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Skip to main content Increasingly intense and prolonged humanitarian crises require urgent action to protect the world’s most vulnerable. In 2025, an estimated 305 million people will require humanitarian assistance. The growing scale of global challenges – such as the climate crisis, conflict, and infectious disease outbreaks – is outpacing available resources. Every humanitarian crisis is a health crisis Health is profoundly affected during crisesFrom trauma care to maintaining essential health services, humanitarian crises increase health needs and place extraordinary pressure on local health services. With such wide-ranging impacts, health must be at the heart of any humanitarian response. Without the quick and effective provision of health services, humanitarian crises can have profound and catastrophic health impacts on affected communities. In the darkest moments of a crisis, health services offer a lifeline, giving individuals and communities the strength to endure and the foundation to rebuild. WHO’s 2025 funding requirements for responding to emergencies WHO provides health services where others cannot. As humanitarian funds are increasingly reduced and resources are restricted, the need to increase investment, coordinate action and provide vital life-saving services has never been greater.To meet this challenge in 2025, WHO urgently needs US\$ 1.5 billion to respond to 42 ongoing health emergencies, including the 17 grade 3 emergencies requiring the highest level of intervention from WHO. Help WHO to serve the most vulnerable during crises WHO’s health emergency appeals consolidate WHO’s response priorities and funding requirements for the protection of vulnerable populations affected by acute and protracted health emergencies around the world. Supporting the WHO’s Health Emergency Appeal is a powerful act of global solidarity, helping us defend the fundamental right to health and safeguard communities worldwide, no matter the crisis. Across the globe, WHO has repeatedly demonstrated that, when funded, it can reach people in need, save lives and make a real and lasting difference. In 2025, WHO urgently needs US\$ 1.5 billion to respond to 42 ongoing health emergencies. This support is essential to safeguard the world’s most vulnerable communities in the greatest need. Due to the unpredictable nature of health emergencies, the Appeal is a snapshot of projected needs for all the emergencies that WHO is currently responding to. As new emergencies arise, WHO also issues dynamic flash appeals, enabling rapid response to specific crises. WHO thanks all of the contributors that provide funding or in-kind contributions to support our work preventing and responding to emergencies. The WHO Health Emergency Appeal is a consolidation of WHO’s response priorities and funding requirements for the protection of vulnerable populations affected by acute and protracted health emergencies around the world. Contributions to the Health Emergency Appeal enable WHO to save lives and ensure that no critical health need is left unmet in a crisis. The Contingency Fund for Emergencies (CFE) allows WHO to respond rapidly to disease outbreaks and health emergencies – often in 24 hours or less. The CFE is not earmarked, giving WHO the crucial flexibility it needs to act quickly in response to disease outbreaks, natural disasters, and humanitarian emergencies. The WHO Foundation was created as an independent Swiss foundation affiliated with but independent from WHO to marshal new resources from philanthropists, foundations, businesses, and individuals to support WHO’s mission: promote health, keep the world safe, and serve the vulnerable. WHO is working to attract a wider donor base, more flexible funding and increased overall funding for a well-resourced WHO that drives global health leadership. How WHO is fundedWHO gets its funding from two main sources: Member States paying their assessed contributions (countries’ membership dues), and voluntary contributions from Member States and other partners. Learn more about WHO fundingWHO’s General Programme of WorkWHO’s General Programme of Work (GPW) is a strategic document that sets a high-level roadmap and agenda for global health and identifies WHO’s priorities and strategic direction for a specified period. Read more about the GPW. WHO Programme BudgetThe Programme Budget sets out the resource levels required by WHO to deliver on the work set out in the General Programme of Work. Learn about WHO’s Programme Budget 2024-2025. Skip to main content Skip to main content The WHO Emergency Care Toolkit (ECT) is an open access bundle of interventions, developed to be implemented in emergency units within hospitals, particularly in resource limited settings. The main aim of the ECT is to support systematic care of the acutely ill and injured within hospitals. These tools have been implemented in multiple resource settings and have a significant impact on morbidity and mortality. The ECT is specifically designed to utilize currently available resources to maximize health outcomes for people presenting for first contact care for emergency conditions. The ECT consists of targeted interventions described below to address the following goals within emergency units:Improve clinical capacityEnhance clinical processesImprove data collection and quality of carePromote effective referral and counter-referral Skip to main content Browse selected WHO news below. The Country Cooperation Strategy for WHO and Qatar, 2024–2030, developed in the context of global and regional health priorities, examines... The International Health Regulations (2005) (IHR) provide a global framework for health security that mandates each country to build and maintain... Digital tools have been recognized as one approach to expand access to family planning information and services. However, poor-quality content ... The International