

July–December 2022

# Regional Emergency Response Appeal **FOR THE GREATER HORN OF AFRICA**



# Call to action

The World Health Organization (WHO) is asking for US\$ 123.7 million to respond to the rising health needs in the Greater Horn of Africa. In the region, millions are facing acute hunger. With one of the worst droughts recent decades, the crisis is compounded by climate change, conflict, rising food prices and the impact of the COVID-19 pandemic. But a food crisis is also a looming health crisis. Here are five reasons why:

## 1. People are exposed to an increased risk of disease and death

Malnutrition and disease have a synergistic effect. Malnutrition increases the likelihood of falling sick and the severity of disease, especially for the most vulnerable – like children and pregnant women. In addition, sick people also become more easily malnourished. In many of the affected areas, safe drinking water is scarce, which translates into huge risks for waterborne diseases. With food insecurity, people are also more likely to engage into activities that carry high health risks – including underpaid labour, migration and prostitution.

## 2. People may have to choose between food and health care

The reduction in resources caused by food insecurity also means that some people must make the impossible choice between food and health care. This has serious implications for conditions that need long-term treatments, such as tuberculosis (TB), human immunodeficiency virus (HIV) and noncommunicable diseases (NCDs). Routine preventive health care services are also affected, including for reproductive, maternal and child health – with grave consequences.

## 3. Communities are at a higher risk of disease outbreaks

As people move to find alternative resources, living conditions deteriorate – including sanitation and hygiene. Together with low immunization rates, in part due to the COVID-19 pandemic, this fuels the risk of disease outbreaks, which is already a major public health concern in the areas affected by the drought and floods. Additionally, large-scale displacement may hamper surveillance for epidemic-prone diseases, as well as routine immunizations, making a bad situation worse.

## 4. Trauma cases rise as conflict over resources rises

Conflict over essential but limited resources is also expected to rise, as families leave their homes in search of food, water and pasture. Conflict-induced trauma and deaths are therefore likely to increase in areas where competition is high, and health services are already limited.

## 5. People on the move have limited access to health

In the face of food insecurity, families resort to desperate measures to survive, with thousands currently leaving their homes in search of alternative resources. As people are displaced, they struggle to access health services and are more at risk of disease. Already weak health systems will have difficulty to serve both existing and new populations – further fuelling tensions between groups and adding to severe health consequences.

The impact of food insecurity on health is as undeniable as it is alarming. While funding for food and safe water is a high priority, ensuring a strong health response to this emergency is acutely needed to avert imminent large-scale human suffering and death. WHO remains on the ground to provide life-saving health services in the region and calls for urgent action to prevent the worst health effects of food insecurity.

“ Delivery of food is central. Delivery of safe water is central. But we would argue that the delivery of health packages – essential immunization, basic primary health care, mother and child services – is just as essential in ensuring the health, security and protection of those populations. ”


**Dr Michael Ryan**

*Executive Director, WHO Emergencies Programme*


## AT A GLANCE


WHO requires a total of US\$ 123.7 M to respond to the immediate humanitarian health needs across the Greater Horn of Africa.

 Est. Population GHoA **294 M**

 Acutely Food Insecure Pop. (IPC3 or higher) **> 37 M**

 COVID-19 Cases/Fatalities (24 June 2022) **1.12 M/23 K**

 COVID-19 Vaccination Coverage (24 June 2022) **61.8 M**

 Number of Refugees (UNHCR, 2022) **4.2 M**

 Internally Displaced (UNHCR, 2022) **11.1 M**

## Key highlights

The Greater Horn of Africa is experiencing one of the worst food insecurity situations in decades. It is estimated that more than 37 million people are in Integrated Food Security Phase Classification (IPC)<sup>1</sup> phase 3 or above and approximately 7 million children under the age of five are acutely malnourished in the region.

While finding food and safe water is the absolute priority, the health response is essential to avert preventable disease and death.

Increases in severe acute malnutrition remains a major health concern. Increased food prices are contributing to limited food availability. These are likely to lead to increased migration as populations move in search of food and pasture.

