualty management, treating the injured, and providing medicines and medical supplies.

In line with the WHO Emergency Response Framework, all graded emergencies are managed through the Organization's Incident Management System. Where required, WHO's Contingency Fund for Emergencies (CFE), which can release funding within 24 hours, is used to fund the initial response to acute events and scale up life-saving health operations in protracted crises in response to escalating needs. Immediately following the escalation of conflict between Israel and the occupied Palestinian territory on 7 October 2023, WHO released US\$ 14.5 million from the CFE to procure essential medicines and supplies to fill critical shortages in hospitals in the Gaza Strip, while simultaneously releasing stocks of pre-positioned supplies.

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. As the Health Cluster lead, WHO works with partners to ensure that no health need remains unmet, often as the provider of last resort. In collaboration with over 900 national and international partners, more than 102 million people across 29 countries were targeted by the Health Cluster for support during 2023. In the greater Horn of Africa, WHO upgraded interregional and cross-border coordination mechanisms to avoid duplication and ensure optimum use of resources, and greatly scaled up its advocacy efforts to highlight the crucial role health plays in responding to food and nutrition crises. More than 1 million children suffering from severe acute malnutrition (SAM) were admitted to WHO-supported therapeutic feeding programmes between January and December 2023. To reinforce expertise on nutrition and health, WHO expanded its roster of deployable nutrition specialists and trained 26 regional health workers as trainers on the hospital-based management of children with SAM.

WHO's work in logistic operations helped to ensure that even the most isolated communities had access to the services and supplies they needed to save lives. In Yemen, where 46% of health facilities are non-functioning or partially functioning, WHO distributed more than 4000 metric tonnes of supplies to 470 health facilities across all 21 Governorates to ensure continuity of services. WHO Director-General Dr Tedros Adhanom Ghebreyesus visited earthquake-affected areas of the Syrian Arab Republic five days after the February 2023 earthquakes; a few weeks later he was the first United Nations (UN) Principal to enter northwest Syria since the beginning of the conflict 12 years ago. In total, three charter flights carrying over 350 metric tonnes of medical supplies and equipment landed in Damascus in February, enabling over 940 000 treatment courses in the affected areas of Aleppo, Latakia, Tartous, Hama and Homs alone. On 13 February 2023, following discussions held with the WHO Director-General, President Bashar al-Assad opened the two crossing points of Bab al-Salam and Al Ra'ee from Türkiye to northwest Syria, allowing WHO and other UN agencies to regularly enter northwest Syria from Türkiye. WHO has continued frequent missions into the earthquake- and conflict-affected areas in support of the communities living there – delivering over 173 metric tonnes of medical supplies and emergency kits to provide treatments to more than 4.3 million people as of 19 February 2023.

The year also saw a resurgence of many infectious diseases – anthrax, cholera, Crimean-Congo haemorrhagic fever, dengue, diphtheria, influenza, meningitis, polio – all needing coordinated regional and global responses. Other outbreaks included avian influenza in Cambodia, Lassa fever in Nigeria, Marburg virus disease in Equatorial Guinea and the United Republic of Tanzania, and measles in Chile – each requiring customized, localized responses. Cholera outbreaks in the Democratic Republic of the Congo, Haiti and Somalia have shown how complex protracted emergencies characterized by conflict and violence-related displacement, severe climate disasters and food insecurity, often give rise to new acute health crises. Throughout the year, WHO worked with Ministry of Health experts and health workers from local communities to investigate potential outbreaks, supporting the transportation of samples, laboratory testing and the establishment of national genomic sequencing capacities. In Malawi, which faced its worst cholera outbreak in two decades, WHO and partners supported the Ministry of Health through a disbursement from the CFE to scale up immediate actions across all response pillars during the acute phase of the outbreak. In December 2023, WHO supported the Democratic Republic of the Congo to implement its largest-ever oral cholera vaccination campaign in the country, with 5 million doses allocated to vaccinate 5 million people across 15 zones in four provinces.

Both the coronavirus disease 2019 (COVID-19) pandemic and mpox emergency were formally closed/terminated as public health emergencies of international concern (PHEIC) in 2023, following recommendations of the International Health Regulations (IHR) Emergencies Committee. In response, the Organization worked with Member States to adjust national emergency response plans and transition from crisis response to integrated, longer-term and sustainable programmes within broader disease management strategies. Following release of the [2023–2025 COVID-19 Strategic Preparedness and Response Plan](#), WHO worked with countries to strengthen surveillance, community protection, safe and scalable care, and access to countermeasures and research – including continued support as part of COVID-19 vaccination efforts. Among the Member States receiving this support was South Sudan, who launched a COVID-19 vaccination campaign in January 2023 following the arrival of 3.9 million vaccine doses into the country. At the closure of COVAX, an historic multilateral effort co-led by WHO and several partners from 2020 through 31 December 2023, nearly 2 billion vaccines and safe injection devices had been delivered to 146 economies – averting the deaths of an estimated 2.7 million people.⁽¹⁾

The huge scale and complexities of health emergencies in the 21st century require a strategic shift towards not only meeting the immediate needs of vulnerable communities, but also building community and health system resilience to all hazards – a challenge that both WHO and its partners must continue to meet. This report provides highlights from WHO’s response to health emergencies during 2023, in line with strategic objectives and priority countries identified with the year’s [emergency appeal](#). It outlines the increasingly critical role of WHO at global, regional and country levels, and across the key elements of effective emergency response, including emergency coordination and planning, operational and logistic support, and community engagement and protection.

102 MILLION

People across 29 countries targeted for Health Cluster support

8329

Mobile clinics deployed by the Health Cluster

5 MILLION

Maternal health consultations supported by the Health Cluster

1.4 MILLION

Trauma consultations supported by the Health Cluster

30 MILLION

Oral cholera vaccine doses deployed to countries through Gavi, the Vaccine Alliance, UNICEF, Ministries of Health and WHO

44.7 MILLION

Primary health care consultations supported by the Health Cluster

319 000

Disability-related consultations supported by the Health Cluster

2.1 MILLION

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

17 MILLION

Children under 5 who benefited from early detection services and treatment for severe wasting

1 MILLION

Pieces of information screened by WHO to detect potential signals of disease outbreaks and other public health threats

IMPACT STORY

WHO's Global Logistics Centre

The WHO Global Logistics Centre represents the largest source of pre-positioned health supplies and equipment within the Organization's global supply chain. Delivering health supplies to over 141 countries across all six WHO regions, the Centre 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 programmes across the Organization. Since the Centre opened in 2015 in Dubai, it has expanded 7-fold, from 3000 to 20 000 square metres.

Coordinating a record number of charter flights, in 2023 the Centre delivered more emergency health supplies more quickly in response to time-sensitive acute health emergencies than ever before – distributing medical supplies for 50 million people in emergency situations in 81 countries, in every region of the world – Afghanistan, Chad, Fiji, Haiti, Papua New Guinea, Sri Lanka, Ukraine, Venezuela (Bolivarian Republic of), Yemen and more.

The Centre played a vital role in WHO's responses to several emergencies around the world, including the ongoing crisis in Gaza. Working closely with the International Humanitarian City, the Government of Dubai, and the Government of the United Arab Emirates, the WHO Global Logistics Centre coordinated eight charter flights of humanitarian aid to the Gaza Strip via the Rafah border crossing. These flights contained over US\$ 3.2 million in critical health supplies such as trauma and emergency surgery supplies, essential medicines, specialized surgical instruments, and medical consumables needed to respond to the overwhelming need for humanitarian health assistance. Responding to the conflict in Sudan, the Centre coordinated four consecutive charter flights to deliver over 100 metric tonnes of supplies to Sudan and neighbouring Egypt, including those to treat paediatric and SAM, malaria, cholera, trauma injuries, and noncommunicable diseases like hypertension and diabetes.



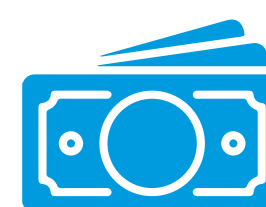
50 million
People reached



81
Countries supported



544
Emergency orders processed



US\$ 34 million
Value of goods delivered



2000
Metric tonnes delivered



35
Charter flights completed

Source: [WHO Global Logistics Centre report](#)

RESPONDING TO GRADE 3 EMERGENCIES

Afghanistan

Complex emergencies

At the start of 2023, 28.3 million people (two thirds of Afghanistan's population) were estimated to need urgent humanitarian assistance, a 16% increase from 2022.(2) Of those, an estimated 17.6 million people needed health assistance. The highest burden of the health emergency is borne by women and children, who continue to be marginalized and are increasingly at risk of poor health outcomes. During 2023, WHO and Health Cluster partners made significant contributions in serving the people of Afghanistan – delivering health-care services to everyone, everywhere, at ever-increasing levels. As of December 2023, WHO and Health Cluster partners had reached over 16.5 million people, including 10.6 million women and girls. WHO remains committed to staying on the ground and providing critical operational support.

Working in partnership with humanitarian organizations, UN agencies, other local nongovernmental organizations (NGOs) and donors, WHO has strengthened life-saving health interventions and continues to ensure mid- to long-term availability of health services. With a robust local presence in all 34 provinces in the country and a workforce of over 1260 people, WHO is the largest network within the local health sector. At the end of 2023, WHO and partners were supporting 16 hospitals, eight drug addiction treatment centres and 221 primary health care facilities – improving health-care access in underserved areas across 26 provinces. In addition, WHO delivered over 9970 metric tonnes of medical and non-medical supplies to 931 health facilities in 2023, in line with efforts to strengthen the health system.

As part of commitments to serve more people facing mental health, psychosocial and drug addiction challenges, WHO and partners transformed a 100-bed drug addiction treatment centre in Kandahar in August 2023. The renovated centre aims to increase access among vulnerable populations in Afghanistan to qualitative and comprehensive mental health and psychosocial support (MHPSS) and drug use disorder services. WHO expanded MHPSS service availability by supporting the National Mental Hospital in Kabul, and training over 820 health-care workers in the Mental Health Gap Action Programme, psychological first aid and Problem Management Plus (therapy for adults impaired by distress in communities who are exposed to adversity). Consequently, over 194 700 patients received mental health consultations and over 181 700 patients received psychosocial counselling services during 2023.

Afghanistan experienced multiple infectious disease outbreaks during 2023. To rapidly detect and respond to potential threats, WHO worked closely with the de-facto authority's Ministry of Public Health on its National Disease Surveillance Response system for early detection and verification of alerts. Over 120 surveillance support teams were deployed to actively participate in outbreak investigation and response activities related to public health hazards in 34 provinces.



WHO Health Emergency Team visits WHO-supported mobile health services in earthquake-affected Seya Aab Village, Herat, Afghanistan.

© WHO / Zakarya Safari

WHO responded to more than 419 laboratory-confirmed outbreaks in 2023, with support from approximately 347 surveillance officers. WHO worked with partners to reduce mortality and morbidity from vaccine-preventable diseases. Around 2.7 million children received the measles vaccine, and more than 4.95 million individuals were fully vaccinated against COVID-19. On average, more than 11 million children received the polio vaccine in each of the six nationwide campaigns, and 7 million children in each three sub-national campaigns conducted for the year.

In putting the health of mothers and children first, WHO deployed mobile health and nutrition teams and developed a taskforce to identify strategies for the provision of services in underserved areas. WHO supported SAM centres in 130 inpatient departments. In August 2023, the Health Cluster supported a two-day national workshop that aimed to identify underserved and hard-to-reach areas and develop appropriate health and nutrition services for such areas. Training was provided to health staff members in the management of SAM with medical complications, along with the donation of paediatric SAM equipment. Overall, more than 50 000 children suffering from SAM with complications were admitted to WHO-supported SAM centres during the year – the highest figure in four years.

Between 7 and 15 October 2023, four powerful earthquakes struck Herat Province, western Afghanistan, resulting in wide-scale destruction across more than 300 villages. In addition to loss of life and injury, the earthquakes destroyed critical civilian infrastructure, including homes, health facilities, schools, and water networks. As one of the very first responders, WHO's Country Office in Kabul was on the ground within hours – supporting hospitals in mass casualty management, treating the injured, and providing medicines and medical supplies. WHO rapidly mobilized resources and extended immediate life-saving support to affected populations, deploying mobile health and nutrition teams, surge personnel for MHPSS services, emergency management, trauma care, maternal and reproductive health services. WHO also activated its surveillance system to prevent, detect and respond to outbreak-prone diseases.

In collaboration with the Afghanistan Society of Obstetrics and Gynaecology, WHO deployed a dedicated team of 21 female health-care workers from Kabul to Herat. Five technical officers were deployed to Herat to enhance response and coordination activities. Two MHPSS experts were deployed for capacity-building activities, technical assistance, and coordination of the technical working group. To prevent measles outbreaks among earthquake-affected areas, vaccinators were assigned to administer one dose of measles vaccine to all children under 10 years of age. Ten mobile health teams were deployed to affected areas to provide first aid. WHO extended support to the Herat pre-hospital referral and ambulatory service to facilitate the quick transfer of patients to hospitals, providing technical and operational assistance, including fuel for ambulances. By 31 December 2023, WHO and Health Cluster partners had reached over 102 655 individuals across multiple districts, providing primary health care, communicable disease outbreak response activities, MHPSS services, and trauma care and rehabilitation services.



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Democratic Republic of the Congo

Humanitarian crisis

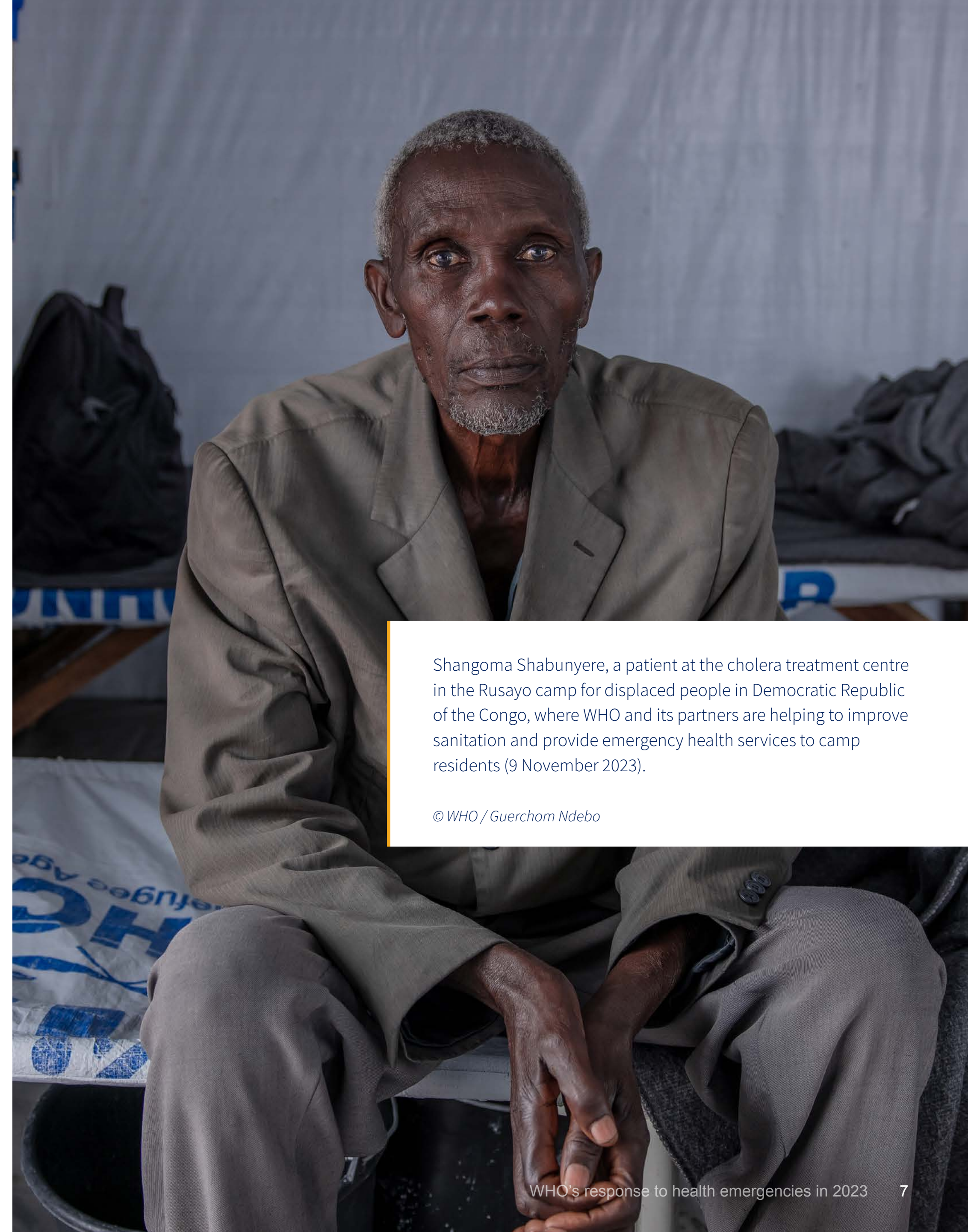
The Democratic Republic of the Congo faced an escalating crisis during 2023 – marked by armed conflict, intercommunal violence, displacement, severe shortages of food and water and infectious disease outbreaks. While approximately 7.4 million people required urgent health assistance during the year,(3) health-care facilities and workers remained under attack, disrupting access to critical services. Devastating floods and landslides compounded the crisis, hindering aid delivery and further deteriorating the living conditions of displaced communities. In eastern parts of the country, incidents of sexual and psychological violence continue to be reported daily. In response, the UN declared a system-wide scale-up on 16 June 2023, covering three provinces (North Kivu, South Kivu and Ituri). WHO extended its operations to three more provinces (Tshopo, Kasai, and Mai-Ndombe) on 21 June 2023, where the humanitarian situation had sharply deteriorated. WHO is actively responding, focusing on supporting displaced communities by improving water and sanitation conditions, installing water points, latrines and solar panels.

As the lead agency of the Health Cluster, WHO released funds from the CFE to support scale-up activities in the six targeted provinces, ensuring proactive engagement with health partners at both national and sub-national levels. Together with 41 Health Cluster partners, WHO reached over 2.6 million people with emergency health assistance between June and August 2023.(3) Following the floods and landslides in September in South Kivu, Kasai and Tshopo, which affected over 230 000 people and caused 526 deaths, WHO delivered 4 metric tonnes of essential medical supplies to ensure 3000 people could receive treatment at the Konga-Konga displacement site in Tshopo.(4)

The country faced its worst cholera outbreak since 2017, with a significant surge in cases, particularly in the conflict-affected east. As of December 2023, over 52 000 cases, including 462 deaths, had been reported – making it one of the largest cholera outbreaks in the world.(5) WHO has been working closely with local health authorities in investigating and responding to the outbreak. WHO deployed technical experts to affected areas, delivered medical supplies for cholera treatment, facilitated the transportation of test samples to laboratories, and built treatment centres. In September 2023, 15 metric tonnes of supplies for cholera treatment were delivered to North Kivu, along with the deployment of Rapid Response Teams (RRTs) to disinfect health centres and households.(4)

The country is battling the largest epidemic of measles recorded since 2019, with close to 126 000 measles cases reported in the six eastern provinces as of September 2023, compared to 15 000 cases for the whole of 2022. The combination of measles and malnutrition has a severe health impact on children under 5 years of age, with the lack of access to adequate treatment putting them at increased risk of dying. In response, WHO conducted a vaccination campaign in Ituri province in September 2023, reaching over 1 million children – a vaccination coverage rate of 88%.(4)

Around 23 000 cases of sexual and gender-based violence (SGBV) were reported in the six provinces from January to August 2023. In response, WHO prioritized health services for survivors, including MHPSS, medical care and post-exposure prophylaxis to reduce the risk of sexually transmitted infections. Two WHO mental health experts were deployed in September 2023 to strengthen the delivery of services in North Kivu and Tshopo.



Shangoma Shabunyere, a patient at the cholera treatment centre in the Rusayo camp for displaced people in Democratic Republic of the Congo, where WHO and its partners are helping to improve sanitation and provide emergency health services to camp residents (9 November 2023).