Health Regulations (IHR 2005) is a global framework for health security that mandates each country to build and sustain agreed IHR core... Skip to main content - Select language العربية Français русский español português This assessment tool for HIV and internally displaced persons (IDPs) is an outcome of multisectoral, multi-agency assessment missions in Côte d’Ivoire... It is impossible to address the many complex needs of respiratory virus surveillance with a single system. Therefore, multiple surveillance systems and... WHO has published guidance on adjusting public health and social measures for the next phase of the COVID-19 response. Some governments have suggested... Italy was one of the first European countries to report COVID-19 cases, at the end of January 2020. In mid-February, the country reported community-based... The Country Cooperation Strategy for WHO and Qatar, 2024–2030, developed in the context of global and regional health priorities, examines... Skip to main content The ERF provides WHO staff with essential guidance on how the Organization manages the assessment, grading and response to public health events and emergencies with health consequences, in support of Member States and affected communities. The ERF adopts an all-hazards approach and it is therefore applicable in all acute public health events and emergencies.This version (2024) of the WHO ERF has been developed following extensive consultation across the three levels of the Organization and response experiences over the last five years of emergency response. Key areas have been updated to improve the accountability, predictability, timeliness and effectiveness of WHO’s response to emergencies. Skip to main content This week at the 78th World Health Assembly, Member States reported significant progress in strengthening integrated ECO as an essential component of the primary health care approach to universal health coverage. Within 2 years, integrated ECO care services have been embedded in national and regional health strategies, including the development of policies focused on sustainable financing and effective governance. Countries are actively upgrading health infrastructure and expanding their capacity to deliver high-quality ECO care. Targeted investments in clinical processes and health worker capacity – including through Basic Emergency Care and Mass Casualty Management training – are improving care and enhancing health systems’ resilience to future shocks. Member States consistently highlight the need for ongoing coordination and technical support from WHO, leveraging of global partner networks and prioritizing systematic data collection for both quality improvement and system planning. As we reorient toward the aims of WHO’s Global Programme of Work (GPW14), and the world faces the challenges of the current resource limitations, attention to effective system organization and planning is central to promoting, providing and protecting well-being for everyone, everywhere. Integrated ECO care delivers across GPW 14’s strategic objectives and joint outcomes, and well-planned ECO care systems help address health risks and impacts of the escalating threats such as climate change. To support strengthening of ECO care globally, WHO has established the Acute Care Action Network (ACAN) network, a key strategic response to WHA76.2. ACAN brings together global partners with the shared objective of strengthening acute care delivery in low- and middle-income countries through dissemination, implementation, and evaluation of WHO tools and resources. Multidisciplinary collaboration and coordinated implementation will expand access, improve quality of care, and amplify the impact of WHO’s technical resources at scale. WHO continues to support Member States in strengthening ECO care services and reaffirmed that this remains a priority area of work. Member States are signaling commitment and prioritization of ECO care services and building momentum towards global implementation to save millions of lives. A national action plan for health security (NAPHS) is a country-owned, multi-year, joint planning process that can improve the implementation of IHR core... This WHO Clinical practice guideline for influenza is an update and expansion from the previously published WHO guideline on the clinical management of... The H3 Package defines a set of prioritized health interventions that can feasibly be delivered to populations affected by humanitarian crises during protracted... This is the 54th situation report for the multi-country outbreak of mpox, which provides details on the global epidemiological situation for mpox with... This Rapid Risk Assessment (RRA) aims to assess the risk of Anthrax in the Democratic Republic of the Congo and Uganda, considering the public health impact... Skip to main content Timely care and rapid transport save lives, reduce disability and improve long term outcomes. Prehospital emergency care is a key component of the health care system. Strengthening prehospital care can help address a wide range of conditions across the life course, including injury, complications of pregnancy, exacerbations of non-communicable diseases, acute infections and sepsis. The prompt provision of care and rapid transport from the scene to a facility can save lives, reduce disability and improve long-term outcomes.The primary purpose of prehospital emergency care is to provide rapid assessment, immediate management and transportation of patients to appropriate medical facilities. Strengthening health systems to deliver effective prehospital care - including linkages from communities to facilities and between facilities - is essential to meeting people’s health needs across the life course and is essential to a primary health care centred approach and making progress towards Universal Health Coverage.Despite their proven potential to reduce disability and save lives, prehospital systems