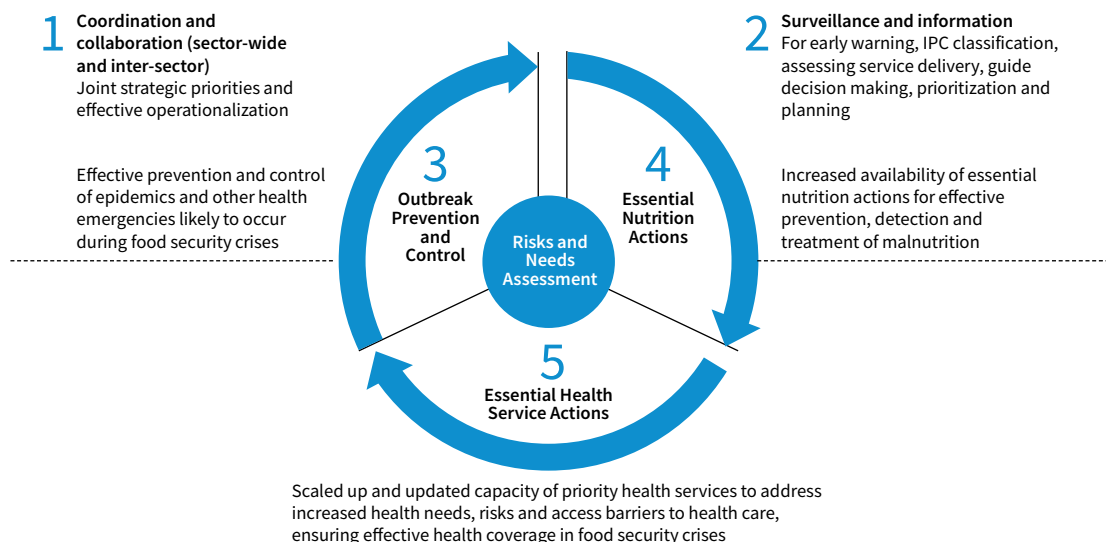
Disruptions often result in deteriorating hygiene and sanitation. Outbreaks of infectious diseases are already on the rise and expected to be a major concern, especially when combined with low existing vaccination coverage and health service disruption and very weak health systems.

WHO is coordinating the health sector to ramp up its response to avert the worst effects of food insecurity and to give people access to the health services they need. Along with countering the health consequences of malnutrition, WHO is helping countries to detect, prepare for and respond to outbreaks of diseases like cholera, measles, and malaria.

*For more information please refer to WHO's Public health situation analysis: Greater Horn of Africa (Food Insecurity and Drought)*

## WHO's strategic objectives

**Goal:** Mitigate the health and nutrition risks of food insecurity while strengthening the resilience of the health system



<sup>1</sup> IPC Global Platform (ipcinform.org)



# Regional situation overview

The Greater Horn of Africa is one of the world’s most vulnerable geographical areas in terms of climate shocks and food insecurity. The subregion is also a host to a large pastoralist population with significant vulnerabilities. The region – which includes Djibouti, Somalia, Sudan, South Sudan, Ethiopia, Uganda and Kenya – is currently experiencing rising food insecurity due to extreme climate events (drought, flooding), conflict and insecurity, socioeconomic effects of COVID-19, as well as volatile food and fuel commodities markets. All of these factors are now cumulating in the creation of a humanitarian crisis of vast proportions. Over 37 million people in the region are projected to be in IPC3 and higher in the coming months. IPC 3 means that the population is in crisis, and only marginally able to meet minimum food needs by depleting essential livelihood assets or through crisis-coping strategies. Others are in a worse situation still.

Rising food insecurity contributes to increased health risks and needs, such as a greater need for preventive and curative health care services in the affected population to prevent morbidity and mortality. Diseases and malnutrition have a synergistic effect, each reinforcing the other. Pregnant and lactating mothers,

newborns, children, the elderly and people living with chronic diseases including tuberculosis (TB) and human immunodeficiency virus (HIV), noncommunicable diseases (NCDs) and disabilities are particularly vulnerable. At present outbreaks of epidemic diseases are one of the major public health concerns, especially considering low immunization rates, insufficient health service coverage, massive displacements and malnutrition itself. The severe water shortage experienced in many affected areas will reduce access to safe drinking water. As people move to find water, food and pasture for their animals, living conditions and sanitation of the community will likely deteriorate further contributing to health risks.