© WHO / Guerchom Ndebo

Greater Horn of Africa (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda)

Drought and food insecurity

The historic four-year drought, followed by flooding across the region in 2023, severely deepened the health crisis in the greater Horn of Africa. The elevated levels of acute food insecurity have led to an estimated 11.4 million young children facing acute malnutrition, with 2.9 million children severely malnourished and needing urgent treatment.⁽⁶⁾ The region experienced several disease outbreaks during the year, including cholera, measles, dengue, polio, malaria, anthrax, meningitis, and hepatitis E. Climate-related health emergencies reached their highest level this century in the seven countries combined. These events further increased the humanitarian needs of already vulnerable populations. To ensure effective coordination and collaboration, WHO leads four active Health Clusters with over 270 health partners and more than 45 sub-national hubs in Ethiopia, Somalia, South Sudan and Sudan. WHO upgraded interregional and cross-border coordination mechanisms during 2023 to avoid duplication and ensure optimum use of resources, and greatly scaled up its advocacy efforts to highlight the crucial role health plays in responding to food and nutrition crises. In Ethiopia, Somalia and Sudan, WHO took part in establishing inter-agency integrated life-saving emergency mobile health and nutrition services in priority areas.

WHO scaled up its support to health authorities in surveillance and outbreak prevention and response – deploying more than 94 experts to all countries in the region and training thousands of health workers on surveillance, outbreak management and other related topics. WHO's [geographic information system \(GIS\) Centre for Health](#) deployed a team to support activities in the region, conducting a series of trainings in Djibouti, Ethiopia, Somalia and Uganda. Over 150 participants were trained in 2023 on improving the quality and timeliness of GIS products and services for health decision-making and response within a health emergency.⁽⁷⁾ As part of a collaborative effort between WHO and partners, a series of Health Resources Availability Monitoring System baseline assessments were carried out in all seven countries during the year, providing baseline information on essential health resources and services available.

WHO supported reactive and nationwide measles vaccination campaigns in the entire region, along with supporting the ongoing cholera response in affected countries through increased surveillance and technical assistance; the supply of necessary drugs; water, sanitation and hygiene (WASH); and risk communication and community engagement (RCCE) activities. In South Sudan, WHO supported the Ministry of Health in conducting an integrated nationwide measles vaccination campaign that reached 2.4 million children.⁽⁷⁾ Over 6 million children aged under 5 years were vaccinated for measles during 2023. Through oral cholera vaccination campaigns, WHO reached over 17.2 million people from Ethiopia, Kenya, Somalia, South Sudan and Sudan between January 2022 and December 2023.⁽⁷⁾

Since the beginning of this malnutrition and health crisis, WHO has been on the ground to support country responses. WHO is providing essential supplies and medical equipment for the detection and treatment of SAM and supporting capacity-building for health professionals. More than 1 million children suffering from SAM were admitted to WHO-supported therapeutic feeding programmes between January and December 2023. To reinforce expertise on nutrition and health, WHO expanded its roster of deployable nutrition specialists and trained 26 regional health workers as trainers on the hospital-based management of children with SAM.⁽⁷⁾

In Somalia, WHO reached over 1.1 million beneficiaries with essential health and nutrition interventions during a one-month period alone, with WHO-supported health-care facilities conducting over 830 000 outpatient consultations and an additional 66 000 people reached through mobile services deployed in vulnerable and underserved communities in July 2023.⁽⁸⁾

WHO provided the necessary essential medicines and supplies to affected areas in Ethiopia, Kenya and Somalia – distributing 36 Interagency Emergency Health Kits, cholera and laboratory

kits, as well as information, education and communication materials for cholera and malaria prevention to flood-affected areas. In Ethiopia, WHO facilitated the dispatch of 9.3 metric tonnes of anti-malaria drugs and kits as part of outbreak response interventions in western Oromia, and deployed 10 vehicles to support emergency responses in drought-affected areas. As of 31 August 2023, more than 83 000 metric tonnes of medicines and emergency supplies had been distributed to last-mile drought-affected regions in Ethiopia to support essential health services and emergency response activities.⁽⁸⁾ In Kenya, WHO continued to support essential health service delivery and timely outbreak detection and response in food insecurity and drought-affected areas. Over US\$ 25 million of critical WASH supplies were prepositioned in drought- and cholera-affected communities, and existing cholera treatment centres and treatment units were supported with the provision of essential supplies.⁽⁸⁾

As part of commitments to ensuring the prevention of sexual exploitation, abuse and harassment (PSEAH), focal points were identified for all countries, and Minimum Standards were introduced under the guidance of a PSEAH technical expert. In Kenya, a PSEAH expert from the WHO greater Horn of Africa emergency team was appointed to support the PSEAH response in the cholera outbreak. In Uganda, 110 people from the government received training on PSEAH and coordination with the country network is in place and ongoing. Community awareness is ongoing and over 3100 people were reached in 2023. Since January 2023, there is one PSEAH full-time coordinator and 20 trained field focal points in South Sudan. The field focal points are cascading trainings to all workforce, especially for frontline staff. Four awareness sessions have been conducted within the community, and two risk assessments done in areas with high risk. In Ethiopia, coordination and participation in the PSEAH task force has been active at the country level since January 2023.⁽⁸⁾

Summary of WHO activities in the greater Horn of Africa by response pillar

Pillar 1: Coordination and collaboration

- WHO continues to coordinate the Health Cluster in Ethiopia (71 partners), Somalia (55 partners), South Sudan (111 partners) and Sudan (45 partners). In non-cluster countries, ad-hoc coordination mechanisms, led by the Ministry of Health, have been established, often with WHO technical support.
- A strategic partnership was established with the Intergovernmental Authority on Development in Eastern Africa, culminating in a Memorandum of Understanding. A joint Regional Food Insecurity and Health Preparedness and Response Plan was developed.
- A coordinated communications approach resulted in production of professional photographs and videos from the field, which served to illustrate WHO's work across the countries; OpEds were placed in United Kingdom, Spanish, African, Middle Eastern and Nordic outlets; briefings for media in the UN Palais in Geneva were organized on South Sudan and Sudan; and numerous WHO social media posts and web-based materials were developed.
- International surge support was facilitated and, as of November 2023, a total of 94 international deployments have been completed.
- A regional appeal was developed for the greater Horn of Africa countries in 2023.
- Coordinated reporting was undertaken for umbrella grants and appeals, partnerships were developed with the WHO Foundation, UN Famine Prevention and Response Coordinator's Office, the United Nations Population Fund and the United Nations Children's Fund (UNICEF), and regional platforms were leveraged to raise WHO's profile.
- Coordinated procurement efforts to support all pillars of the response, with a focus on kits: Interagency Emergency Health Kits, WHO Trauma and Emergency Surgery Kits, paediatric kits, noncommunicable disease kits, and measles kits, among others.
- In Ethiopia, WHO has developed an El Niño contingency plan, which focuses on an early warning mechanism to identify a public health threat through close and frequent monitoring of indicators to predict the risk it poses to the health of the population and the health system.
- In South Sudan, WHO is working closely with the Ministry of Health and health cluster partners in coordinating the overall emergency health preparedness and response through the existing structures.

Pillar 2: Surveillance and information

- A series of targeted information products have been produced providing health intelligence to the responses in the seven countries, analysing both health data and response information to guide response efforts. These include dashboards for most countries, a standardized slide-deck, ten situation reports, and three public health situation analyses. A specific public health situation analysis was produced for El Niño in the region.
- GIS training for WHO country offices and Ministries of Health has been undertaken in several countries, and regularly updated maps produced relating to food insecurity, outbreaks and ongoing response efforts, including stabilization centres. Health Resources and Services Availability Monitoring System has been rolled out in areas of Ethiopia and Sudan. Essential health service access has been analysed in Kenya and Somalia, with specific focus on nutrition, immunization, and comprehensive emergency obstetric and newborn care services.
- A series of regional capacity-building exercises were undertaken for specific technical areas, notably at regional level with a regional master trainers' training of trainers for clinical management of SAM.
- In Sudan, WHO developed a cholera outbreak dashboard that provides daily updates based on the national line list received. Access to the dashboard was provided to all health and WASH cluster partners.
- In Uganda, WHO provided technical support to the regional public health operation centres for the generation of weekly epi-bulletins and Vaccine Preventable Diseases surveillance.

Pillar 3: Outbreak prevention and control

- Outbreak responses, notably for cholera and measles, took place in affected countries.
- As of December 2023, nearly 25 million children under 5 years of age have been vaccinated for measles between January 2022 and December 2023.
- In response to the cholera outbreaks in the region, several rounds of oral cholera vaccine (OCV) campaigns have been conducted. Over 17.2 million people (15.4 million in 2023) in Ethiopia, Kenya, Somalia, South Sudan and Sudan have been vaccinated between January 2022 and December 2023.
- In Ethiopia, 2364 health-care workers were trained on case management, and 1450 health-care workers trained on infection prevention and control (IPC).
- Due to the ongoing circulating vaccine-derived polio virus type 2 outbreak in Somalia and Kenya, over 18.4 million doses of polio vaccine have been administered to children under 5 years of age since January 2022. Out of these, 15.6 million doses were administered in Kenya and Somalia between January and December 2023.

On 5 August 2023, a vaccinator administers the OCV to a pregnant woman at a flower farm in Isinya, Kajiado.

© WHO / Billy Miaron



Dr Teshome Mekonnen Engida WHO, IPC/WASH officer demonstrates water quality solutions as part of water hygiene and sanitation related activities at one of water points in cholera prone Konso zone, Southern Nations, Nationalities and Peoples' Region of Ethiopia.

© WHO / Mulugeta Ayene



- In South Sudan, tailored interventions on disease surveillance and early warning systems, including cross-border collaboration, WASH, and RCCE activities were implemented in high-risk areas to strengthen outbreak prevention and control. WHO supported the Ministry of Health to activate the public health emergency operations centre (PHEOC) with all pillars to facilitate the yellow fever outbreak response. Daily meetings with stakeholders and key partners were conducted at the PHEOC and similar coordination meetings were also conducted at state level.
- In Sudan, in response to the cholera outbreak, WHO activated national and state task forces and facilitated weekly meetings with health and WASH partners. WHO provided technical support, trained 391 health workers, conducted RCCE messaging for 109 090 households, and organized 1022 community awareness sessions.
- In Uganda, the WHO team at the Moroto Hub continues to attend meetings of the Moroto Regional PHEOC as scheduled. WHO provided technical support in the development of the annual operational work plan and budget for the preparation of the joint assessment by the Ministry of Health. The WHO Soroti Hub assessed the functioning of the District Health Team in Bukedea District and developed actions to improve it.
- In Kenya, WHO supported cholera-specific trainings for frontline health workers, laboratory personnel, water and public health officers, and community health promoters in Garissa, including refugee-hosting sub-counties, benefiting a total of 279 individuals. Additionally, community engagement sessions were conducted for 150 leaders in Garissa, focusing on cholera prevention and control measures.

Pillar 4: Essential nutrition actions

- Just under 2 million children with SAM were admitted for care in 2023, with Ethiopia, Kenya, Somalia and South Sudan reporting the highest number of SAM admissions in 2023 compared to the previous four years.
- Of the children with SAM admitted to the stabilization centres from January to December 2023, the cure rates were 96.1% for Somalia, 91.7% for Uganda (Karamoja), 92.5% for Sudan, 90% for Ethiopia and 81.1% for South Sudan, indicating excellent treatment success rates.
- A series of regional capacity-building exercises were undertaken for specific technical areas; notably at regional level, a regional master trainers' training of trainers for clinical management of SAM.
- In Ethiopia, 4127 health facilities with stabilization centres were supported with 149.9 metric tonnes of paediatric/SAM kits from January to October 2023. These facilities achieved a cure rate of over 80% for SAM management. 468 health workers were trained in acute malnutrition management, and 307 health workers were trained in emergency maternal infant and young child nutrition.
- In Kenya, WHO supported the renovation and equipping of a stabilization centre in Garissa County, and integrated management of acute malnutrition training was conducted in four counties (Marsabit, Isiolo, Garissa and Wajir).
- In South Sudan, WHO strengthened nutrition surveillance at 82 sites and distributed 70 SAM kits to benefit 3500 individuals.
- In Sudan, WHO provided medical supplies and operational support to 17 stabilization centres, treating over 25 000 children for SAM, while also procuring equipment for 757 health facilities.
- In Djibouti, 41 health workers, including doctors from the emergency and paediatric departments of hospitals and health centres, as well as nutrition focal points and head nurses, benefited from a series of training sessions on the management of SAM with medical complications. Thirteen SAM kits were procured and distributed to the six regions and health centres.

Pillar 5: Essential health services

- In Djibouti, cholera kits have been procured in response to the cholera outbreak and as part of the cholera contingency plan.
- In Ethiopia, and as of 31 December 2023, 28 Health Cluster partners reached 1.1 million people in 152 drought-affected woredas in Oromia, Somali, and formerly Southern Nations, Nationalities, and Peoples' Region. In addition, 43 Health Cluster partners are delivering health services to 3 million vulnerable people in Afar, Amhara and Tigray, which have also been affected by drought. Partners have been actively involved in cholera response throughout the country, supporting the government with controlling the spread of cholera in up to 255 woredas since the start of the outbreak in August 2022. Between November and December 2023, a total of 95.59 metric tonnes of assorted medical supplies and equipment were distributed in drought-affected regions.
- In Kenya, WHO continued to support the provision of essential health services and timely detection and response to outbreaks in areas affected by drought and food insecurity, in counties affected by El Niño and in counties at high risk of cholera. WHO continued to support the supervision of cholera treatment centres already established in the counties, and sensitization of health workers on the detection and reporting of suspected cholera cases. Cholera diagnostic kits have been delivered to several counties and more to counties affected by El Niño flooding.
- In South Sudan, more than 70% and 58% of health facilities in the country offer routine immunizations of vaccine-preventable diseases and basic emergency obstetric and newborn care services, respectively; and 64% offer comprehensive emergency obstetric and newborn care services. Nutrition outpatient treatment programme services are available in over 60% of health facilities across the country. WHO provided medical supplies and IPC equipment to support the affected counties with the yellow fever disease outbreak in Western Equatorial state.
- In Sudan, WHO is phasing in 70 oral rehydration therapy corners to cover mild and moderate dehydration cholera cases in three states. The health information management team is expanding support to map the centres with oral rehydration therapy corners.
- Uganda received drought supplies. In addition, quarterly integrated community case management supervisor meetings in Nabilatuk and Nakapiripirit districts were conducted to improve village health teams' reporting and community case management.

Ethiopia

Complex emergencies

The humanitarian situation in Ethiopia continues to be complex and volatile. Apart from the aftermath of conflict in northern Ethiopia, the country is struggling with access restrictions, chronic food insecurity, climate change-related events such as droughts and floods, huge internal displacements, large numbers of refugees from neighbouring Sudan and Somalia, and the rise of acute malnutrition. To address these ongoing emergencies during 2023, WHO collaborated with the Federal Ministry of Health, the Ethiopian Public Health Institute, Regional Health Bureaus, and health cluster partners to expand health sector development initiatives and improve response readiness for any further deterioration of the humanitarian situation. WHO continued to attend and co-chair various coordination meetings in all drought-affected regions. In addition, WHO attended subnational health, nutrition, and WASH cluster coordination meetings in Oromia Region and provided support and guidance.

WHO provided material and operational support to priority health facilities to facilitate infrastructure rehabilitation and ensure continuity in delivering essential health services. Services included emergency and trauma services; newborn, maternal, and child health services; emergency and essential surgical care; mental health and psychosocial support; reproductive health services and clinical management of survivors of rape and intimate partner violence; the management of SAM with medical complications; the detection and management of priority communicable diseases; and the management of chronic diseases. As part of strengthening essential health services, WHO and partners supported the training and deployment of 141 mobile health and nutrition teams to Afar, Somali, Oromia and Southern Nations, Nationalities, and People's Regions.⁽⁶⁾

With the support of WHO, between February and March 2023, 35 health care workers were trained on SAM with medical complications and infant young child feeding in emergencies. ⁽⁶⁾ WHO visited 24 stabilization centres in Somali Region to enhance the quality of case management activities and mentored healthcare workers on proper SAM with or without medical complications, case management, and infection prevention and control measures. As of July 2023, more than 1.1 million children with SAM had been admitted to WHO-supported nutrition programmes.⁽⁸⁾ WHO donated essential medicines and supplies to mobile health and nutrition teams operating in hard-to-reach areas of the Somali Region to address and improve routine health and nutrition service delivery.

WHO supported the broader implementation of public health measures to prevent and manage disease outbreaks, including capacity building of national and local partners and supporting the resumption of diagnostic testing, vaccination campaigns, mass drug administration, and vector control activities. A surge team was deployed to drought affected regions and more than 300 health care workers and 450 community health workers and volunteers were trained on how to respond to cholera and measles outbreaks. WHO, UNICEF and other UN agencies conducted an integrated measles supplementary immunization activity in 76 out of 93 woredas during March and April 2023, many of which were previously inaccessible. The immunization campaign included routine immunization for previously unvaccinated and under-immunized children. Additionally, the campaign provided Vitamin A supplements, deworming, acute malnutrition screening for children and pregnant or breastfeeding women, and vaccination for mothers and caretakers against COVID-19. Over 1.5 million people were vaccinated against measles at the national level and nearly 2 million people were vaccinated with the oral cholera vaccine in Oromia and Somali Regions in January and May 2023.⁽⁷⁾ WHO continues to support weekly surveillance and outbreak data collection, compilation, analysis, and presentation in all regions, along with the investigation and verification of cholera alerts and rumours in Oromia and Somali Regions.

As part of holistic efforts to control the cholera outbreak, WHO worked with health extension officers to sensitize community members and equip 'health champions' with accurate, easy to understand information on how cholera spreads, and can be prevented. Health extension workers regularly visit the villages they oversee to help ensure sustainable and consistent improvement and implementation of preventive and control measures to address common public health problems. Health champions are at the forefront of the cholera response, serving as role models within their communities and leading by example in the implementation of good hygiene practices in their households. These efforts help to guide families on hygiene and sanitation practices, how to treat water at a household level and raise awareness on health practices to prevent cholera. WHO and partners also supported public health workers to conduct community mobilization campaigns, including mass gatherings and door-to-door awareness-raising. The aim is to effect behavioural change regarding consumption of properly treated, safe drinking water, and the implementation of good WASH practices at the household level.



Aregash, a 30-year-old married mother of five children, now keenly takes the necessary measures to prevent cholera, including the use of water treatment capsules. After previously using unsafe river water in cholera-prone Gofa Zone, Southern Nations, Nationalities and Peoples' Region of Ethiopia, Aregash became ill with cholera and required treatment at a local cholera treatment centre.

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Haiti

Humanitarian crisis

Haiti is suffering from a major humanitarian crisis, with high levels of gang-related criminality and violence, significant economic decline including five years of recession, and rising food insecurity, compounded by recurrent weather events and earthquakes. At the end of December 2023, gang-related violence had caused the displacement of almost 314 000 people. The cholera epidemic that began in October 2022 continues to spread across the country, with over 76 000 suspected cases, 72 300 hospitalizations and over 1100 deaths reported as of 18 December 2023.⁽⁹⁾ In response, on 19 April 2023, WHO assessed Haiti as a Grade 3 emergency and established an incident management system at country and regional levels, rapidly releasing funds from the CFE for the immediate upscaling of responses. The Health Cluster was activated in May 2023, with the Pan American Health Organization (PAHO)/WHO as Cluster lead agency responsible for the coordination of around 40 national and international partners.

Between 1 July and 30 September 2023, funds from the CFE were used to procure and distribute over 12 tonnes of medicines and health supplies, to facilitate access to medicines and the continuity of essential health services.⁽¹⁰⁾ Six maternity wards were provided with life-saving medical supplies and equipment for the care of pregnant women and children, and 30 health facilities were supported with increased oxygen capacity through the procurement and allocation of 150 oxygen tanks. To strengthen the provision of MPHSS services, WHO trained 48 operators from four free mental health hotlines on how to conduct psychological assistance to the population, and on the evaluation and management of suicidal behaviour, and 33 doctors and nurses from public health facilities were trained on WHO's [Mental Health Gap Action Programme](#).