are often underdeveloped. Many health systems lack an enabling regulatory framework, coordination mechanisms, trained personnel, and adequate equipment and infrastructure, leading to delayed or inadequate emergency care and poor outcomes. Establishing standard operational frameworks and protocols enhances the effectiveness of prehospital care, helping ensure that all individuals have access to timely, quality emergency care, regardless of their location.WHO’s prehospital toolkit is a bundle of products designed to help strengthen prehospital emergency care systems. These tools are intended to help address commonly identified gaps in the main components of a prehospital system (governance, operations, prehospital provider training, equipment & medication, communication and quality improvement). They can be used to support the development of prehospital services in all resource settings. Clinical capacity building WHO’s Prehospital emergency care: operational guidance provides detail on several key components of effective prehospital care systems. This guidance will be available on 15 July 2025.It brings together in one publication guidance on:Operational standards and resources, which address the governance and regulation of prehospital operations, including structured guidance on handover, equipment and medication lists for ambulances, and infection prevention and control. This section also introduces WHO’s prehospital standardized clinical form.Emergency communication and dispatch centres, providing an overview of the key components, levels of organization, and core functions of dispatch systems. Medical control, which provides guidance for medical oversight of prehospital providers, and a framework and procedures for remote advising from a Medical Control Officer to support clinical decision-making in the field.Prehospital clinical care protocols, which are system-wide clinical protocols for prehospital care of patients with specific clinical circumstances. Clinical protocols are aligned with the BEC course and tailored to the provider level (basic or advanced prehospital provider).Some of the content from the operational guidance is also available for separate download below. Health care referral is the explicit direction of a person seeking care from one site, provider or platform of care to another. Immediate referral is referral for care that is urgently needed during the current health care encounter, usually involves the direct transfer of an individual to an appropriate facility or specialist for urgent care. Immediate referral often includes emergency transfer to higher levels of care. Transfer involves the movement of patients between different healthcare locations or stages of care. The following tools are designed to support safe patient transfer—a high-risk period in care—and to ensure clear, effective communication between providers to prevent delays, errors, and harm. Skip to main content Emergency & Critical Care All around the world, acutely ill and injured people seek care every day. Frontline providers manage children and adults with medical, surgical and obstetric emergencies, including injuries and infections, heart attacks and strokes, asthma and acute complications of pregnancy. Prioritising an integrated approach to early recognition and resuscitation reduces the impact of all of these conditions. WHO’s Clinical Services and Systems team is dedicated to strengthening the emergency care systems that serve as the first point of contact with the health system for so much of the world, and to supporting the development of quality, timely emergency care accessible to all. Caring for burns patients from the incident scene to definitive treatment can be a complex, resource-consuming process with the potential to overwhelm... The H3 Package defines a set of prioritized health interventions that can feasibly be delivered to populations affected by humanitarian crises during protracted... Efforts to strengthen health systems to deliver emergency care are intensifying against the backdrop of increasing humanitarian crises. Developed collaboratively by WHO, including the WHO Global Alliance for Care of the Injured, and the Global Alliance of NGOs for Road Safety, this guide... Skip to main content Mass Casualty Management in Emergency Units Mass casualty incidents (MCIs) are characterized by a sudden surge in patients that overwhelms the capacity of local medical resources, often resulting in preventable mortality and morbidity. Whether caused by natural disasters, violence, or road traffic crash, MCIs pose significant challenges to clinical service delivery, particularly in resource-limited settings.A successful mass casualty response requires a fundamental shift in the approach to patient care. In the day-to-day care of patients, an emergency unit (EU) will aim to ensure the best possible outcome for each patient as an individual. However, in a mass casualty situation, where human and material resources are, by definition, inadequate, it is necessary to identify and provide treatment to those who will most likely benefit from medical intervention. This change in approach is reflected in all the elements of Mass Casualty Management (MCM), from the point of triage to the allocation of resources, and ultimately, the definitive treatment pathway. Facility-based EUs play a critical role in managing MCIs, ensuring timely recognition, triage, resuscitation and disposition of patients. In response, WHO has developed comprehensive resources to enhance the ability of healthcare providers and institutions to effectively prepare for, respond to and recover from MCIs. While mass casualty management is most often used during a sudden onset events causing injuries, the principles and tools covered on this page can be applied to any circumstances causing an overwhelming surge of patients, such as during epidemics or exposure to chemical agents. Operational support tools