### Ongoing infectious disease outbreaks in 2022

**Measles:** Djibouti, Ethiopia, Somalia, South Sudan, Sudan, Uganda

**Cholera:** Kenya, Somalia, South Sudan

**Hepatitis E:** South Sudan, Sudan

**Meningococcal Meningitis:** South Sudan, Sudan

**Leishmaniasis:** Kenya

**Yellow Fever:** Kenya, Uganda

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The effects of drought are particularly severe in eastern and southern Ethiopia, eastern and northern Kenya, and southern and central Somalia – where severe water and pasture shortages, livestock deaths, below-average harvests, sharply increasing cereal and other staple food prices are quickly eroding household purchasing power. More than 15 million people are currently estimated to be acutely food insecure in Somalia Ethiopia, Kenya. In absence of prompt humanitarian aid, this number may increase significantly.

In Sudan, seasonal rains have been below average so far with expected long dry spells that will negatively affect crops. The drought is also contributing to a deteriorating food security situation in Djibouti, particularly among rural communities. Meanwhile, politically instigated subnational conflict over resources continues, as well as inter-communal violence – causing population displacement, disrupting livelihoods and markets, and constraining humanitarian access across the region.

Conflict continues to increase the food insecurity particularly in northern Ethiopia, parts of South Sudan, Sudan and Somalia. Despite a recent ceasefire, severe food insecurity persists in the northern regions of Ethiopia (Tigray, Afar and Amhara). In Karamoja, Uganda, worsening insecurity is expected to continue to disrupt livelihoods while rising food prices are adversely

impacting the poorest households. Flooding in South Sudan, which has left large portions of land inundated for three years in a row, continues to limit crop and livestock production, affecting particularly Jonglei, Unity and Upper Nile states.

Food insecurity in South Sudan has reached the most extreme levels since independence in 2011, with 8.3 million people comprising 75% of the population facing severe food insecurity. Furthermore, countries in the region continue to face macroeconomic challenges that have been compounded by the COVID-19 pandemic.

This situation is now further deteriorating due to the global instability of the food and fuel commodities markets. Increasing cost of food and production are contributing to deteriorated accessibility to food. Rising transport and fuel prices, as well as the increase in the price of fertilizers, are then likely to further undermine crop production in the mid and long term.

Food insecurity in the region is contributing both to increased health risks and to deteriorating health-seeking behaviours. This results in greater needs for preventive and curative health services, while adding immense pressure on already under-resourced and often disrupted health systems.



# WHO's response to the health crisis in the Greater Horn of Africa

The role – and added value – of health in preventing and responding to food, nutrition and famine emergencies has often been underestimated, if not neglected. However, this is a crucial element in preventing, reducing and reversing the causal relationship between poor nutrition, disease and death. As part of ongoing efforts to prevent and respond to food insecurity, WHO aims to improve national capacities for a more prompt, effective and resilient health system response. Particular consideration is given to the increased vulnerability of certain populations, such as the elderly, women and girls, pastoralists, internally displaced persons (IDPs), refugees and persons with disabilities – among others. Extreme climate events, massive displacements, food insecurity and malnutrition, limited access to health care, and low immunization rates: all these factors contribute to an increasing risk of sickness and death.

## Ensuring a coordinated multi-country response

WHO has assigned a Grade 3, the highest level of activation, to the Greater Horn of Africa emergency and deployed an incident management team to Nairobi to coordinate the response and support the countries in the region.

Bringing together expertise from inside and outside the Organization, WHO has produced a global Framework for Food Insecurity and Health, with prioritized response actions to the global food insecurity crisis differentiated by IPC phase. Other actions to date include a leadership consensus meeting to consolidate objectives, approaches, coordination and advocacy, as well as a US\$ 16.5 million release from the WHO Contingency Fund for Emergencies (CFE).

WHO is bringing in additional technical and operational expertise through internal and external surge mechanisms. Supply orders of essential medicines and emergency kits have been consolidated and approaches for prioritizing allocation across countries are being agreed. Advocacy efforts on the central role of health to avert preventable morbidity and mortality in this crisis are ongoing. A regional strategic response plan is under development.