PAHO/WHO supported the ongoing cholera response with the distribution of medical and non-medical supplies; training on epidemiological surveillance; case management; reinforcing laboratory detection capacity; WASH and IPC measures in cholera treatment centres. Since the onset of the outbreak, PAHO/WHO has facilitated the procurement and distribution of over 450 tonnes of medicines, medical supplies and WASH items to more than 100 active cholera treatment centres in all 10 departments of the country.⁽¹¹⁾ Community-led responses have been scaled up through the deployment of trained and equipped community health workers (CHWs). Following an alert issued by the West Departmental Health Directorate in response to a rapid increase in cases on La Gonâve island in February 2023, PAHO/WHO worked with local authorities to coordinate logistical operations and strengthen patient care facilities. To ensure the timely delivery of emergency medical supplies and equipment, PAHO/WHO partnered with a local NGO, deploying over 6.6 tonnes of equipment and medicines essential for the management and treatment of cholera cases on the island.⁽¹²⁾ PAHO/WHO specialists carried out several missions in 2023 to assess health-care facilities currently operating on the island, notably the two acute diarrhoea treatment centres. A series of staff training sessions on WASH aspects and medical care of patients was organized to strengthen the capacities of medical teams.

Issues of urban violence and population displacement have created an environment conducive to increasing vaccination dropout rates already worsened by the COVID-19 pandemic. Added to this, difficulties in accessing health care and vaccine hesitancy linked to misinformation have only increased the epidemic risk posed by diseases such as polio, rubella, measles, diphtheria, neonatal tetanus and cholera. As part of efforts to expand vaccination rates, PAHO/WHO supported the launch of [Vaccination Week in the Americas](#) in April 2023, marking the beginning of a catch-up vaccination campaign in Haiti. The initiative aimed to improve vaccination coverage in the country, particularly targeting the under-immunized and zero-dose children. Beginning in September 2023, teams of health mobilizers have been targeting homes in areas of urban poverty – bringing health education and services into homes. As of November 2023, over 21 000 households have been visited, reaching over 75 000 people. Over 5000 children and 1280 pregnant women who had never received any vaccinations were identified and offered immunization services.⁽¹³⁾

The health system continues to be affected by the conflict, with several hospitals and clinics struggling to operate due to insecurity, limiting access to essential health services for countless Haitians. Unacceptable attacks on health personnel and facilities, including the kidnapping of health professionals, have placed a strain on health personnel and the entire Haitian health system. In response, PAHO/WHO deployed 14 mobile clinics in hard-to-reach areas to provide consultation services as close as possible to where people are living. The mobile clinics provide a range of services including educational sessions, general and prenatal consultations, nutritional monitoring of children, immunization services and distribution of contraception. PAHO/WHO is working with the Ministry of Public Health and Population to address the urgent health-care needs of internally displaced populations in Port-au-Prince and surrounding areas, with an increasing emphasis on MHPSS. In October 2023, PAHO/WHO provided support to the mental health unit of the ministry in psychosocial support activities in five displacement camps. Also in October, PAHO/WHO and partners launched the CanGIVE initiative. Working with marginalized communities, including people living in severe urban and rural poverty, CanGIVE will support gender-responsive vaccination programmes that meet the needs of women and girls.

Recent months have seen a significant rise in the use of rape and sexual violence by gangs as instruments of domination and control. Incidents targeting patients, medical staff and health facilities have also increased. According to the Ministry of Public Health and Population, 39 cases of kidnapping of doctors were reported in the first few months of 2023, including high-level staff from the Ministry. In response, PAHO/WHO and the Directorate of Family Health jointly launched an initiative in three displacement camps aimed at supporting women and young girls displaced by conflict and survivors of sexual violence.⁽¹⁴⁾ This innovative project had an impact on three levels. On an individual level, the participants benefited from the sessions allowing them to improve their mental health and their self-esteem. In terms of development and empowerment, they were able to participate in practical workshops on making detergents, perfumes and pastries, as well as specialized cosmetology and beverage-making workshops – catalyzing their creativity and paving the way to professional opportunities. In addition, they received training on the influence of the peacebuilding process from the [Women, Peace and Security](#) programme.



A sailboat from PAHO/WHO's NGO partner Humanité Inclusion is being loaded with emergency medical supplies for the management of cholera cases, to be delivered to the island of La Gonave.

© WHO / PAHO

Israel

Conflict

October 2023 marked the start of a massive escalation of conflict affecting both Israel and the occupied Palestinian territory. On 7 October 2023, Hamas and other armed groups launched an unprecedented air, water and ground attack in Israel from the Gaza Strip. With hostilities escalating over the following weeks, the number of deaths, injured and displaced on both sides of the conflict increased, with catastrophic humanitarian consequences in Gaza. During October 2023, over 1000 people were reported killed in southern Israel and many more injured. Close to 200 000 Israelis were evacuated from southern and northern parts of the country, in the context of potential escalation. The ongoing conflict is having a profound impact on the mental well-being of Israeli civilians and is expected to reverberate throughout the population with immediate emotional suffering and post-traumatic symptoms in the years to come.

In response, WHO worked with Israeli health counterparts on national efforts to strengthen community resilience through mental health interventions, to engage communities and inter-faith groups, and to provide technical support on the management of gender-based and sexual violence. At the request of the Israeli Ministry of Health, WHO deployed mental health, emergency communications and community engagement experts to Israel in November 2023. The objective was to further engage with Israeli counterparts and collaborate on national efforts to strengthen the resilience of individuals, families and communities through mental health interventions, as well as to monitor the broader health impacts of the emergency in Israel. WHO has engaged with a range of civil society organizations involved in the response at the community level to assess opportunities for community engagement to improve outreach and access to mental and other health services through trusted community influencers.

The WHO Regional Office for Europe established an Incident Management Support Team to work in close coordination with the WHO Regional Office for the Eastern Mediterranean to support all populations and communities affected by the violence. Following accounts of gender-based violence, including sexual violence during the attacks, WHO is working with the Ministry of Health to ensure all survivors have access to the care they need to fully address short- and long-term health consequences. WHO has offered support in the establishment of a surveillance system for attacks on health, in collaboration with the Ministry of Health and Israel's national emergency medical, disaster, ambulance and blood bank service (Magen David Adom). Since 7 October 2023, 67 attacks on health care have been verified in Israel, with 24 deaths and 34 injuries of health workers and patients.⁽²⁴⁾



Medical students in the Emergency Room of Soroka Medical Centre.

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occupied Palestinian territory, including east Jerusalem

Conflict

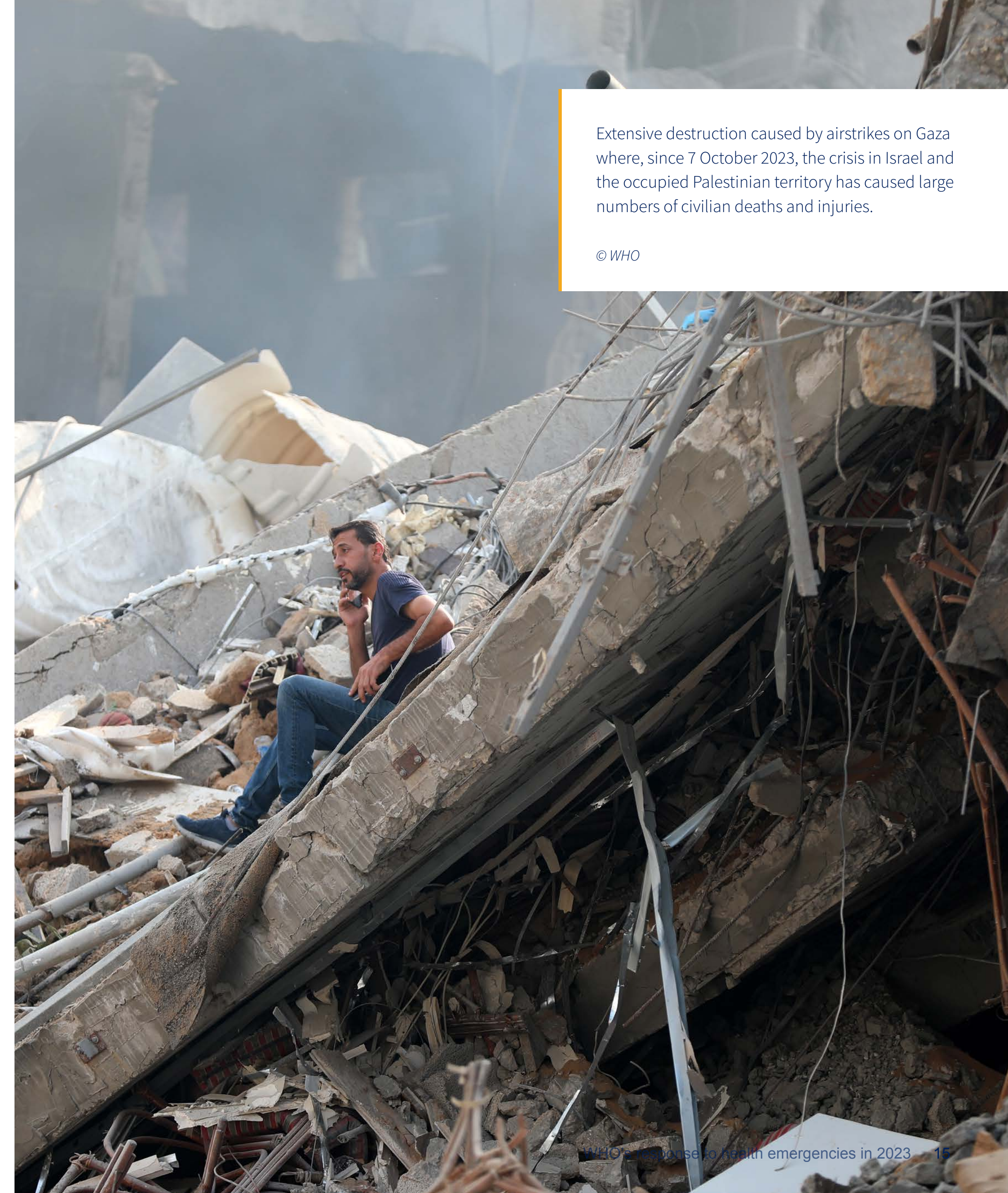
Since 7 October 2023, the escalating crisis in the occupied Palestinian territory and Israel has caused widespread devastation. Current violence comes in the context of ongoing occupation, blockade of the Gaza Strip, and long-term displacement of Palestinian refugees, which have exacerbated existing humanitarian needs and vulnerabilities. As of 29 December 2023, over 21 110 fatalities and 55 000 injuries had been reported in the Gaza Strip;⁽¹⁵⁾ an estimated 1.9 million people (85% of the population of the Gaza Strip) were displaced, with 1.4 million people residing in extremely overcrowded shelters;⁽¹⁶⁾ and 2.2 million people were facing crisis or worse levels of food insecurity, with the majority of adults skipping meals.⁽¹⁷⁾ Two assessments completed by WHO in late December 2023 highlighted the critically tenuous status of the health system, with only 13 partially functioning and two minimally functioning hospitals remaining in the Gaza Strip – with 21 that were not functioning at all.⁽¹⁸⁾ As the leading UN agency for health and the Health Cluster in the occupied Palestinian territory, WHO is uniquely placed to coordinate and deliver life-saving health services to the population of the Gaza Strip. WHO is working through local, regional and global partners and mechanisms to address the most urgent health needs, including through the provision of life-saving medical supplies.

Immediately following events on 7 October, WHO reprogrammed funds to procure urgently needed medical supplies from the local market to ensure continuity of essential health services in the Gaza Strip. Within the first five days of the conflict, WHO released US\$ 3 million from the CFE for the immediate procurement of essential medicines and supplies, and by the end of October, this amount had increased to US\$ 14.56 million.⁽¹⁹⁾ The Inter-agency Contingency Plan for the Gaza Strip was activated on 10 October 2023, providing an inter-sectoral prioritization strategy for supplies. In collaboration with partners, WHO ensured the release of pre-positioned supplies to hospitals in the Gaza Strip, and provided technical support to seven major hospitals to activate their hospital emergency plans to better manage the surge in casualties. In late October 2023, WHO released its [multi-country funding appeal](#) and [operational response plan](#), outlining the resources required to enable WHO and partners to scale up trauma and emergency care services; maintain access to essential health services and treatment of chronic conditions; establish disease surveillance and outbreak control measures; provide supplies and logistics support; and ensure coordination including through the work of the Health Cluster.

Since the start of the hostilities, WHO and partners have been supporting the health system in the Gaza Strip with deliveries of medical equipment and supplies, medicines, fuel, coordination of EMTs, and disease surveillance. WHO Director-General Dr Tedros Adhanom Ghebreyesus met with Egyptian President Abdel Fattah El-Sisi on 9 October 2023, who agreed to a WHO request to facilitate the delivery of health and other humanitarian supplies from WHO to Gaza via the Rafah crossing – the sole crossing point between Egypt and the Gaza Strip. On 14 October 2023, a plane carrying 78 cubic metres of health supplies from WHO's Logistics Centre in Dubai landed in Al Arish airport in Egypt. Supplies included enough trauma medicines and health supplies to treat 1200 wounded patients and 1500 patients suffering from heart diseases, hypertension, diabetes,

Extensive destruction caused by airstrikes on Gaza where, since 7 October 2023, the crisis in Israel and the occupied Palestinian territory has caused large numbers of civilian deaths and injuries.

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and respiratory problems; and basic essential health supplies to serve the needs of 300 000 people, including pregnant women.(20) From 20 to 25 October 2023, WHO shipped another 40 metric tonnes of life-saving emergency supplies from its Dubai Centre. On 12 November 2023, a third shipment from the Centre was sent to the Gaza Strip consisting of 25 metric tonnes of emergency supplies, including critically needed orthopaedics supplies and fixators. During December 2023, a fourth shipment was received with 29.5 metric tonnes of WHO's standard trauma and surgical kits.(21)

As of 28 December 2023, WHO and partners had conducted 12 high-risk missions to hospitals in northern and southern Gaza, witnessing intense hostilities in their vicinity, high patient loads, and overcrowding caused by people displaced by the conflict seeking refuge. During this time, WHO and partners supported the delivery of 51 trucks loaded with 240 metric tonnes of medical supplies and disposables.(15) WHO continues to deliver medical supplies and medicines to semi-functioning hospitals in the north, including Al Shifa, Al Ahli, Al Helou and Al Awada, which were providing medical support to 300 000 individuals at their peak. In addition, WHO is supporting operational hospitals in middle and south Gaza including Al Aqsa, Nasser, Al Najjar, Gaza European and Palestinian Red Crescent Society Al Amal, which were catering for the health needs of up to 1.5 million people. At the end of 2023, 11 EMTs were operating in Gaza, with additional surgical specialized care teams and EMT-supported field hospitals planned for mobilization in early 2024.

By the end of December 2023, Gaza was already experiencing soaring rates of infectious diseases, with over 100 000 cases of diarrhoea reported since mid-October.(16) Half of these were among young children under 5 years of age, and case numbers were 25 times higher than those reported before the conflict. Over 150 000 cases of upper respiratory infections, and numerous cases of meningitis, skin rashes, scabies, lice and chickenpox have been reported. In response to the growing number of infectious diseases, along with the need to manage casualties and maintain the continuity of essential health services, WHO and partners are defining a set of core primary healthcare services based on priority needs, operational feasibility, and high impact health interventions.(15) The package will be used by health partners to ensure uniformity in health service delivery during the emergency in the Gaza Strip.

The current situation has the potential to escalate further, with the risk of a multi-front conflict. There have already been hostilities in southern Lebanon and Syrian Arab Republic, with the possibility of violence spreading to other countries in the region. Given the potentially severe humanitarian and health impacts, WHO is working to ensure readiness to respond to health needs including the pre-positioning of emergency medical supplies and coordination among partners. In preparation for potential health emergencies in neighbouring Lebanon, two shipments arrived in Beirut from the Logistics Centre on 15 October 2023, which included enough surgical and trauma medicines and supplies to meet the needs of 800–1000 injured patients.(22) WHO has worked with the Ministry of Public Health 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. As part of these efforts, WHO is supporting the activation of a PHEOC that will facilitate improved coordination of emergency responses at both national and sub-national levels.

Concurrently, WHO has been working to support the Egyptian Ministry of Health and Population in planning and establishing a comprehensive triage, stabilization and medical evacuation system, by providing ongoing training for healthcare staff. WHO is working with the Egyptian Red Crescent Society to ensure that psychological trauma support services are available to patients. Beginning on 10 November 2023 with the evacuation of 12 children with blood disorders from the Gaza Strip to Egypt and Jordan, by the end of 2023, WHO and partners conducted an additional four missions to transfer patients, relatives and health workers from Al Ahli and Al Shifa hospitals to hospitals in southern Gaza and Egypt.(23)



Dr Athanasios Gargavanis, WHO Trauma Surgeon and Emergency Officer, with a patient being referred during a WHO joint mission to Nasser Hospital to assess patients and refer critical patients.

© WHO / Christopher Black

COMMITMENTS TO THOSE WE SERVE

Monitoring and reporting attacks on health care

Despite an increasingly hostile operating environment, with ongoing attacks on aid workers and facilities, WHO's workforce and that of its partners continue to deliver life-saving health care to those who need it most. WHO continues to systematically monitor health attacks within the Surveillance System for Attacks on Health Care (SSA), as well as to document and report on health needs and restrictions on health access. The SSA has become the standard reference point by partners, Member States, and the UN for addressing this issue. This information has provided evidence for WHO, partners and Member States to issue strong calls for the protection of health care in the country.

Escalating conflict and the massive scale of humanitarian needs around the world continue to place healthcare workers and the facilities that they operate in, including hospitals, at great risk. In the five years between December 2017 and December 2022, 18 countries and territories reported at least 3900 incidents of attacks on health care. Between 1 January and 31 December 2023 alone, WHO's SSA recorded another 1414 attacks on health care, resulting in 738 deaths and 1206 injuries.⁽²⁴⁾ When health systems are already fragile, threats to healthcare providers have devastating consequences – further reducing, or removing entirely, access to health care among populations with significant health needs.

There have been multiple and ongoing attacks on health facilities in the occupied Palestinian territory since 7 October 2023, which have resulted in forced mass evacuations from hospitals, and multiple fatalities and casualties among patients, their companions, and those who had sought refuge in hospitals. As of 29 December 2023, WHO's SSA had recorded 570 attacks on health care in the Gaza Strip and West Bank, including east Jerusalem, resulting in 607 fatalities and 812 casualties. The attacks have affected 118 health facilities and 281 ambulances.⁽²⁰⁾

Gaza Strip



294 Health attacks



600
People killed in attacks



76
Ambulances affected



94
Health facilities affected



764
People injured in attacks



Including
38
That sustained damaged



Including
26
Hospitals damaged



65
Health workers detained/arrested

West Bank



276 Health attacks



7
People killed in attacks



205
Ambulances affected

Obstructed access **180**

Use of force **149**

Detained **42**

Militarized search of vehicle **41**



48
People injured in attacks



24
Health facilities affected

Somalia

Complex emergencies

In response to the estimated 8.3 million people in need of humanitarian assistance in Somalia during 2023,⁽²⁵⁾ WHO strengthened integrated responses to provide essential life-saving health and nutrition services, to enhance community-based surveillance to detect and respond to disease outbreaks in a timely manner, and to improve coordination with partners. In the first half of 2023, WHO-supported public health interventions successfully consulted, treated, immunized and referred over 2.6 million people in the 31 drought-affected districts.⁽³⁾ WHO deployed 372 vaccinators and 2137 CHWs and mobilizers across drought-affected districts between July 2022 and February 2023 – reaching 724 525 vulnerable people with emergency healthcare services through 57 health facilities in target areas.⁽²⁶⁾

As of April 2023, collective efforts from WHO and Health Cluster partners resulted in more than 3.2 million children vaccinated for measles, and 3 million children treated with vitamin A and deworming tablets.⁽²⁷⁾ In response to the outbreak of circulating vaccine-derived poliovirus type 2 – one of the world’s longest outbreaks – an estimated 4 million children were provided with at least two doses of the polio vaccine during 2023.⁽²⁸⁾ To curb the transmission of cholera and other waterborne diseases, WHO and UNICEF supported the Ministry of Health to raise awareness among target populations on preventive measures, while also scaling up active surveillance, community engagement and sensitization. Since January 2023, over 1.4 million people in 15 drought-affected districts have received a single dose of cholera vaccine. To meet the increased demand for health services, WHO has maintained the operational response capacities of 281 health facilities by providing essential medical supplies and supporting an additional 64 stabilization centres, 15 oral rehydration points, and 10 cholera treatment centres.

WHO-deployed RRTs and CHWs, primarily local women, have brought healthcare services directly to those who need them the most, particularly among communities living in underserved and hard-to-reach areas. Based on lessons learned during the COVID-19 pandemic, CHWs have been trained on case detection for epidemic-prone diseases beyond COVID-19, and are providing home-based care for children with diarrhoea, malaria, TB, HIV, and other ailments. In the past year alone, CHWs have visited over 2 million households with preventive health messaging. A total of 20 909

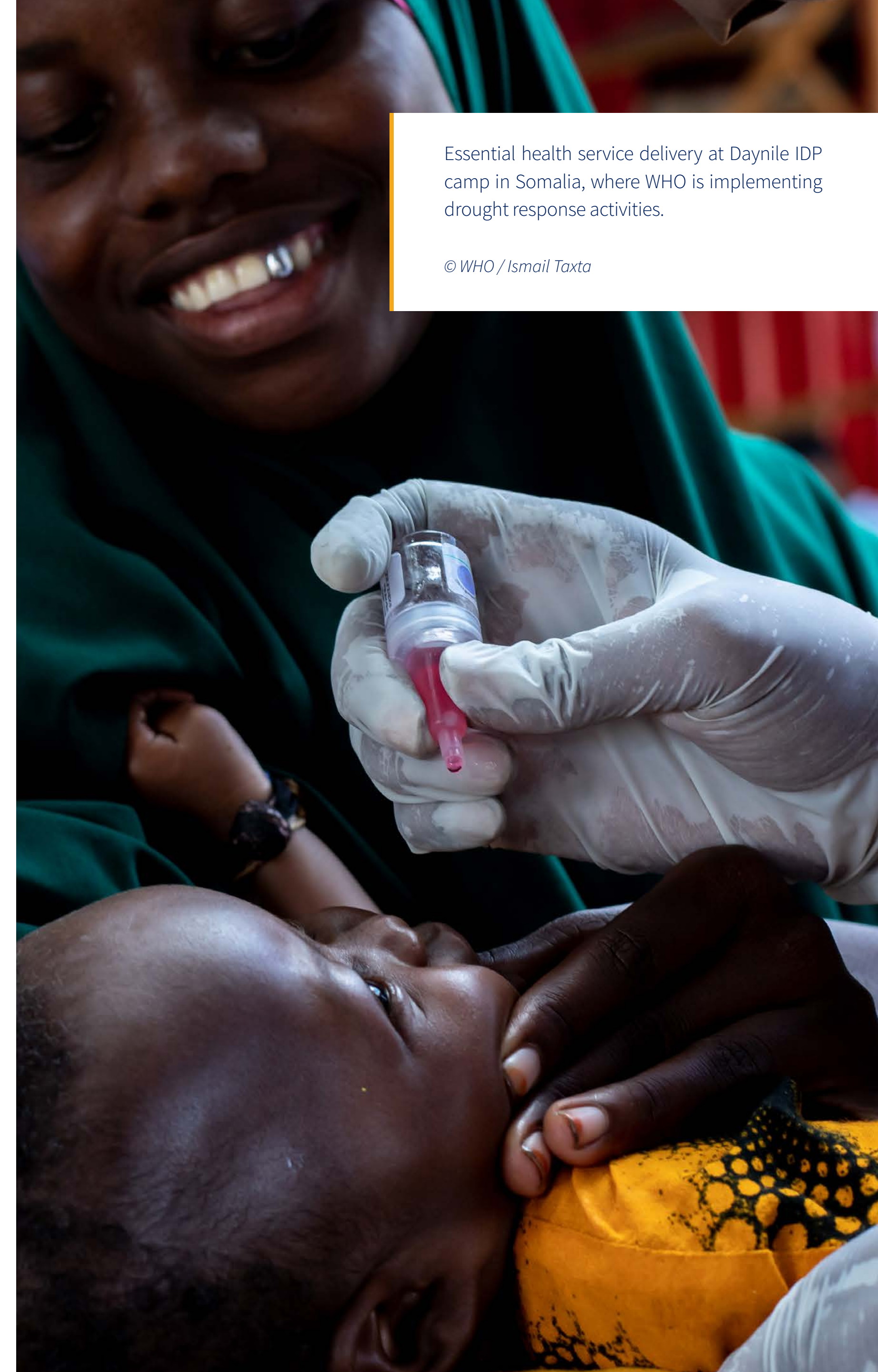
alerts were reported and over 10 000 investigated. CHWs screened over 328 000 children for malnutrition, of whom almost 98 000 were referred to health facilities for necessary treatment, while another 19 800 children were referred to health facilities due to severe respiratory issues and/or dehydration.⁽²⁹⁾

Building on successes and with the support of WHO, the Government has replicated this community-based network of health workers and RRTs into newly liberated areas across Somalia. In October 2022, medical teams supported by WHO were able to enter Jamame district in Jubaland state – the first to arrive in more than a decade. In collaboration with the State Ministry of Health, WHO deployed three mobile medical teams consisting of five medical professionals each in three villages. Between October 2022 and February 2023, medical teams provided medical consultations to 3861 residents of Jamame. More than 8917 children were screened for malnutrition, of whom 1865 were diagnosed as severely malnourished and 826 were referred to outpatient therapeutic feeding programmes and stabilization centres.⁽³⁰⁾

Besides meeting immediate humanitarian needs of local populations, WHO is working to build the resilience of the health system to respond to future shocks and better meet the needs of the populations it serves. In partnership with the Ministry of Health and other stakeholders, WHO has conducted capacity-building, provided essential supplies, and in some cases upgraded and solarized entire health facilities. Between April 2022 and April 2023, WHO airlifted, transported and stocked over 1400 tonnes of medical commodities to support essential health and nutrition care to vulnerable populations.⁽³¹⁾ These supplies have been instrumental in providing basic health care and patient consultations to people in marginalized communities, and protecting children in access-constrained areas against various childhood diseases like polio, measles, cholera, and malnutrition. To ensure medical stocks are readily available to meet the emergency needs of the country, WHO has maintained contingent stocks in three strategically located warehouses, and is in the process of opening three additional warehouses to better serve the states of Jubaland and South West – those most affected by the drought, cholera outbreaks and internally displaced persons (IDPs).

Essential health service delivery at Daynile IDP camp in Somalia, where WHO is implementing drought response activities.

© WHO / Ismail Taxta





Health consultation at Daynile IDP camp in Somalia, where WHO is implementing drought response activities.

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COMMITMENTS TO THOSE WE SERVE

Preventing and eliminating sexual and gender-based violence

In response to the alarming increase in conflict-related sexual violence, WHO scaled up responses for the prevention and elimination of SGBV in Somalia during 2023. WHO worked with Health Cluster partners and federal and state Ministries of Health to integrate SGBV prevention and response within health programmes, improving case management and referral services for survivors, as well as promoting coordination between partners and providing information and training on preventing and responding to sexual exploitation, abuse and harassment. As the lead agency in the Health Cluster, WHO supported the Government to establish a funding scheme and mentorship programme for the integration of SGBV response activities within health outreach. Since 2021, over 2100 women and girls have been reached by Health Cluster partners with SGBV services, including services for the clinical management of rape.(32)

The WHO Country Office in Somalia is supporting the Ministry of Health to address various gaps, challenges, and gender inequalities and inequities in health by generating more gender-disaggregated data for improved planning and programming and enhanced service delivery. WHO has been supporting the Ministry of Health in improving access to health care for women and children, particularly in remote, underserved areas, by deploying over 2100 CHWs in 79 districts, of which more than 60% are women.(33) WHO has been working with the Ministry to prevent and respond to female genital mutilation by integrating a response into midwifery pre-service training, advocating against its medicalization, and enhancing the capacity of health workers to provide quality care for women and girls living with female genital mutilation.

To increase accountability for preventing and responding to sexual exploitation, abuse and harassment (SEAH), WHO has made special efforts to ensure that internal policies, practices and interventions to prevent, detect and respond to SEAH are in place. The WHO Country Office has prioritized addressing preventing and responding to SEAH by implementing a multi-disciplinary risk-based approach and providing communication and training to over 90 staff and affiliates.

South Sudan

Humanitarian crisis

With an estimated 9 million people in need of humanitarian assistance as of January 2024,⁽³⁴⁾ South Sudan continues to face multiple concurrent crises, including high levels of food insecurity, inter-communal violence, conflict, extensive flooding, and persistent disease outbreaks. As part of the broader humanitarian crisis in the greater Horn of Africa, South Sudan is in a state of nutrition emergency with global acute malnutrition rates in some states above the WHO classification of 15%.⁽³⁵⁾ A critical nutrition situation exists in all the three conflict states of Upper Nile, Jonglei and Unity, and several other states. Access to health services is a major challenge, particularly amongst displaced populations. Even in settlements with access to a health facility, functionality and quality of care remain a challenge. Utilization of health services continues to fall below the minimum threshold amongst the general population.

During 2023, WHO provided comprehensive healthcare services to vulnerable populations, including IDPs, returnees and members of the host community, who face a significant risk of illness and death due to acute levels of food insecurity. As part of response efforts, WHO procured and distributed over 234 metric tonnes of health supplies including Interagency Emergency Health Kits; cholera investigation and treatment kits; pneumonia kits; kits for the treatment of medical complications associated with SAM; noncommunicable disease kits; measles kits; and other essential supplies – enough to provide emergency health services to over 1.2 million people. Additionally, WHO has been supporting Health Cluster partners in conducting medical consultations in hard-to-reach areas, reaching over 269 000 people in need.

The large influx of refugees into South Sudan following the escalation of violence in Sudan in April 2023 continues to place a heavy burden on the already fragile health system, where just 41% of health facilities are fully functioning.⁽³⁶⁾ In response, WHO deployed mobile medical teams comprised of clinicians, nurses and public health officers to affected locations to support the Ministry of Health and Health Cluster partners to strengthen humanitarian health coordination, disease surveillance, and the provision of much-needed healthcare services. WHO distributed 57.5 metric tonnes of emergency health kits and supplies, providing health services to over 359 000 people in need, and ensuring the continuity of healthcare services in Renk, Malakal, Panikang, Raja, Akobo,

Aweil and Rubkona.⁽³⁷⁾

The country faced several public health challenges during the year, including an upsurge of malaria cases and outbreaks of COVID-19, hepatitis E, measles and cholera. In April 2023, the Ministry of Health, in partnership with WHO, Gavi, the Vaccine Alliance, UNICEF and others, launched a nationwide measles vaccination campaign. Using a combination of fixed and outreach vaccination sites to reach children in remote areas, more than 2.3 million children received their measles vaccine, and another 1.5 million children were supplemented with Vitamin A.⁽³⁸⁾ An integrated measles and polio vaccination campaign was carried out in counties declaring outbreaks during the year, protecting over 847 000 children from measles and 665 000 children from polio.⁽³⁹⁾ In a move to prevent the cholera outbreak from spreading, the Ministry of Health, with support from WHO and partners, conducted an OCV campaign, reaching over 54 500 people between February and April 2023.⁽⁴⁰⁾

After a series of fatalities were reported in May 2023, believed to be linked to a suspected viral haemorrhagic fever outbreak, WHO and the Ministry of Health dispatched a multidisciplinary team comprising clinicians, nurses and public health experts to investigate the outbreak and augment surveillance measures. WHO delivered 42 essential health emergency kits, including vital supplies such as malaria rapid diagnostic test (RDT) kits, sample collection and transportation kits, cholera investigation and treatment kits, and pneumonia kits. These provisions were estimated to cater to the immediate needs of up to 18 000 people over the ensuing three months.⁽⁴¹⁾ WHO also coordinated an integrated mass vaccination campaign aimed at providing protection against communicable diseases, and over 220 individuals received urgently required healthcare services during the initial response. In response to a suspected outbreak of measles in September 2023, which claimed the lives of 17 people in three weeks, WHO provided technical and logistical support to facilitate RRTs to investigate and augment surveillance measures. WHO also provided 1.5 metric tonnes of essential health kits to provide initial responses for an estimated 15 000 people.



At a transit site housing returnees and refugees from Sudan in Renk, South Sudan, a health worker checks the circumference of three-year-old Awut's arm using a mid-upper arm circumference measure, which is a quick way of identifying children at risk of malnutrition (9 November 2023).

© WHO / Peter Louis Gume



In Juba, South Sudan, residents of a settlement are among the recipients of COVID-19 vaccines. The area of Mangalla hosts a settlement of IDPs, many of whom were affected by floods in June 2020.

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COMMITMENTS TO THOSE WE SERVE

Addressing gender inequity in COVID-19 vaccine coverage rates

On 5 April 2020, South Sudan recorded its first COVID-19 case. The initial response focused on leadership and coordination, surveillance, contact tracing, RCCE, case management, laboratory, and vaccination. The country conducted the first phase of its COVID-19 vaccination campaign in April 2021, targeting healthcare workers and the elderly population, and later rolled out to a nationwide COVID-19 vaccination campaign with the aim to reach 70% of the target population. By October 2021, only 0.8% of adults aged 18 years and older had been vaccinated – and the huge disparity in COVID-19 vaccine coverage was notable, with men accounting for 78.6% of vaccinated people.

To address this disparity, the Ministry of Health, with technical and financial support from WHO, developed and implemented an innovative vaccination strategy. The Intensified COVID-19 Vaccination Optimization strategy was developed and implemented from February 2022 to March 2023. The strategy utilized innovations to encourage more women to get vaccinated. This included holding exclusive women’s focus group discussions in 70% of the Payams; involving adult women in all advocacy visits; producing and distributing targeted fact sheets on “what women need to know about COVID-19 vaccines” in all community engagements; involving female religious leaders, traditional healers, and traditional birth attendants; and having women as part of vaccination teams. Female opinion leaders were encouraged to advocate for vaccination, and those who had already been vaccinated were encouraged to share their experiences and dispel infertility-related myths. Furthermore, pregnant and lactating women were reassured that vaccination had no consequences on breastfeeding.

WHO effectively coordinated mass vaccination activities in South Sudan through improved collaboration with state and county health systems. WHO provided technical and financial assistance to 500 sub-counties to develop micro-plans, trained local “Vaccine Champions,” and provided technical guidance and financial support for successful vaccination campaigns. This resulted in generating vaccination targets, better planning and funding, and increased uptake of COVID-19 vaccinations.

Through the support of WHO and partners, women as a percentage of the vaccinated population increased from 21.4% in October 2021 to 52.3% in February 2023. Vaccination coverage increased from less than 1% in October 2021 to 51.5% by February 2023, with 91% coverage in healthcare workers, and almost 50% of the elderly fully vaccinated.

Adapted from: <https://www.afro.who.int/countries/south-sudan/news/leveraging-novel-strategy-address-gender-inequity-covid-19-vaccine-coverage-south-sudan>

Sudan

Conflict and complex emergency

Sudan is one of seven countries in the greater Horn of Africa affected by food insecurity. Since 15 April 2023, intense fighting and violence has displaced 7.7 million people, with some 24.8 million people – half the population of Sudan – currently in need of humanitarian assistance.⁽⁴²⁾ Of this number, 20.3 million are facing high acute food insecurity and 11 million require urgent health care.⁽⁴³⁾ In response, WHO scaled up support to local NGOs along with federal and state ministries of health during 2023 to ensure primary health care, life-saving medical supplies, and nutrition services were accessible to displaced people and other vulnerable populations. Essential supplies prepositioned by the WHO Country Office in Sudan were rapidly mobilized for hospitals on the frontline, providing essential medicine, equipment and disposables for life-saving interventions, such as haemorrhage control, airway management, and emergency surgery. During 2023, WHO released close to US\$ 5 million from the CFE to support coordination of the health response and distribution of supplies within Sudan, and cross-border operations from Chad.

To date in 2023, WHO has distributed over 480 metric tonnes of life-saving medical supplies to 14 states; provided equipment, training and expert advice for trauma care, SGBV, and MHPSS; helped to establish a heat-stroke management centre; and is providing direct support to revive and revitalize 120 stabilization centres for the treatment of children with SAM with medical complications. In neighbouring countries, WHO is supporting the coordination of health care to ensure refugees and displaced persons have access to essential health services, including the provision of medicines and mental and psychosocial support through health centres and mobile clinics.

To meet the growing demand for health services in Sudan, WHO and state ministries of health launched 21 mobile clinics in August 2023. Comprised of clinicians, nurses and public health officers, these clinics provide primary health care in areas where health facilities are non-functional or inaccessible. The mobile clinics work close to the sites that host internally displaced people, operating out of available structures such as schools, health bureaus, and previously closed clinics. Over 51 000 patients have been treated at the mobile clinics since their launch.⁽⁴⁴⁾ The mobile clinics provide services that range

from diagnosis and treatment of common illnesses, minor surgery and follow-up for chronic diseases, to maternal and child health, including antenatal care and childhood vaccination. They offer first-line support to survivors of gender-based violence, as well as mental health support and referrals, including via ambulance services. All these services and any required medications are provided free of charge.

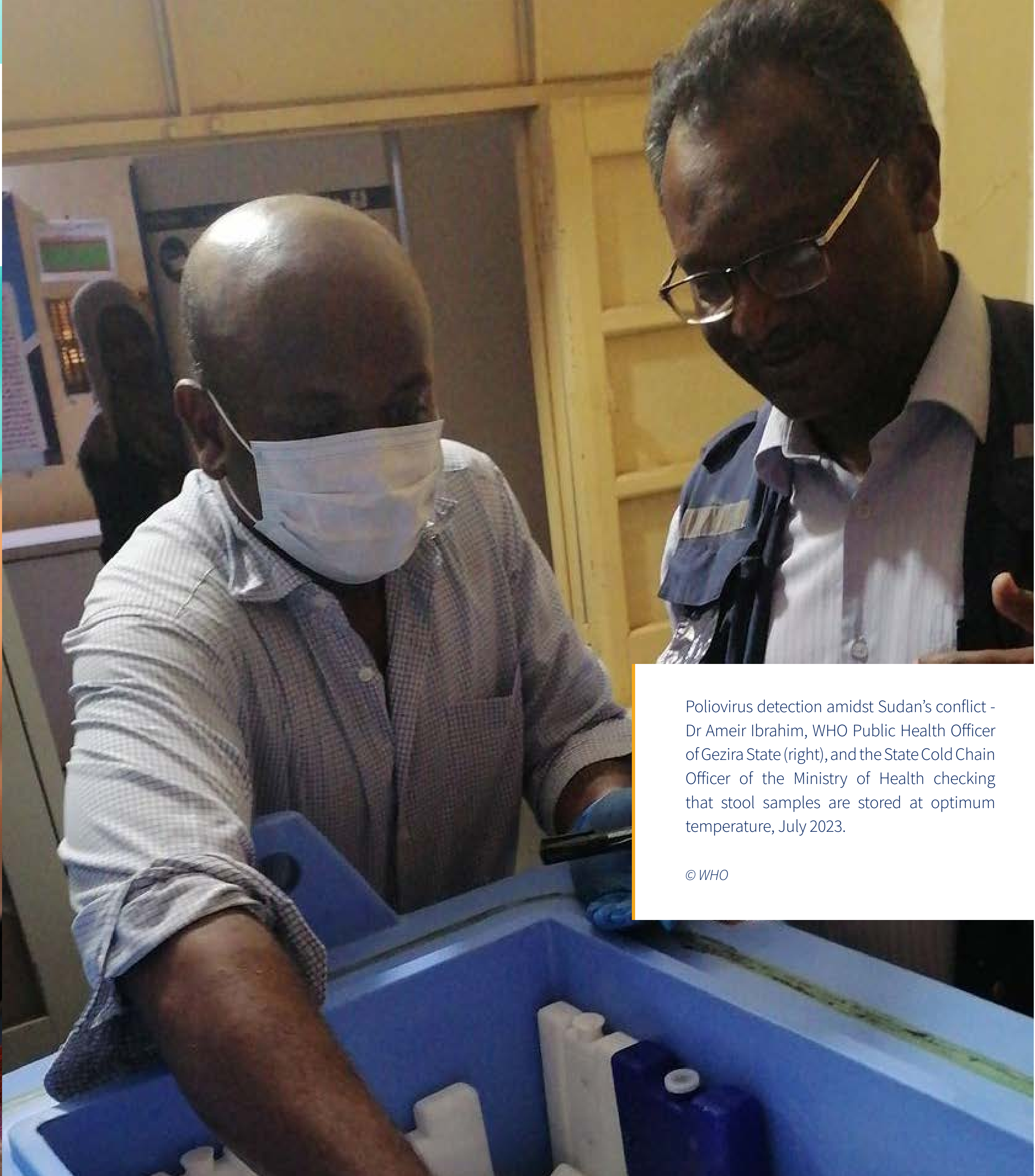
WHO is supporting the functionality and scale-up of stabilization centres across Sudan to treat and restore to health infants and young children with SAM with medical complications. Since the start of the conflict, WHO has distributed 517 paediatric kits to 91 stabilization centres in 10 accessible states to meet urgent needs. The kits, which contain oral and injectable medicines, malaria medicines, medical equipment and renewable supplies, will help save the lives of about 26 000 severely malnourished children through timely treatment of their life-threatening conditions. WHO teams also trained 156 healthcare workers in the diagnosis and management of SAM with medical complications to build the operational capacity of stabilization centres, continue to cover the operational cost of 20 stabilization centres, and provide supportive supervision and expert advice to 120 stabilization centre staff.⁽⁴⁵⁾

Following a cholera outbreak declared in Gedaref State on 26 September 2023, WHO increased its support to nine cholera treatment centres and delivered health emergency supplies, including cholera kits containing intravenous infusions, pain medicines, blood bags and personal protective equipment, plus 40 treatment beds for the management of cholera cases. WHO surveillance and logistics teams facilitated the shipment of samples for confirmation of cholera at the Public Health Laboratory in Port Sudan, including overseeing the delivery of over 30 000 cholera RDT kits to 18 states for field testing.⁽⁴⁶⁾ Earlier this year, more than 2800 Sudanese health workers took part in an online capacity-building programme conducted by WHO on the management of acute watery diarrhoea in times of crisis. Another online training course, on cholera, dengue and malaria management protocols, took place in September 2023 for more than 8000 Sudanese health workers.

Amna receiving care at the Cholera Treatment Centre (CTC) in Gadarif, Sudan (23 October 2023). This was her third day at the CTC and was recovering well.

© WHO / Ala Kheir





Poliovirus detection amidst Sudan's conflict - Dr Ameer Ibrahim, WHO Public Health Officer of Gezira State (right), and the State Cold Chain Officer of the Ministry of Health checking that stool samples are stored at optimum temperature, July 2023.

© WHO

IMPACT STORY

Coordination, commitment and innovation: detecting polio during Sudan's conflict

Immediately after the start of the conflict in April 2023, the WHO Country Office in Sudan worked to maintain the essential function of surveillance for AFP – the most common symptom of poliovirus (polio) in children. In AFP surveillance, speed and coordination are key. However, Sudan's national polio laboratory had ceased functioning due to the conflict, which meant the polio programme urgently needed to look for another laboratory to test stool samples to determine if children presenting with acute flaccid paralysis had been infected with polio. In a remarkable partnership, Sudan's polio programme teamed up with Egypt's health authorities to use a laboratory in Giza for this crucial task.

In June, the polio programme in Sudan completed a pilot mission to transport stool samples to the laboratory in Giza for testing. With the conflict impacting movement and security on the roads, creativity was required to get the samples from collection points identified all the way to the border. The first shipment of stool carriers passed through five stops in different states, following a pathway assessed for security considerations. In Red Sea state, Dr Thabit Mohammed Elsadig, a WHO Public Health Officer, spent three days pulling together all the resources drivers would need, from permits and security clearances to cash, fuel and food. At each stop, health workers picked up more stool samples from their colleagues. They checked temperature controls in the sample carrier, and replaced old ice packs with fresh ones to maintain temperature and handling protocols of the reverse cold chain.

Meanwhile, WHO colleagues contacted the Egyptian Ministry of Health to confirm that, at last, the samples were on their way to the border. At the Argeen Gate, border officials examined the boxes and their contents. Once they received a prompt from WHO, a team from Egypt's Aswan Governorate of Health set out on a six-hour journey to the shared border. There, they collected the samples and headed back to the health facility in Aswan for more fresh ice packs before driving to the laboratory in Giza, a 14-hour drive away. The entire journey from Madani, Sudan, to Giza, Egypt, can take up to 56 hours and demands absolute precision in planning and execution.

On 16 June 2023, the Lab in Giza received a shipment of 56 stool samples for testing for poliovirus. Laboratory personnel prioritized Sudan's samples for immediate testing, and the testing process began on the day of arrival. Final results were shared in 11 days – a full 10 days less than the standard three weeks. The results were also good news: no sample tested positive for variant poliovirus.

Adapted from: <https://www.emro.who.int/polio-eradication/news/extraordinary-chains-of-coordination-to-detect-poliovirus-amidst-sudans-conflict.html>

Syrian Arab Republic

Complex emergencies

The humanitarian crisis in the Syrian Arab Republic continues to steadily worsen, with an estimated 14.9 million people – over half of the total population – in need of humanitarian assistance in 2023.⁽⁴⁷⁾ As Health Cluster lead, WHO provides leadership and coordination among the various health partners active in the country and plays a critical role in the provision of healthcare support on the ground. A trusted and established local health partner, WHO continued to fill critical gaps in primary and secondary healthcare services during 2023; provided essential medicines and medical supplies; supported psychosocial interventions and victim support for the survivors of gender-based violence, and sexual exploitation and abuse; and strengthened the provision of cross-conflict-line and cross-border medical supplies and assistance. In the country's northwest, WHO provided life-saving and life-sustaining medicines and medical equipment, and supported the delivery of essential health services including vaccination, mental health services and trauma care to those most in need, including after the devastating earthquakes. In the country's northeast, WHO prepositioned vaccines, surgical and trauma supplies, and supported COVID-19 vaccination activities, including in hard-to-reach areas and camps. WHO ensured early warning, surveillance and response capacity across all areas, and delivered a joint response to the cholera and polio outbreaks.

After the first case of cholera was detected in the country in September 2022, all 14 governorates were reporting cases by January the following year. As of 8 August 2023, over 173 000 suspected cases and 104 associated deaths had been reported, and another 8 million people were at elevated risk of acute watery diarrhoea due to the ongoing water crisis; damaged WASH networks; and overcrowded IDPs sites.⁽⁴⁸⁾ In northwest Syria, WHO and partners implemented two cholera vaccination campaigns in March and June 2023 – vaccinating over 2.76 million people living in the most affected districts. WHO continues to lead the operational cholera response in northwest Syria, establishing a cholera response taskforce in 2023 and coordinating the response across various pillars, including surveillance and laboratories, case management, IPC, supply chain, RCCE, and OCV management.

Routine vaccination continues to be provided across the country with the support of WHO and partners. As of February 2023, an estimated 89% of targeted children under 5 years of age in shelters had been vaccinated in earthquake-affected areas in Aleppo, Latakia and Hama.⁽⁴⁹⁾ As part of its multisectoral approach, WHO supported increased surveillance and testing, trained health workers, promoted awareness and monitored water quality. On the ground, this has translated into the delivery of over 60 metric tonnes of cholera kits, oral rehydration solution, rapid tests and chlorine for water; 3.5 million aqua tabs; 3.7 million doses of the OCV; over 2500 health workers trained in IPC and case detection; support for six cholera treatment centres; and ongoing support for 101 RRTs.⁽⁵⁰⁾

Working with the Government of the Syrian Arab Republic, WHO and UNICEF implemented a series of vaccination campaigns in response to the polio outbreak. In January 2023, more than 164 000 children were reached in Homs governorate alone – one of the most affected Syrian cities.⁽⁵¹⁾ During the first day of February's vaccination round, over 120 children residing in the shelter at Mohammed El Durra school were immunized in less than two hours. Following a campaign in northwest Syria in April 2023, over 94% of children were immunized against polio and 88% immunized against measles.



Local beneficiaries wait outside the WHO-supported Static Medical Point in Daryya in Rural Damascus. The Youth Charity Association manages the mobile medical clinic and serves an area that suffered extreme damage during the early days of the Syrian war.

© WHO / Giles Clarke

Earthquake response in Türkiye and Syrian Arab Republic

On 6 February 2023, a series of massive earthquakes struck south-eastern Türkiye near the border with the Syrian Arab Republic. These and hundreds of aftershocks caused significant destruction on each side of the border, claiming thousands of lives across both countries, and damaging or destroying essential infrastructure, including health facilities. These were some of the strongest earthquakes to hit the region in a century, prompting a global humanitarian response. Within hours, WHO activated Incident Management Support teams and mobilized staff from the WHO European and Eastern Mediterranean Regional Offices, along with WHO Country Offices in Türkiye and Syrian Arab Republic. WHO Director-General Dr Tedros Adhanom Ghebreyesus visited northwest Syria days after the earthquakes, the first UN Principal to enter northwest Syria since the beginning of the conflict 12 years ago.

In the days following the earthquakes, WHO procured and delivered life-saving supplies and equipment, mobilizing prepositioned supplies within Türkiye and Syrian Arab Republic, while initiating procurement from regional and global sources – including the Global Logistics Centre in Dubai, which immediately mobilized the dispatch of 110 metric tonnes of supplies. In total, three charter flights carrying over 350 tonnes of medical supplies and equipment landed in Damascus in February, enabling over 940 000 treatment courses in the heavily affected areas of Aleppo, Latakia, Tartous, Hama and Homs alone.⁽⁵²⁾ An additional three flights from the Global Logistics Centre were received in Türkiye to support the earthquake response in Türkiye as well as in northwest Syrian Arab Republic. Beginning on 11 February 2023, and as of 31 December 2023, cross-border deliveries facilitated by the WHO Field Office Presence in Gaziantep, Türkiye, have delivered over 1000 tonnes of emergency supplies and essential medicines to earthquake-affected areas of the Syrian Arab Republic, supporting over 200 health facilities and enabling over 8.6 million treatments.

In the outskirts of Azzaz in northern Syria, a temporary IDP shelter for 40 families who were displaced by the earthquakes in February 2023.

© WHO / Giles Clarke



Türkiye

In Türkiye, WHO scaled up earthquake response operations through the planned deployment of additional surge capacity including epidemiologists; trauma specialists; operations, logistics and supply chain staff; information management support; and communication specialists. A total of 11 surge personnel were deployed to increase the capacity and capabilities of the WHO Field Office in Gaziantep. WHO initiated the largest deployment of EMTs to a disaster zone in the WHO European Region in its 75-year history,⁽⁵³⁾ with teams integrated into the ongoing health response to provide critical emergency care, surgeries and access to primary-care services, while strengthening national capacities for preparedness and response. In the five months following the earthquakes, EMTs carried out over 98 000 medical consultations in the most affected areas.⁽⁵⁴⁾ WHO also provided psychological first-aid training to staff of the Turkish Ministry of Health and Ministry of Family and Social Services, and promoted the mental well-being of healthcare workers by providing support to psychosocial staff from both ministries.

In the months that followed, WHO and the Ministry of Health developed a joint response plan to oversee response activities. WHO supported the Ministry of Health to restore health services at the primary healthcare level by procuring and delivering containers that serve as temporary health facilities while permanent structures are rebuilt. A total of 33 containers were delivered to the four most affected provinces for MHPSS services, and an additional four containers for physical rehabilitation-related services were delivered to Hatay, which was significantly affected during the earthquakes. Rehabilitation equipment, 140 water monitoring devices, and 15 automated and solar-powered chlorination devices were procured and delivered to affected provinces. In collaboration with the Ministry, WHO and partners delivered a series of joint training programmes on MHPSS, physiotherapy, WASH, IPC, vaccine hesitancy and cold chain supply. A project was implemented in the province of Hatay with a local implementing partner to provide community health-care services to both refugees and the host community, with a focus on the most vulnerable, the elderly, disabled, and mothers and children.

WHO worked with the country's Ministry of Health to develop, test and deliver health messaging to affected communities on approximately 30 topics. These included protection from cold and hypothermia; safe water use; food hygiene; vaccination (rabies and tetanus); and advice on mental health. To inform message development and considering people's risk perceptions and evolving health information needs, WHO conducted regular social listening – a key facet of RCCE and infodemic management. Using digital platforms to analyse online posts and conversations, WHO and the Ministry of Health sought to identify health information needs and voids as well as perceptions on the ground.

Syrian Arab Republic

WHO rapidly scaled up activities and its presence on the ground in the Syrian Arab Republic – providing immediate support to those most vulnerable and in need. WHO helped establish health sector coordination meetings within 12 hours of the event, and co-chaired the first humanitarian health sector meeting within 24 hours. WHO released more than US\$ 16 million from the CFE, including US\$ 3 million within hours to enable an immediate response.⁽⁵⁵⁾ WHO distributed medicines, medical supplies and equipment to support 207 hospitals and health-care facilities in the Syrian Arab Republic. Working closely with 29 local and national NGOs, WHO supported the deployment of mobile medical teams in Aleppo, Hama, Latakia and Tartous. These teams provide comprehensive health services, including internal medicine, gynaecology, paediatrics, immunization, nutrition, child health and health education to the most affected communities. In partnership with MHPSS outreach teams, over 200 shelters benefited from essential health services, including primary care consultations, consultations for people suffering from chronic diseases and mental health services.

WHO rapidly scaled up activities to increase its cross-border earthquake assistance to the most affected parts of northwest Syria. Within three days of the initial earthquake, WHO had worked with local health authorities and partners to re-establish the functioning of 120 primary health centres in northwest Syria, while also organizing the distribution of 183 metric tonnes of vital supplies from partner warehouses to more than 200 health facilities.⁽⁵⁶⁾ Two days later, WHO delivered an additional 139 metric tonnes of medical supplies to provide 4 million treatments, including 10 500 trauma interventions.⁽⁵⁷⁾ On 13 February 2023, following discussions held with the WHO Director-General, President Bashar al-Assad opened the two crossing points of Bab al-Salam and Al Ra'ee from Türkiye to northwest Syria, which allowed WHO and other UN agency personnel to enter northwest Syria from Türkiye. Since then, the team has completed regular weekly missions into the earthquake- and conflict-affected area to sustain WHO's presence in support of the communities living there.

Through this increased presence in northwest Syria, WHO reached more than 600 000 people with mental health support, and a self-care support programme reached over 600 frontline health workers. With the support of the surge team and in coordination with the Health Cluster, 223 out of 227 locations and all three Early Warning, Alert and Response Network laboratories were functioning within a few weeks of the disaster. WHO-led efforts resumed quickly to control the cholera outbreak by reactivating and expanding treatment centres, mounting a vaccination campaign that prioritized persons displaced by the earthquake, and improving water and sanitation by collecting and testing water samples in temporary shelters and health facilities. RCCE activities were expanded – reaching close to 700 000 households. After an almost complete suspension of international referrals from Syrian Arab Republic to Türkiye, negotiations by WHO led to their resumption, with over 600 patients being referred into neighbouring Türkiye, as well as the maintenance of the northwest Syria referral system's functionality (an average of 7000 patients per month). After these immediate responses, WHO helped provide support in rehabilitation units for people affected or disabled by the earthquake, including the provision of prosthetics and assistive devices for thousands of patients.

Türkiye – Syrian Arab Republic earthquake response: Timeline of key events

| | | | |
|--------------------|--|--------------------|---|
| 6 FEBRUARY | <ul style="list-style-type: none"> ○ A magnitude 7.8 earthquake occurs in southern Türkiye near the northern border of Syrian Arab Republic. This earthquake is followed approximately nine hours later by a magnitude 7.5 aftershock, with several more occurring over the coming days. The earthquakes are extraordinary both in terms of their scale and immediate impact. ○ Supplies released within the first 24 hours by the WHO Country Office in Syrian Arab Republic enable the provision of over 102 000 treatments among the heavily affected areas of Aleppo, Homs, Hama, Tartous and Latakia. ○ WHO Field Presence in Gaziantep, Türkiye, distributes 183 metric tonnes of supplies prepositioned inside northwest Syria from partner warehouses in Azaz and Idlib to more than 200 health facilities across northwest Syria. | 19 FEBRUARY | <ul style="list-style-type: none"> ○ WHO distributes 1884 Trauma and Emergency Surgery Kits that can provide care to over 94 000 trauma and surgery interventions in northwest Syria. ○ Between 13–19 February, four WHO trucks carrying essential medicines and Interagency Emergency Health Kits arrive in northwest Syria, providing more than 820 000 treatments. ○ To date, WHO has undertaken 11 cross-border deliveries from Türkiye to northwest Syria, amounting to 173 metric tonnes of medical supplies and emergency kits to provide treatment to over 4.3 million people. |
| 7 FEBRUARY | <ul style="list-style-type: none"> ○ Internal emergency grading rates the earthquake event as a WHO Grade 3 emergency, requiring a major/maximal WHO response. ○ Dedicated Incident Management Support teams established across the Organization’s three levels to manage the response. | 20 FEBRUARY | <ul style="list-style-type: none"> ○ WHO charter flight lands in Damascus, carrying 33 metric tonnes of medical supplies and equipment for the treatment of injuries, medicines for chronic diseases and cholera, in addition to patient monitors. |
| 8 FEBRUARY | <ul style="list-style-type: none"> ○ 10.9 million people affected; 4.1 million people in need of immediate assistance; 2 million people displaced; 1250 deaths and 2054 injuries recorded in Aleppo, Latakia, Hama, and Tartous governorates. ○ WHO chartered flight arrives in Damascus with 138 pallets of trauma and emergency surgical kits. | 22 FEBRUARY | <ul style="list-style-type: none"> ○ WHO Field Presence in Gaziantep trans-ships another 34.5 metric tonnes of surgical supplies and essential medicines into northwest Syria through the Bab Al-Hawa and Bab Al-Salama border crossings. ○ Between 17–22 February, medical supplies weighing 24 metric tonnes are delivered to earthquake-affected areas in Aleppo, Latakia, Tartous, Hama and Homs. |
| 9 FEBRUARY | <ul style="list-style-type: none"> ○ WHO and partners establish 250 shelters to provide for the immediate needs of survivors. | 26 FEBRUARY | <ul style="list-style-type: none"> ○ Between 20–26 February, WHO delivers interagency emergency health supplies suitable for at least 8000 trauma patients, and essential medicines, medical supplies and equipment to support 126 health care facilities and provide 322 630 treatment courses in northwest Syria. |
| 11 FEBRUARY | <ul style="list-style-type: none"> ○ More than 150 buildings fully collapsed; 31 deaths among healthcare workers; updated reporting shows 1387 deaths and 2326 injuries. ○ First WHO charter flight into Syrian Arab Republic reaches Aleppo, consisting of 34.1 metric tonnes of emergency supplies for 60 000 surgical interventions and 50 000 medical treatments. ○ WHO Field Presence in Gaziantep, Türkiye, begins cross-border deliveries into northwest Syria. | 3 MARCH | <ul style="list-style-type: none"> ○ Between February 23 and March 3, medical supplies weighing 151 metric tonnes are delivered to Aleppo, Latakia, Tartous, Hama and Homs. |
| 14 FEBRUARY | <ul style="list-style-type: none"> ○ Second WHO chartered flight arrives in Damascus with 30 tonnes of emergency health supplies to reach an additional 300 000 people. ○ The Inter-Agency Standing Committee declares a Humanitarian System-Wide Emergency Activation for six months. | 5 MARCH | <ul style="list-style-type: none"> ○ As of 5 March, WHO and partners have vaccinated a total of 8692 people against cholera at emergency shelters in Harem, Afrin and Salqin. A further 790 children in emergency shelters have received routine vaccinations. ○ Since the earthquake, WHO has supported more than 5000 medical referrals to health facilities within northwest Syria. |
| 15 FEBRUARY | <ul style="list-style-type: none"> ○ Over 300 buildings damaged; 146 health facilities damaged, including seven hospitals; over 2 million people remain affected; 4.1 million in need of immediate assistance; updated reporting shows over 5900 deaths and 10 800 injuries. ○ Health Cluster finalizes the mapping of damaged health facilities. 71 health facilities and specialized services are identified to receive further support by WHO, with 22 of them as top priority. ○ Two WHO trucks carrying essential medicines and trauma kits crossed the border into northwest Syria through Bab Al-Hawa and Bab Al-Salama, providing close to 100 000 treatments and care for over 3000 trauma cases. | 12 MARCH | <ul style="list-style-type: none"> ○ Updated figures from the Syrian Arab Republic show 8.8 million people remain affected; over 5900 deaths and 11 200 injuries. ○ A WHO charter flight carrying 130 cubic metres of medical supplies arrives in Türkiye for dispatch to northwest Syria. ○ Between 6–12 March, medical supplies weighing 22 metric tonnes are delivered to 23 health facilities in Aleppo, Latakia, Tartous, Hama and Homs to provide over 31 000 treatment courses. ○ To date, the WHO Syrian Arab Republic Country Office has delivered medications and supplies to cover more than 552 000 treatments in 23 health facilities and public hospitals in the affected areas. |

Ukraine

Conflict

Since the invasion of Ukraine on 24 February 2022, at least 28 700 civilians have lost their lives or suffered injuries,(58) 6.2 million people have fled as refugees into neighbouring countries and 5.1 million people have been internally displaced. An estimated 9.6 million people in Ukraine are at risk of or currently suffering from mental health conditions, with 3.9 million people experiencing moderate to severe symptoms.(59) The threat of a nuclear emergency has reached unprecedented levels, with shelling occurring near the Enerhodar nuclear power plant, and intermittent power supply to nuclear reactors. With the ultimate goal of saving lives, WHO has worked with partners to meet the rapidly increasing humanitarian needs in Ukraine and in refugee-hosting and -receiving countries. With financial support from emergency appeals, WHO and Health Cluster partners supported the Ministry of Health in providing critical health care, treatment, medications, vaccines and therapy to preserve and safeguard lives – reaching 7.5 million people in need. To ensure continued access to primary healthcare services, WHO supported over 130 mobile health units in nine oblasts across 260 locations, providing over 40 000 consultations. Additional support to the health sector in Ukraine has been provided by training over 2000 workers in mass casualty management, and international trauma support.

Working with the Ukrainian Ministry of Health and Health Cluster partners, WHO maintained access to health care for people in hard-to-reach and regained areas. In Kherson, WHO joined the humanitarian convoy 72 hours after the Government regained control of the city, delivering medicines to a health centre to treat more than 1000 patients. In Izyum, WHO supported the installation of a modular health clinic, replacing the previously destroyed facility. Providing primary healthcare services to a population of over 10 000 people, the temporary clinic offers a rapid solution to address the destruction caused by the invasion and ensure access to essential health services. Following the Kakhovka Dam incident in June 2023 – which put thousands of lives at risk, making the already dire conditions faced by Ukrainian people even worse – WHO Incident Management Teams and Health Programmes collaborated to establish a task force to mitigate risks and prevent health consequences. After a missile struck a busy cafe in the Kharkiv Oblast on 5 October 2023, WHO and Cluster partners worked closely on delivering an integrated response, which included dispatching mobile medical units, providing MHPSS services on site and supplying essential medical equipment to designated health facilities.

WHO has provided operations and logistics support, procuring and delivering critical health-care infrastructure and commodities. Out of 100 convoys led by the UN Country Team, WHO participated in 85 of them, transporting essential medicines and supplies including trauma and emergency surgery kits; blood transfusion materials; essential medicines; and other critical supplies such as body bags, oxygen equipment, power generators and refrigerators. Specialized rehabilitation equipment was deployed along with consumables and assistive technologies. Between January and December 2023, WHO delivered over 2000 metric tonnes of supplies to the Ukrainian humanitarian response and supported over 200 facilities with trauma medicine and equipment – serving over 135 000 people in facilities supported with trauma supplies. In partnership with the Ministry of Health, WHO installed 14 modular emergency and primary healthcare facilities during 2023.(60) Unique in their design, these modular units can be swiftly installed in 1–2 weeks. Each facility is equipped with basic commodities and provides a holistic care environment. These facilities play a pivotal role in supporting the local healthcare system, especially in regions where previous healthcare facilities are destroyed. They serve as the first point of contact for patients with chronic diseases, the elderly, and for vaccination services, among other services.

As part of delivering an end-to-end response, WHO has shared technical expertise through ongoing capacity-building initiatives, including training over 5000 health workers in key areas of emergency medical response; 3900 health workers in MHPSS to ensure the continuity and quality of services; and conducting 45 chemical preparedness and response trainings since the beginning of the war – training more than 2000 emergency medical service first responders and clinicians from referral hospitals for patients with chemical injuries. As part of its commitment to preventing sexual exploitation, abuse and harassment, WHO continues to provide specialized training and services, including training nearly 300 front-line medical workers across Ukraine from September to December 2023, particularly from conflict-affected areas that are more susceptible to incidents of gender-based violence and sexual exploitation and abuse.

To meet the continuing demand for rehabilitation services, WHO and the Ministry of Health established a National Rehabilitation Centre for Spinal Cord Injuries in north-western

Ukraine and provided on-the-job training for local rehabilitation professionals. Across Ukraine, WHO supported the Ministry to expand its network of non-specialized inpatient departments in 13 hospitals, and provided training to local multidisciplinary rehabilitation teams, along with procuring equipment, assistive technologies, hospital beds and IT equipment. To meet the increasing demand for assistive technologies, WHO and the Ministry of Health implemented a project to provide IDPs with specialized AT10 kits, each containing 10 types of products identified as most needed by Ukrainians in emergencies. The kits contain over 800 individual items and include mobility aids, such as crutches, wheelchairs, walking sticks and walking frames; and self-care products, such as catheter kits, absorbent continence products, and toilet and shower chairs.

In response to the continued influx of refugees from Ukraine seeking health care in refugee-hosting and -receiving countries, WHO worked with ministries of health from across the region to lead the coordination of health sector partners, training over 19 000 health workers in providing health services to refugees and host populations. WHO and the Ministry of Health of the Republic of Moldova pioneered a holistic intervention to improve access to quality and safe emergency, trauma and critical care for refugees and host populations. The initiative designed and rolled out 29 simulation-based trainings benefiting over 600 healthcare workers and hospital managers. In Poland, WHO supported over 12 000 people in accessing TB, HIV and sexually transmitted infections services, and reached 69 000 people with healthy behaviour messaging on disease prevention, vaccination, chronic disease management and access to health care. In 2023, WHO cultural mediators in Romania delivered over 4000 psychological support sessions to Ukrainian beneficiaries, and provided guidance to nearly 1500 refugees on navigating the health system. WHO supported the establishment of a Career Support Centre in Czechia to assist the integration of international healthcare professionals including Ukrainian refugees, to date having reached 860 health workers. On the ground, these efforts resulted in over 345 000 refugees and host populations accessing health care between January and December 2023.



11-month-old Jasmin undergoes a regular checkup to monitor her congenital heart condition. Born in Ukraine, she was diagnosed as having valve stenosis and valve underdevelopment shortly after birth.

Jasmin's mother Fanni decided to flee Ukraine to seek treatment in Hungary, where Jasmin has been treated at the Bethesda Hospital. Her condition is improving and she is now an outpatient with her condition regularly monitored.

© WHO

IMPACT STORY

Ensuring access to healthcare services during emergencies

Since the onset of the conflict in Ukraine on 24 February 2022, healthcare professionals have faced unprecedented challenges. Among them is Yevhen Hrushka, a senior general surgeon in Chuhuiv, Kharkiv region. The town, significantly impacted by the conflict, experienced acute shortages of medical personnel and supplies, regular shelling, and disruptions in essential services like electricity and water. Yevhen describes the situation: “The conditions are extremely challenging. We are adapting constantly to continue providing necessary medical care.”

The situation in Chuhuiv mirrors the broader crisis in the health sector across Ukraine. With limited medical staff remaining in the town, the pressure on existing healthcare providers like Yevhen has been immense. Despite these conditions, they have strived to maintain a standard of care under significantly constrained circumstances. “Operating in such conditions requires a great deal of resilience and adaptability,” Yevhen states, highlighting the realities faced by medical professionals in conflict zones.

In response to these challenges, WHO has played a crucial role in supporting healthcare workers and facilities. The Organization's emergency response has facilitated continued medical services in the region, supporting with temporary structures; training and operational supplies including surgical kits; medicines to treat chronic diseases; emergency health kits and concentrators, are among just the few. The support provided by WHO has been vital in ensuring that healthcare professionals can carry out their work. “The assistance from WHO has been essential in helping us manage these difficult times,” Yevhen notes, acknowledging the impact of WHO's intervention. Improving staff numbers in healthcare facilities and training doctors for emergencies can help them gain new skills and specialize further.

The story of Yevhen Hrushka and his colleagues in Chuhuiv is representative of the broader efforts by healthcare professionals across Ukraine during this crisis. Their dedication, supported by WHO's emergency response, underscores the critical role of sustained health-care services in conflict-affected regions. The collaboration between local healthcare providers and international organizations like WHO is pivotal in addressing the complex health needs arising in such emergencies.

Yemen

Complex emergencies

In 2023, Yemen remained one of the world's largest humanitarian crises. An estimated 21.6 million people were in need of humanitarian assistance during the year, including over 12.6 million who required humanitarian health assistance.⁽⁶¹⁾ The majority of those in need are women and children. Over 17 million people in Yemen cannot afford sufficient food to meet their daily needs, and 4.5 million people are internally displaced. Long-lasting violence, ongoing economic crisis, mounting food insecurity and recurring disease outbreaks, compounded by natural hazards, have led to the near collapse of the country's health system. Currently, 46% of Yemen's health facilities are non-functioning or partially functioning due to shortages of staff, funds, electricity, medicines, supplies and equipment. With the support of donors and partners, WHO's longstanding response to the health crisis in Yemen has been instrumental in saving lives and averting the collapse of the health system.

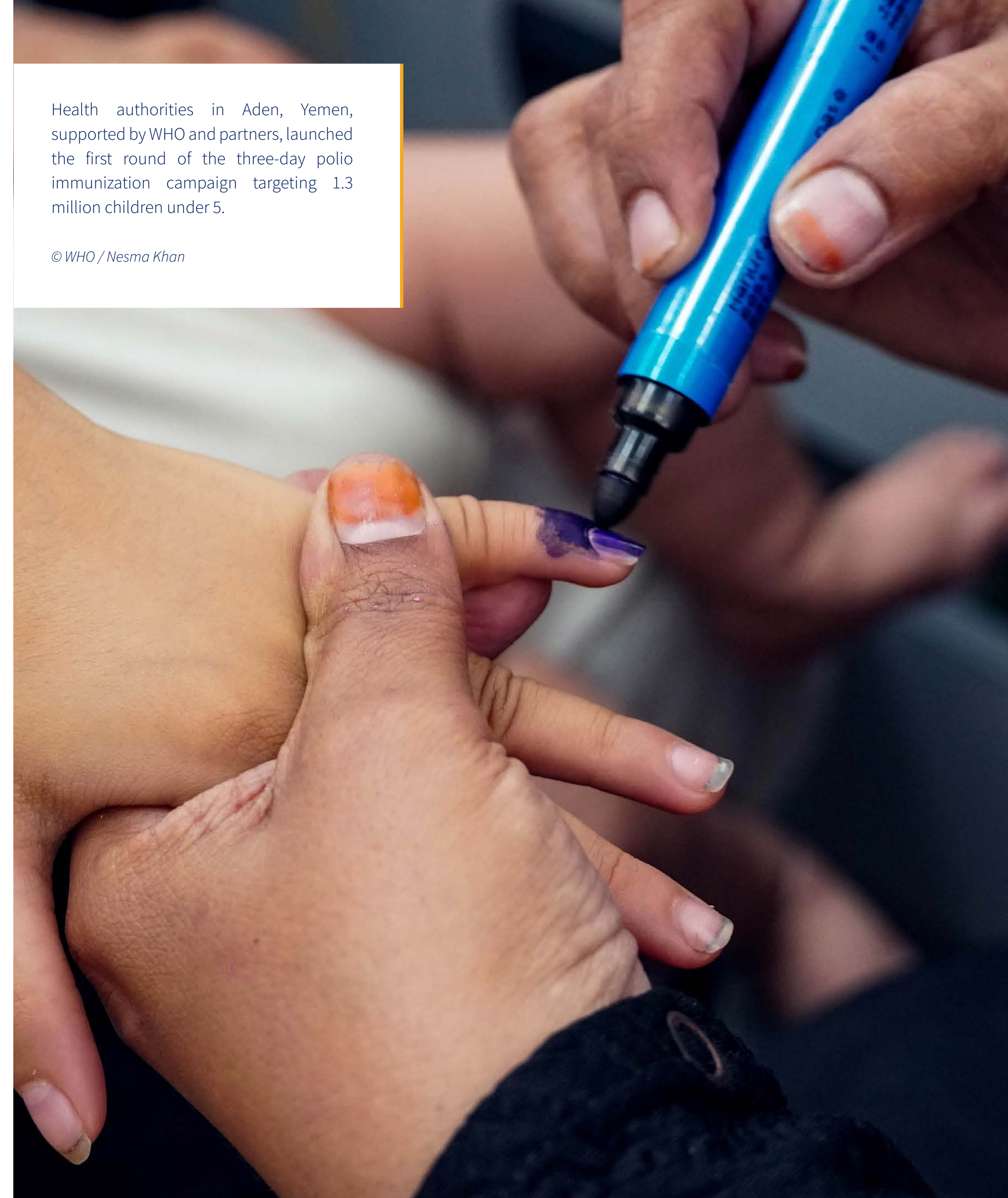
WHO is providing life-saving medical and health-care services to populations targeted by the Yemen Humanitarian Response Plan through a sustained and integrated health response, with a focus on treating acute malnutrition; supporting and improving maternal and newborn health care; strengthening disease surveillance and responding to outbreaks of infectious diseases; fighting chronic diseases; maintaining WASH services to strengthen IPC measures in hospitals; and responding to a neglected mental health crisis. During 2023, WHO distributed more than 4000 tonnes of supplies, including medicines, kits, medical equipment and supplies, and supporting infrastructure to 470 health facilities across all 21 Governorates.

WHO worked with Yemen's Ministry of Public Health and Population to support fragile health facilities and meet the most urgent health needs of at-risk population groups. During the year, WHO and partners launched five oxygen plants in southern Yemen, scaling up the availability of medical oxygen in referral hospitals. Working through national partners and NGOs, WHO supported health service delivery in mobile clinics, primary health clinics, emergency rooms and hospitals – reaching more than 45 000 patients. The support includes a project to improve access to quality emergency care for mine victims in Hodeida Governorate, where more than 250 people were injured by land mines in 2023. WHO supported an ambulance referral system for emergency patients in Aden Governorate, which provided referral services for 1351 critically ill patients, ensuring adequate prehospital care through trained staff and timely referral.

In recent years, Yemen has witnessed a surge in disease outbreaks, including its largest outbreak of polio since 2021, and an extended measles outbreak across the country, which saw over 42 000 measles cases reported among children between January and September 2023.⁽⁶²⁾ These diseases, once under control or even eradicated, have resurfaced due to the disruption of essential health-care services and limited access to clean water and sanitation facilities. WHO continues to monitor and analyse outbreak trends and report cases on a weekly basis to ensure a full understanding of the epidemiological situation for various circulating outbreaks. To strengthen the disease surveillance system, WHO supports RRTs in all districts of the country. RRTs conducted more than 82 000 site visits across Yemen during 2023 to ensure early detection, investigation and response to potential disease outbreaks.

Health authorities in Aden, Yemen, supported by WHO and partners, launched the first round of the three-day polio immunization campaign targeting 1.3 million children under 5.

© WHO / Nesma Khan



Together with the Ministry of Public Health and Population, WHO and partners played a crucial role in providing emergency medical assistance and coordinating vaccination campaigns. During 2022 and 2023, WHO and partners implemented four rounds of polio outbreak vaccination response campaigns in the Southern Governorate, targeting 1.3 million children. In September 2023, the Ministry of Public Health and Population in Aden, in collaboration with WHO and UNICEF, launched a six-day vaccination campaign. Targeting over 1.2 million children, the campaign offered integrated measles-rubella, vitamin A and COVID-19 vaccinations across 121 districts in 13 Governorates.(63) In collaboration with local partners, WHO and local authorities strengthened the clinical management of diphtheria and measles cases through strengthening case management centres, and through the provision of 3440 vials of diphtheria antitoxin for case management. Following the rise in suspected cholera cases in the Southern Governorate, which began in October, WHO supported cholera response activities by strengthening coordination and procuring RDTs and medical supplies.

Despite a decrease in violent events in 2023, Yemen is still exposed to multiple and often parallel emergencies, which place a heavy burden on an already vulnerable population. In response, WHO worked closely together with the Ministry of Public Health and Population to strengthen the country's capacity to prepare and respond to public health emergencies, and to strengthen the country's capacities according to the IHR. Following the tropical cyclone that hit Yemen's eastern coast on 23 and 24 October 2023, WHO re-established the satellite internet service for the Al Mahrah emergency operations centre – the only means of communication available to coordinate the emergency response – delivered fuel to affected health facilities to maintain their functioning, and distributed medicines and medical supplies to affected areas.

One of the most severe consequences of the conflict in Yemen has been widespread food insecurity and increasing numbers of malnourished children. With partner support, WHO has implemented a package of nutrition-specific and health interventions in the eight main referral teaching hospitals of the country. During the year, and as of 30 November 2023, WHO has supported Yemen in the screening and referral of over 920 000 children for appropriate care, and in the care and management of over 26 000 children with SAM with comorbidities in more than 100 therapeutic feeding centres in the country. WHO has trained almost 1400 health workers on managing medical complications in children suffering from SAM. To increase families' awareness and knowledge on basic nutritional and preventive health requirements for children, and promote the importance of continuity of breastfeeding, WHO trained 1277 community health and nutrition volunteers and midwives to communicate key health and nutrition messages to the most affected vulnerable communities in 28 districts, in addition to developing awareness messages for TV and radio, and capacitating and involving communities through religious, youth and women platforms.(64)

WHO established and supported 17 mental health units in designated health facilities in close collaboration with the Ministry of Public Health and Population and the national mental health programme. These units will serve as referral centres, receiving patients from primary and secondary healthcare facilities, community centres and schools. These units aim not only to address mental health concerns but also psychosocial and protection issues, including the needs of individuals affected by SGBV, domestic violence, and other psychosocial support requirements. In total, WHO supported more than 85 500 health and psychosocial support consultations during the year. WHO also trained 260 health-care and community workers on psychological first aid and basic psychosocial support.

WHO staff along with a RRT examining patients at the IDP site, Yemen.

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With the support of KSrelief, WHO is delivering essential maternal health supplies for regular check-ups for pregnant women, Ras Al-Ara hospital, Yemen.

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IMPACT STORY

Saving lives and restoring health at therapeutic feeding centres

Ahmed Abdel-Jabbar, a 5-month-old baby, was admitted to Al-Sadaqa Hospital in Aden on 21 August 2023, lethargic and suffering from severe diarrhoea. His mother, Fawzia Jamal, has four children, and Ahmed is the youngest. Her husband washes cars to earn a living, but his work is not consistent. The family's income is unpredictable, and they struggle to make ends meet. Despite their financial difficulties, Fawzia is determined to do everything she can to keep her family healthy. When Ahmed fell ill, she brought him to Al-Sadaqa Hospital, where he received free medical care and treatment.

At WHO-supported therapeutic feeding centres across the country, WHO is helping families afflicted by malnutrition by supplying vital health resources and support, providing a lifeline to those who are most in need. Malnourished children are provided with free nutrition and medical care, and mothers given guidance and advice on how to ensure their children are well-nourished even with minimal resources.

“We are committed to helping children and families impacted by malnutrition in Yemen,” said Dr Athmar Al-Sakkaf, head of the Therapeutic Feeding Centres at Al-Sadaqa Hospital. “We are members of our community, working to improve the lives of Yemeni families, and our team of skilled health-care professionals is committed to offering life-saving treatment to millions of children like Ahmed who need our help to survive and thrive.”

Fawzia is grateful to the doctors in Al-Sadaqa Hospital for their assistance and care for her child. “All I want is for my little Ahmed to be safe and healthy. He’s so young and has already been through so much. I hope he heals quickly and returns to being the cheerful, energetic baby he always was. As a mother, it breaks my heart to see him so ill, but I am grateful for the assistance we have received here. I’m not sure what we’d do without them. I just want my baby to be okay, and I’ll go to any length to ensure he has the care he needs,” Fawzia said.

Adapted from: <https://www.emro.who.int/yemen/news/the-power-of-resilience-yemeni-families-overcoming-challenges-against-all-odds.html>

RESPONDING TO INFECTIOUS DISEASE OUTBREAKS

Cholera

Multi-region infectious disease outbreak

As a marker of inequity, cholera disproportionately impacts communities already burdened by conflict, climate change, displacement, and malnutrition. The severe resurgence in cholera across several regions continued throughout 2023. As of 31 December 2023, 30 countries had experienced outbreaks with over 667 000 cases and 4000 deaths recorded globally.⁽⁶⁵⁾ The WHO African Region remains the most impacted, with 17 countries reporting cholera cases since the beginning of the year. WHO worked with partners at the global, regional and country level to support Member States in various cholera outbreak response activities across all pillars of response, classifying the event as a Grade 3 emergency on 26 January 2023, and allocating over US\$ 10 million from the CFE to enable immediate emergency responses.

WHO is supporting countries to respond to cholera outbreaks on an emergency footing through the strengthening of public health surveillance, laboratory and diagnostics, IPC, case management, and WASH prevention measures; providing essential medical supplies; coordinating field deployments with partners; and supporting RCCE. In Malawi, which faced its worst cholera outbreak in two decades, WHO and partners supported the Ministry of Health through a disbursement from the CFE to scale up immediate actions across all response pillars during the acute phase of the outbreak. WHO activated its EMT network and deployed three EMTs to provide surge support for case management, logistics and capacity-building. WHO also issued a request for assistance within the Global Outbreak Alert and Response Network (GOARN) and deployed three experts from partner institutions. By the end of 2023, 40 experts had been deployed to the country. To ensure community protection, WHO collaborated with the Ministry of Health and partners to host meetings with local leaders and community influencers to address cholera misinformation and mistrust. WHO trained CHWs to debunk rumours and empower communities on cholera prevention. By mid-March 2023, a total of 820 health surveillance assistants had been trained in Lilongwe, one of Malawi's cholera hotspots. These surveillance assistants have worked with community volunteers in an effort that has seen 658 000 households provided with information about cholera, and over 11 000 community meetings, sessions and gatherings held to share accurate messages.⁽⁶⁶⁾

Over 52 000 cholera cases were reported in the Democratic Republic of the Congo during 2023, making it one of the largest outbreaks in the world. WHO worked closely with health authorities as part of outbreak response, providing medical supplies and expertise, facilitating transportation of test samples to laboratories, as well as building treatment centres to bring health-care services closer to those in need. In January 2023, an OCV vaccination campaign reached over 360 000 people. In December 2023, WHO supported the largest OCV vaccination campaign in the country, with 5 million OCV doses allocated to vaccinate 5 million people across 15 zones in four provinces.^(67,4) At Konga-Konga, where over 5000 displaced people are gathered, WHO installed water points, latrines and solar panels to improve water and sanitation. Over 15 metric tonnes of supplies for cholera treatment were delivered to North Kivu, and RRTs mobilized to disinfect health centres and households.

Along with providing targeted country support, WHO is working to ensure that cholera-affected populations can access health services free from the risk of sexual exploitation and abuse, and have safe reporting channels in the case that exploitation or abuse occurs. In Zimbabwe, over 50 000 materials on the PSEAH were distributed in the field along with 'No Excuse' cards to personnel and partner staff. In Cameroon, 40 community health officers and Ministry of Health cholera response personnel (including 17 women) were trained in PSEAH and key messages to be passed to local communities. PSEAH training for health workers in WHO-funded temporary clinics was provided in Mozambique, while a PSEAH session was conducted for health sector partners on updated gender-based violence service mapping and referral pathways in Nigeria.

A 13-year old girl recovering from severe illness at a cholera treatment centre in Demba district of cholera-prone Gofa Zone, SNNP Region of Ethiopia where WHO is working with the government and other partners for the cholera response, providing training, essential health supplies, water quality monitoring and water treatment chemicals.

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Key activities and achievements

Coordination

- Supported surge deployments of technical experts and emergency response support to several countries, including but not limited to, Haiti, Kenya, Malawi, Mozambique, South Africa, Sudan and Zimbabwe.
- Supported the deployment of experts through the GOARN, Standby Partners (SBP), and EMTs. As of 31 December 2023:
 - 16 experts deployed to Haiti, Kenya, Lebanon, Malawi, Mozambique, Sudan and Zimbabwe through GOARN to support cholera response in the functional areas of health operations, coordination, case management, social anthropology, RCCE, and epidemiological surveillance
 - 14 experts deployed to six countries (Cameroon, Ethiopia, Haiti, Malawi, Mozambique and Türkiye) through SBP to strengthen information management, partner/Cluster coordination, PRSEAH, IPC, WASH and RCCE.
- Coordinated with the Global Task Force on Cholera Control – a partnership of more than 30 institutions including universities and UN agencies – to ensure all cholera response actions were evidence-based and contributed to the longer term 2030 Roadmap.

Collaborative surveillance

- Worked with the Global Task Force on Cholera Control to revise and disseminate [guidance on public health surveillance](#).
- Conducted rapid laboratory capacity assessments and needs assessments for field testing and sampling.
- In collaboration with partners, supported the procurement of RDTs for cholera surveillance, including outbreak monitoring.
- Provided ongoing training of laboratory personnel in countries such as Somalia and South Sudan, including the development of Global Task Force on Cholera Control tools and materials for cholera diagnostics training.

Community protection

- Between 1 January and 31 December 2023, approximately 36 million doses of the OCV vaccine had been allocated to 13 countries as part of 26 reactive vaccination country requests.
- Supported an OCV campaign in Mozambique between February and March 2023, which immunized over 715 000 people throughout eight districts in four provinces, amounting to a coverage rate of 99.5%.
- Conducted international training on the use of OCV in outbreak response and prevention in the WHO South-East Asia Region.
- Intensified coordination between WHO African Regional Office, WHO Eastern Mediterranean Regional Office and three WHO Country Offices in Ethiopia, Kenya and Somalia to implement reactive immunization campaigns in the border regions of the Mander Triangle.
- Coordinated RCCE support with direct assistance to priority countries including Malawi, Mozambique and Zimbabwe through the RCCE Collective Service partnership.
- Strengthened operational social science for engagement of communities through focus group discussions and rapid qualitative assessments in Malawi, Mozambique and Zimbabwe.
- Compiled regular RCCE digital listening reports to provide rapid snapshots of global and priority country knowledge, perceptions and practices associated with cholera transmission.
- Held four RCCE webinars to provide communities with the opportunity to share lessons learned, experiences, mistakes and best practices on cholera outbreak readiness and response.

Safe and scalable care

- Established dedicated health-care facilities (cholera treatment centres) for high-quality triage, focused and protocolized clinical management, and the identification and management of complications.
- Supported three cholera isolation centres in Gedaref state, Sudan, with medicines and health supplies.
- Supported the decentralization of care, including through integration of oral rehydration points (ORPs) into response activities and, based on lessons learned in Malawi, developed guidance to standardize the establishment of ORPs in future responses.
- Deployed prevention and control measures in affected areas in Zimbabwe, including surveillance and contact tracing, case management, IPC, WASH, community engagement and risk communication activities.

Countermeasures and research

- In an attempt to mitigate a global shortage of cholera kits, ordered a bulk stock of essential items for case management of 200 000 cholera patients, stored in WHO's Logistics Centre in Dubai.
- Rebuilt stocks of cholera kits in various hubs.
- Supported ongoing shipments of cholera kits, including laboratory materials and bulk items, to various countries including the Democratic Republic of the Congo, Haiti, Malawi, Mozambique, Syrian Arab Republic and Türkiye.
- Delivered health emergency supplies to South Sudan, including cholera kits that contain intravenous infusions, pain medicines, blood bags and personal protective equipment, plus 40 treatment beds for the management of cholera cases.



A woman washes her hands at a watering point in Ilkilyuneti, Kajiado, Kenya on 6 August 2023.

© WHO / Billy Miaron

COVID-19

Multi-region infectious disease outbreak

Epidemiological trends first observed in 2022 continued into 2023, with a sustained decoupling of COVID-19 cases from deaths thanks to advances in clinical care management, improved access to and implementation of safe, effective medical countermeasures (vaccines, treatments) and the growing evidence base on preventing the spread of SARS-CoV-2. Considering this situation, on 4 May 2023, the IHR Emergency Committee on COVID-19 advised that COVID-19 no longer constituted a PHEIC, signalling the transition to the long-term management of the illness as an established and ongoing health issue. Despite these successes, many countries and regions faced growing challenges in maintaining and sustaining COVID-19 responses during the year, while also addressing competing public health priorities, conflict, the effects of climate change, political instability and economic crises. As of 31 December 2023, over 773 million confirmed COVID-19 cases and 7 million COVID-19 related deaths had been reported globally since the start of the pandemic, representing an additional 44 million cases and some 290 000 deaths during 2023.(68)

In response, WHO supported countries in adjusting their COVID-19 strategies to leverage learnings since the start of the pandemic, ensuring that COVID-19 management is sustainable and integrated into strengthened national activities. In May 2023, WHO released the [2023–2025 COVID-19 Strategic Preparedness and Response Plan](#), designed to guide countries in transitioning to the long-term management of COVID-19. The plan outlines important actions for countries to consider under five areas: emergency coordination, collaborative surveillance, community protection, safe and scalable care, and access to countermeasures and research.

Emergency coordination

WHO supported multi-sectoral, multi-disciplinary and multi-partner mechanisms for coordination, planning, financing, and monitoring and evaluation at national and subnational levels throughout 2023. The Organization worked with a wide range of independent, international experts to consider the latest available evidence and the changing epidemiological situation as part of its continuous process of developing and reviewing materials. In partnership with the World Intellectual Property Organization and the World Trade Organization, the second update of the [Integrated health, trade and IP approach to respond to the COVID-19 pandemic](#) was published in May 2023. Providing an overview of the challenges encountered during the pandemic, and responses and initiatives taken, the report is part of commitments made by WHO and others to intensify cooperation in support of global access to medical technologies. The [COVID-19 Technology Access Pool \(C-TAP\)](#), a multi-stakeholder partnership established in 2020, released three new licensing agreements during the year, ensuring the sharing of intellectual property, knowledge and innovations for COVID-19 responses.

[WHO's Strategic Advisory Group of Experts on Immunization](#) (SAGE), charged with advising WHO on global policies and strategies on vaccines and immunization, published a revised roadmap for prioritizing the use of COVID-19 vaccines to reflect the impact of Omicron and high population-level immunity due to infection and vaccination. A Good Practice Statement released by SAGE summarized current evidence on variant-containing vaccines and provides guidance on their use in the context of the continued availability of ancestral virus-only COVID-19 vaccines. The [Technical Advisory Group on COVID-19 Vaccine Composition](#) met regularly during 2023 to assess the implications of SARS-CoV-2 evolution on COVID-19 vaccine effectiveness and to advise WHO on whether changes were needed to the antigen composition of future COVID-19 vaccines.

Collaborative surveillance

In 2023, the scope of the SARS-CoV-2 reference laboratory network, established by WHO in 2021, was updated to encompass all coronaviruses with public health importance, becoming the WHO Coronavirus Network, CoViNet. CoViNet will work closely with the Global Influenza Surveillance and Response System to support countries in the timely risk assessment of SARS-CoV-2, MERS-CoV and novel coronaviruses of public health importance using a One Health approach, and in building laboratory capacity. To strengthen global COVID-19 trend monitoring and improve data quality, visualization and analysis, WHO launched a new [WHO COVID-19 Dashboard](#) in December 2023, providing a more comprehensive overview of the global COVID-19 situation.

WHO worked with countries to develop stronger data collection and reporting systems to report more meaningful impact data as part of strengthened surveillance systems. In doing so, WHO revised the reporting requirements for COVID-19 surveillance data under the IHR by publishing the [Addendum to Public health surveillance for COVID-19 interim guidance](#) in August 2023. In a significant milestone, with support of the WHO Regional Office for the Americas, the National Virology Laboratory in Honduras conducted the country's first SARS-CoV-2 genomic sequencing in March 2023, providing information on the evolution of viruses and other pathogens as they change over time. In Somalia, WHO and partners supported the Ministry of Health to strengthen and expand its community-based surveillance system in underserved areas. Over 2100 CHWs and 237 RRTs were deployed across the country to assist in the rapid detection, identification and reporting of COVID-19 and other epidemic-prone diseases in communities living in underserved and hard-to-reach areas.(69)



At Ménaka airstrip in Mali on 15 December 2022, vaccines are loaded on a vehicle to be used in a vaccination campaign against COVID-19 in the city of Ménaka and surrounding areas.

© WHO / Fatoumata Diabaté

Community protection

WHO continues to provide RCCE support to regions and countries to inform, empower and protect communities from COVID-19. This work includes rapidly translating new science and emerging risks into life-saving messaging and public information products; listening and responding to community concerns, beliefs and rumours; and promoting access to trusted information channels. WHO continues to lead and champion interventions that promote community-centred and whole-of society approaches for stronger health emergency programmes that are more equitable, inclusive and effective. This includes promoting the collection, analysis and use of social-behavioural data and providing direct social-science support to countries, enabling them to use the data to co-develop workable solutions and build on local capacities. WHO continues to build local capacities through the development and updating of training modules, and in 2023, provided direct RCCE training support to more than 50 Member States.

WHO guidance has been issued and updated to support countries in utilizing public health and social measures (PHSM), through a risk-based approach, according to circulation of the virus, capacities to respond to surges, and in the context of increasing population-level immunity. The [second global expert consultation on PHSM during emergencies](#) was held in November 2023 to discuss experiences with PHSM as part of pandemic responses. Participants hailed the importance of including civil society and communities, especially marginalized, vulnerable groups in PHSM research and implementation, the development of transdisciplinary research methodologies, and validation of models.

Safe and scalable care

In alignment with transition strategies, WHO worked with countries to prioritize efforts to integrate COVID-19 clinical care pathways into primary health-care services to ensure that individuals who test positive for the virus are efficiently linked to care, while maintaining a safe and clean environment for health and care workers, patients and caregivers. In October 2023, a 10-day training workshop was organized for national IPC focal points from the ministries of health of eight fragile, conflict-affected and vulnerable countries.¹ Fragile, conflict-affected and vulnerable countries face unique challenges such as fragmented or damaged health infrastructure and a lack of safe WASH services. Strengthening IPC and WASH capacities in such settings thus requires a distinct approach. In line with efforts to transform temporarily scaled-up capacity in countries and territories into permanent capacities, the training equipped national IPC leads with tools to lead and implement core components for IPC, discussed how to strengthen IPC interventions during health emergency preparedness, readiness and response, and established a regional community of practice for IPC.

WHO continued to directly support priority countries to ensure sustainable, self-sufficient medical oxygen production and utilization, making national and subnational health systems resilient to COVID-19 and other infectious and non-infectious threats. As part of WHO's [Access to Oxygen Initiative](#), several countries² inaugurated oxygen-generating plants in 2023, boosting access to life-saving medical oxygen. In addition to supporting their commissioning, WHO and partners provided specialized training for health workers managing the oxygen plants. In June 2023, WHO and partners jointly announced a new one-year programme to sustainably integrate COVID-19 vaccines and medical oxygen supplies into primary health-care services of Yemen. As part of broader COVID-19 transition efforts supported by WHO, the programme will support the operations and running costs of eight oxygen plants across the country, with a focus on delivering COVID-19 care to critically ill patients.

¹ Afghanistan, Islamic Republic of Iran, Iraq, Jordan, Libya, Somalia, Syrian Arab Republic and Yemen.

² Bhutan, Cambodia, Chad, Democratic Republic of the Congo, Guinea Bissau, Lao People's Democratic Republic, Liberia, Nepal, Solomon Islands, Tonga and Vanuatu.

Access to countermeasures and research

COVAX, a historic multilateral effort co-led by WHO and several partners from 2020 through 2023, pushed to place vaccine equity at the heart of the global response to the COVID-19 pandemic. At its closure on 31 December 2023, COVAX had delivered nearly 2 billion vaccines and safe injection devices to 146 economies – averting the deaths of an estimated 2.7 million people.⁽⁷⁰⁾ Among the Member States receiving this support was South Sudan, who launched a COVID-19 vaccination campaign in January 2023 following the arrival of 3.9 million vaccine doses into the country. In Lao People's Democratic Republic, WHO supported the Ministries of Health and Home Affairs to implement a COVID-19 vaccination campaign focusing on enhanced community engagement. During the campaign, improvements in outreach through multi-sector collaboration and trust-building saw a 246% increase in vaccination outreach uptake in a high-risk community. Importantly, over 39 000 people received a COVID-19 vaccine or booster during the campaign, with provincial booster coverage increasing from 24% to 32% within two weeks.⁽⁷¹⁾

Several new knowledge and learning products were developed and disseminated during 2023, including the [Global Compendium of Country Knowledge on COVID-19 Vaccination](#). Providing easy access to over 140 documents, the compendium facilitates the sharing of documented successes and challenges of COVID-19 vaccination with other countries and partners to optimize COVID-19 vaccine roll-out. It has established a knowledge platform to inform planning for expanding vaccination across the life-course in non-emergency settings, and for considering how emergency vaccination could be scaled up in a future health crisis. A briefing document was published to support country access to affordable COVID-19 treatments. The document aims to support Member States dealing with challenges at the intersection of public health and intellectual property to increase access to novel COVID-19 therapeutics, and to facilitate alternative and more affordable sourcing of such treatments, where possible.

Multi-region infectious disease outbreak

Since the beginning of the mpox outbreak in January 2022, and as of 30 November 2023, over 92 000 laboratory-confirmed mpox cases and 171 mpox-related deaths have been reported to WHO from 116 Member States across all six WHO Regions.⁽⁷²⁾ Based on the significant decline in the number of reported mpox cases and growing response capacity, the WHO Director-General terminated the PHEIC for mpox on 11 May 2023, with the Emergency Committee recommending the transition to longer-term strategies to manage public health risks posed by mpox. The Committee also recommended the integration of mpox prevention, preparedness and response within national surveillance and control programmes, including for HIV and other sexually transmissible infections, as a cornerstone of transition efforts.

In line with the [Strategic Preparedness, Readiness and Response Plan for Monkeypox 2022–2023](#) and operational guidelines to stop the outbreak, interrupt human-to-human transmission, protect the vulnerable and minimize zoonotic transmission, WHO collaborated with health authorities and community organizations during 2023, focussing on issuing guidance on surveillance, laboratory work, clinical care, and IPC; RCCE to inform communities at risk and the general public about mpox and how to keep safe; and working with regional institutions and technical and financial partners to support efforts to bolster laboratory diagnosis, disease surveillance, readiness and response actions. As part of efforts to strengthen global surveillance, from 1 August 2022 to 5 October 2023, WHO screened more than 58 000 pieces of information related to mpox, and 291 signals were selected and shared with the Incident Management Support Team for follow-up.⁽⁷³⁾

To help Member States reduce transmission and address the needs of affected populations, WHO rapidly scaled up its support to national public health laboratories, including through providing external quality assessment (EQA) programmes to laboratories testing for the mpox virus. EQA programmes are effective ways to assess laboratory capacity to rapidly and reliably detect new cases. In total, 145 laboratories from 117 WHO Member States chose to participate and submit results to the programme, which was rolled out in mid-2023. Results from the EQA provided a clearer understanding of the different testing strategies being used globally to detect both the mpox virus and other members of the Orthopox virus family. They also identified laboratories requiring further support, guiding WHO's priorities to improve the quality of testing methodologies.

Given the nature of the disease as newly emerging in certain countries and regions, there was a pressing need to sensitize policy-makers, health-care providers and communities. In response, WHO conducted several capacity-building training sessions and disseminated information and communication materials on preventive and protective measures. To address community needs, WHO organized a three-day training workshop in May 2023 in Beirut, Lebanon. Attended by nearly 30 participants from community-based organizations, NGOs and regional networks from six countries,³ the workshop provided information on the latest global and regional epidemiological situation, prevention, management and care, and how to prevent transmission. Also in May, the WHO Regional Office for the Americas announced a ground-breaking initiative with Grindr LLC (Grindr) through its social networking app, to ensure key information on mpox reaches lesbian, gay, bisexual, transgender, queer or questioning, intersex and more communities. At the global level, in August 2023, WHO launched an [online course](#) through OpenWHO, providing an overview of the global mpox outbreak, and discussing new information and lessons learned such as the evolution of the outbreak, modes of transmission, symptoms and management of mpox, as well as measures and interventions to prevent the disease.

In the WHO European Region, which accounts for nearly 30% of all reported mpox cases since the start of the outbreak,⁽⁷⁴⁾ WHO worked closely with health authorities and community groups, providing technical support and capacity-building. In February 2023, WHO held a knowledge-sharing webinar on holding mass and large gatherings during the mpox outbreak. The webinar aimed to share lessons learned, highlight good practices, gain insights on holding future events in Europe, and build consensus on the needed next steps as part of the mpox outbreak response. In total, over 150 participants from 34 countries joined the webinar. Based on presentations and feedback from participants, nine key recommendations were developed. These included recommendations to implement a risk-based approach; ensure public health measures and interventions are relevant to the event; ensure key stakeholder engagement at all phases; use digital platforms as effective communication tools to reach key populations; and consider unique approaches such as partner notification to increase surveillance and collaboration in public health awareness between health authorities, civil society organizations and event organizers.

3 Egypt, Jordan, Lebanon, Morocco, Pakistan and Tunisia.

In April 2023, the WHO Regional Office for Europe published a [policy brief](#) summarizing policy recommendations, knowledge, and interim technical guidance on key policy areas relevant to the European context in an accessible format. Aimed at decision-makers and policy-planners, it provides a framework for Member States to develop national five-year action plans to sustain control and achieve elimination of mpox. On 17 May 2023, marking one year of mpox response in the WHO European Region, WHO launched the campaign [Eliminating mpox: Placing affected populations at the heart of our response](#) to spur sustained action by communities, civil society organizations, health authorities and providers. As part of the campaign, WHO published a [compendium of case studies on community engagement](#). Sharing experiences from community organizations and health authorities in countries as diverse as France, Ireland, Kazakhstan and Serbia, it includes case studies on emergency preparedness, surveillance, risk communication and the adaptation of community-based services that cover sexually transmitted infections to meet the demands of the mpox outbreak. An updated [risk communication, community engagement and infodemic management \(RCCE-IM\) toolkit](#) for mpox elimination was also published in May, offering a comprehensive resource for community-based organizations, event organizers and health authorities to use this toolkit as part of their elimination efforts.

In the Democratic Republic of the Congo, where mpox remains endemic and the number of provinces reporting mpox has been growing,⁽⁷⁵⁾ WHO undertook an assessment mission from 22 November to 12 December 2023, involving the three levels of the Organization, national authorities, health officials at all levels of the health system and other partners. The objective of the mission was to assess the epidemiological situation with respect to mpox in the country, and identify actions needed to strengthen its capacity to detect, prevent and respond to the growing number of mpox cases and new modes of transmission being reported. The mission included a review of mpox technical documents, technical meetings with national and local public health authorities working on mpox in the country, meetings with local partners and affected communities, and field visits to four target provinces.

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Annexes

Annex 1. Responding to health emergencies in 2023: financial analysis

Figure A1.1. WHO's Health Emergency Appeal 2023: Total funding available and utilization (US\$ million)

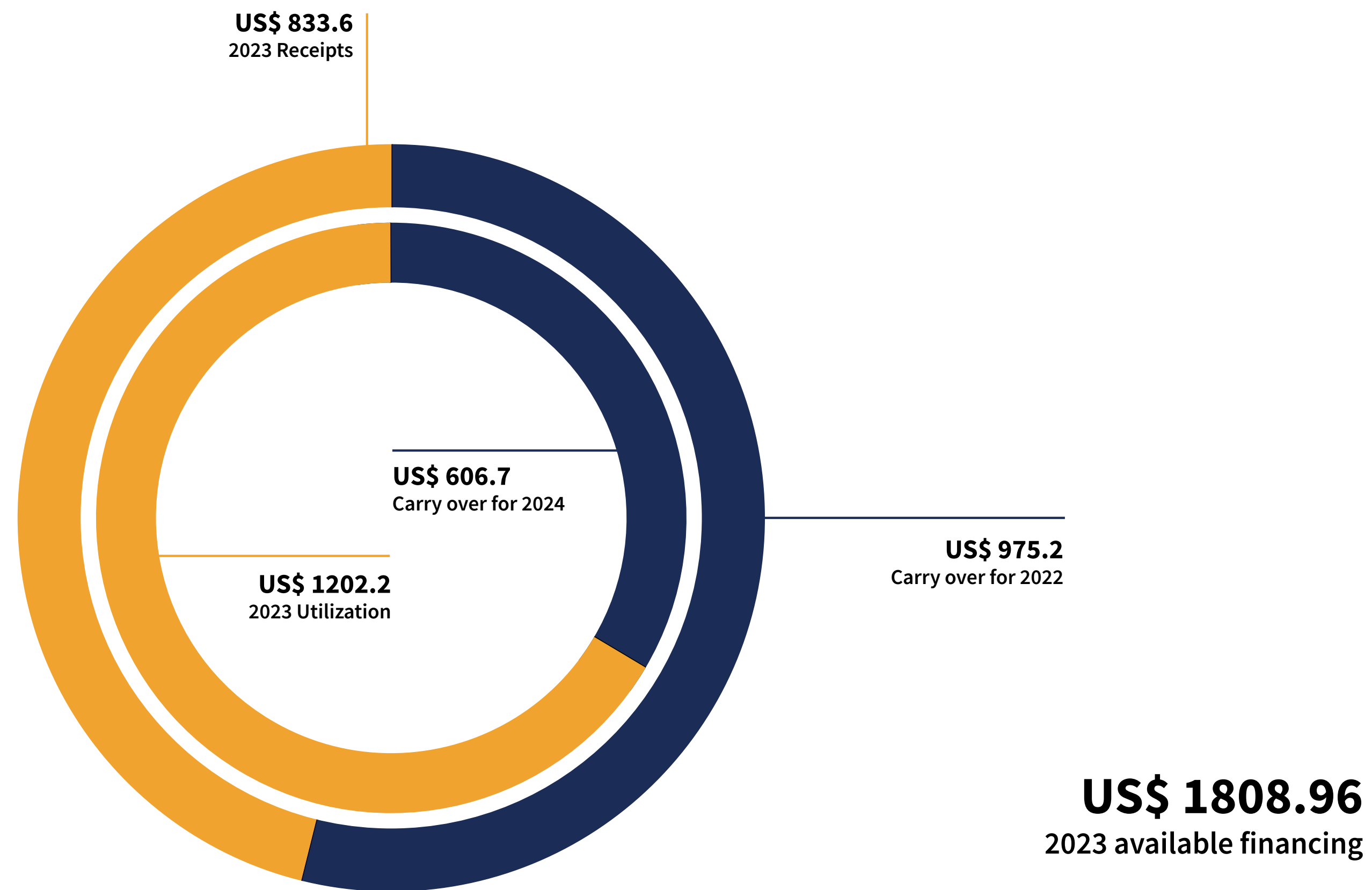
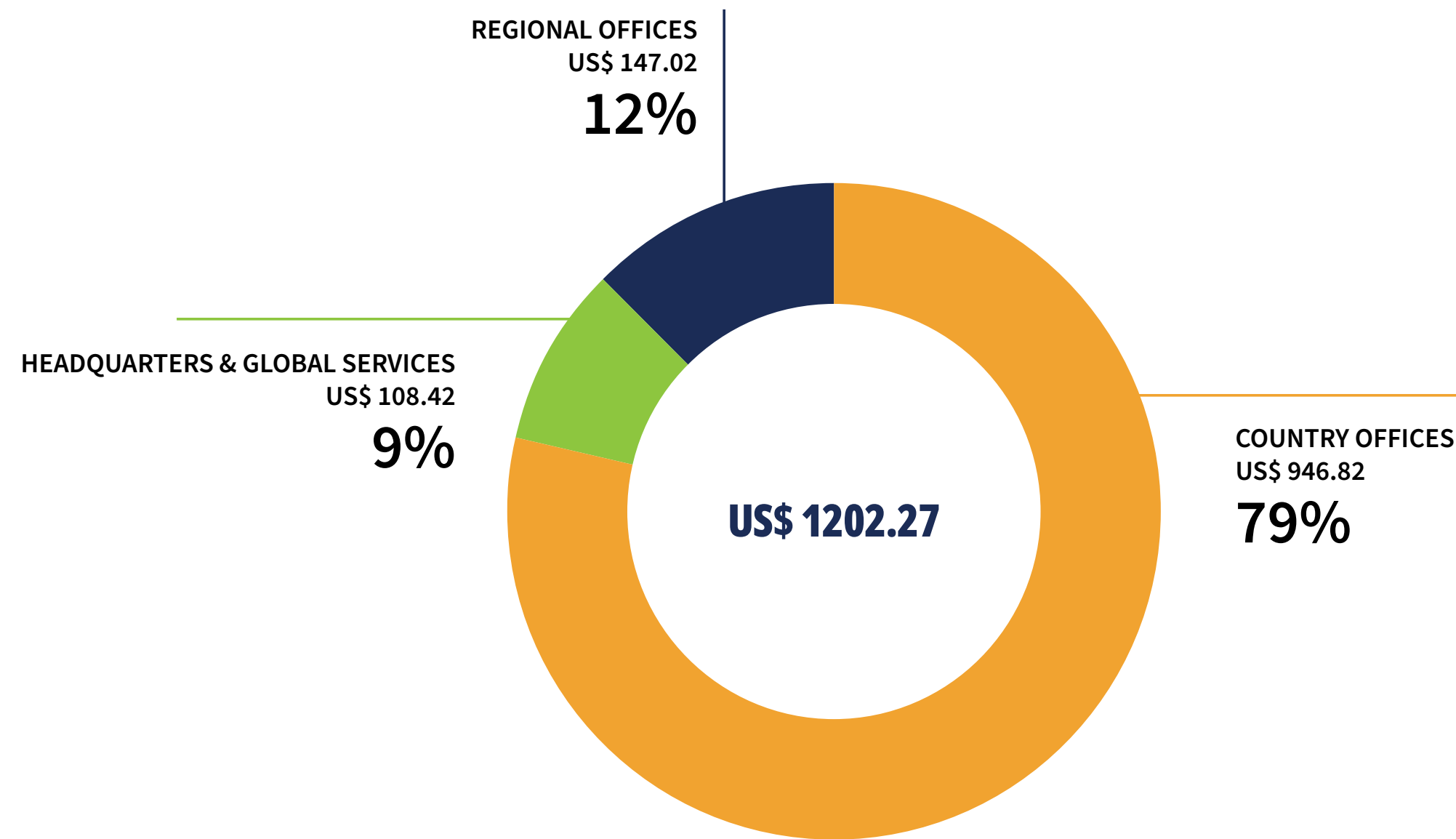
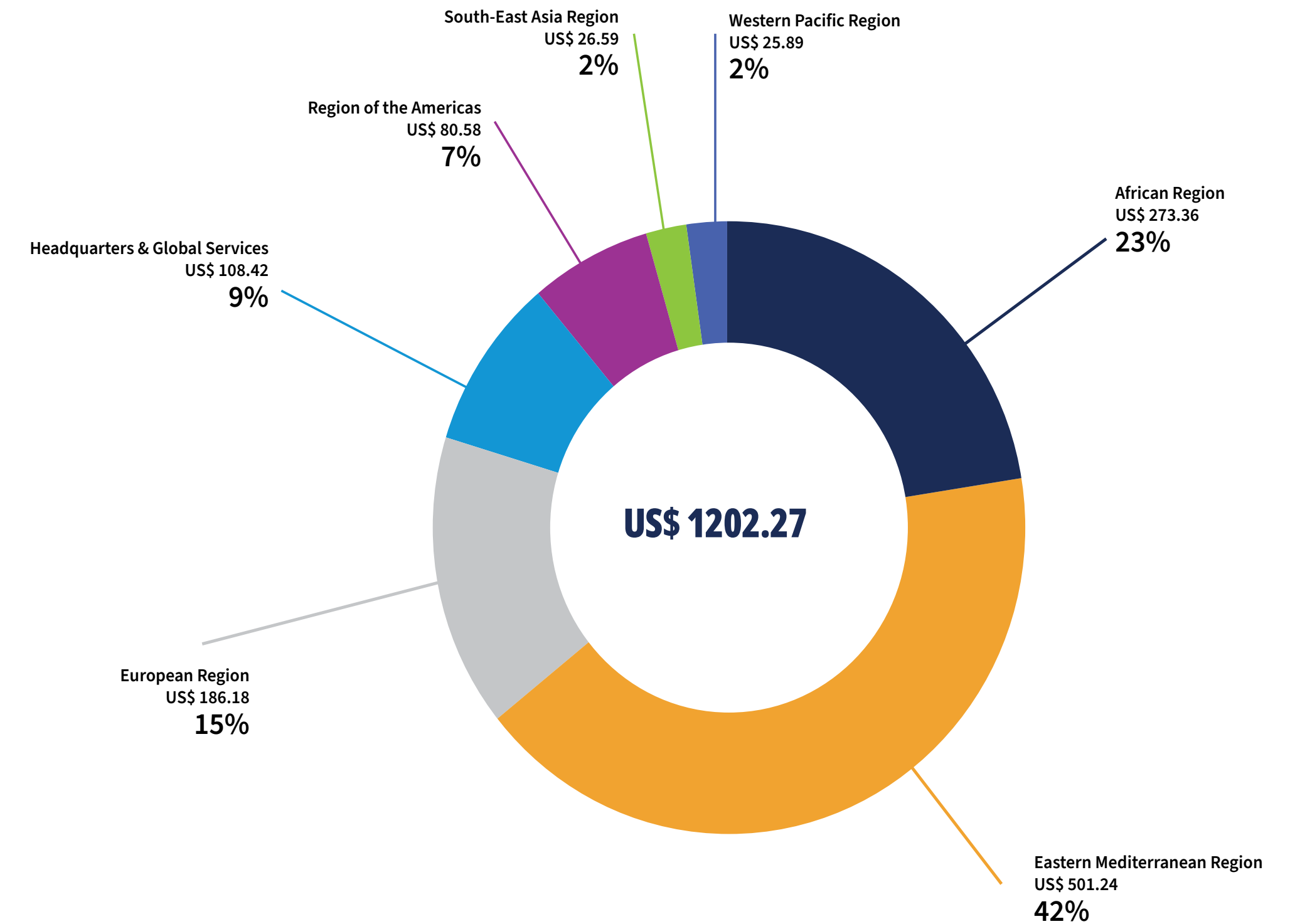


Figure A1.2. WHO's Health Emergency Appeal 2023: Utilization by level of Organization (US\$ million)



The information provided is drawn from the WHO Integrated Management System. This is an information only report and has not been certified by the Chief Finance Officer. Certain period end adjustments may not be reflected in this report.

Figure A1.3. WHO's Health Emergency Appeal 2023: Utilization by major office (US\$ million)



The information provided is drawn from the WHO Integrated Management System. This is an information only report and has not been certified by the Chief Finance Officer. Certain period end adjustments may not be reflected in this report.

Annex 2. List of contributors to WHO's emergency appeals and operations in 2023

| Contributor | Amount (US\$) | Contributor | Amount (US\$) | Contributor | Amount (US\$) |
|---|---------------|---|---------------|---|---------------|
| Asia-Europe Foundation (ASEF) | 10 000 000 | Kuwait | 16 670 800 | United Nations Children's Fund (UNICEF) | 7 334 783 |
| Australia | 236 967 | Liberia ¹ | 922 573 | United Nations Development Programme (UNDP) | 460 000 |
| Austria | 159 915 | Malawi ^{3,4} | 10 034 738 | United Nations Foundation (UNF) | 26 215 |
| Bill & Melinda Gates Foundation | 7 000 000 | Mauritius | 249 995 | United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) | 10 345 706 |
| Burkina Faso ¹ | 4 911 587 | Netherlands | 22 105 264 | United States of America | 123 888 220 |
| Canada | 47 277 434 | New Zealand | 672 041 | Wellcome Trust | 832 420 |
| Chad ² | 578 286 | Nigeria ³ | 387 009 | WHO Foundation | 4 759 549 |
| China | 197 995 | Norway | 23 158 159 | Contributions received by PAHO | 44 619 059 |
| Czechia | 162 142 | Novo Nordisk Foundation | 2 261 472 | TOTAL RECEIPTS | 833 680 844 |
| Democratic Republic of the Congo ³ | 2 267 280 | Palestine Telecommunications Company (Paltel Group) | 3 745 000 | | |
| Denmark | 5 066 589 | Qatar | 2 269 785 | | |
| European Commission | 112 588 423 | Republic of Korea | 6 000 000 | | |
| Foundation for Innovative New Diagnostics (FIND) | 400 000 | Republic of Slovenia | 537 057 | | |
| France | 6 461 245 | Somalia ³ | 11 424 039 | | |
| GAVI, the Vaccine Alliance | 76 957 689 | Spain | 2 698 989 | | |
| Germany | 42 114 059 | Susan Thompson Buffett Foundation | 15 000 000 | | |
| International Development Association (IDA), World Bank Group | 51 993 354 | Sweden | 834 218 | | |
| International Development Research Centre (IDRC) | 3 566 335 | Switzerland | 15 815 536 | | |
| International Labour Organization (ILO) | 40 000 | Türkiye | 20 000 | | |
| Ireland | 2 929 064 | Uganda ⁵ | 1 000 000 | | |
| Italy | 3 710 334 | UN Multi-Partner Trust Fund Office (MPTF) | 22 534 789 | | |
| Japan | 18 658 280 | United Kingdom of Great Britain and Northern Ireland | 6 184 852 | | |
| King Salman Humanitarian Aid & Relief Center (KSrelief) | 6 047 728 | United Nations Central Emergency Response Fund (CERF) | 73 563 870 | | |

- 1 Contribution from the Global Fund to Fight AIDS, Tuberculosis and Malaria
- 2 Contribution from Gavi, the Vaccine Alliance
- 3 Contribution from the World Bank
- 4 Contribution from the Health Service Joint Fund
- 5 Contribution from the African Development Bank

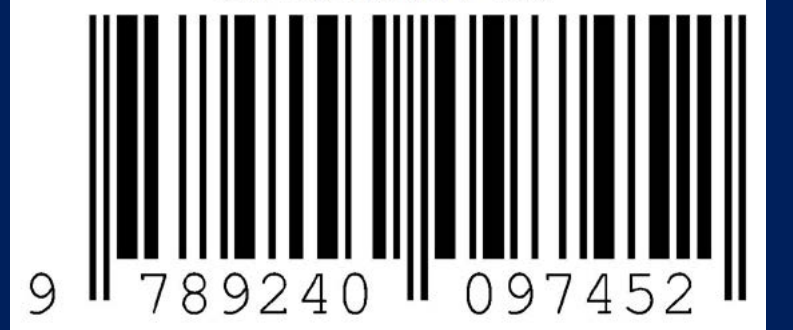
Please note: The list of contributors above pertains to contributions made in 2023. Carry over funding received prior to 2023 is not reflected in this table.

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