To ensure a multisectoral coordinated response at the regional level, WHO will work with Member

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States, other UN agencies and partners on joint advocacy, resource mobilization and communication. Through its hub in Nairobi, WHO will also work on improving interregional and cross-border coordination mechanisms to avoid duplication and ensure optimum use of resources. WHO is working with Member States to ensure high-level commitment to the inclusion of health in the response to avoid preventable disease and death.

On surveillance, WHO will establish forums for cross-border information exchange and ensure a cross-fertilization of best practices. WHO will work with Member States to define surveillance and health information needs, and develop a framework on data collection around strengthened disease surveillance, health service availability, and barriers to health care availability. Additionally, WHO will collaborate with Member States on a standardized set of health and nutrition indicators to support evidence-based decision-making, monitoring of trends, and early warnings.

Through its consolidated supply chain mechanism, WHO will ensure that contingency stockpiles of critical medicines and supplies are procured and maintained. Furthermore, WHO will continue to support all affected countries to develop preparedness and response plans for health as the crisis continues to evolve, in line with the regional framework for food insecurity. Together with Member States and other partners, WHO will focus on inclusive programming to ensure that marginalized and mobile populations have access to the health services they need.

Given the protracted nature of the crisis, WHO will also work with partners on developing early recovery and transition plans. This will help build resilience into health systems, as part of a longer-term strategy for addressing vulnerabilities.

## WHO's strategic response priorities at country level

WHO's response at country level will focus on the five strategic objectives below and will be adapted based on the specific situation of each country.

1. **Coordination and collaboration:** As the Health Cluster lead agency, WHO will strengthen coordination across health sector partners and intersectoral collaboration with the Nutrition, Food Security and Water, Sanitation and Hygiene (WASH) Clusters, with clearly defined roles and responsibilities. Together with Ministries of Health, WHO will also ensure the activation and smooth functioning of emergency management platforms, such as Health Emergency Operation Centers (HEOCs). WHO will continue to advocate on the health risks of food insecurity and the role of the health sector in the overall response.
2. **Surveillance and information:** A key priority for WHO is ensuring the integration of nutrition into health surveillance – alongside strengthening disease surveillance, including early warning and alert systems. WHO will work with Member States and partners to build capacity in this area. The Organization will also conduct a monitoring of health facility coverage and functionality. Additionally, WHO will work with Member States to map the availability and use of essential health and nutrition services; address barriers to access; and assess the capacity of the health system to cope. WHO will coordinate with the WASH Cluster on water quality surveillance, as well as with the Nutrition and Food Security Clusters on IPC analysis.
3. **Outbreak prevention and control:** WHO will work with Member States on the analysis of surveillance data to support evidence-based interventions – taking into account contextual issues such as seasonality, population movement, morbidity patterns and historical trends. Together with partners, WHO will support the implementation of preventive actions such as immunization and vector control measures, as well as field investigations for outbreak verification and response. Focus will also be placed on strengthening capacity for case management. Importantly, WHO will also work on the procurement and pre-positioning of essential medicines and supplies for outbreak response.
4. **Essential nutrition actions:** WHO will build capacity on screening and referral systems at community and health facility level, both for malnutrition and disease. The Organization will work to ensure that relevant nutrition actions can be provided in all health facilities, including complementary and micronutrient supplementation and treatment of SAM with medical complications. WHO will work with partners to support optimal infant and young child feeding (IYCF); and to provide nutritional/supplementary feeding for people living with Acquired Immunodeficiency Syndrome (AIDS), patients with tuberculosis (TB), and older persons with chronic diseases. Ensuring capacity and quality of care for severe acute malnutrition with medical complications is a key priority for WHO. This also includes supporting the procurement of essential supplies and equipment.
5. **Essential health services:** WHO will support the development and delivery of a minimum package of health services at health facility and community level. To boost screening for malnutrition and illness, WHO will work with the Ministries of Health and other partners to use every contact as an opportunity for screening (including vaccination campaigns, home visits, and trained community health workers). WHO will also coordinate with the nutrition sector to strengthen referral systems between the health and nutrition programmes. To monitor the quality and availability of health services, WHO will conduct refresher trainings for health care workers and undertake regular supervisory visits of health facilities. Additionally, WHO will procure essential medicines and supplies. The Organization will work with authorities and partners, including community leaders to ensure health interventions are undertaken with the participation of local communities, while ensuring inclusivity (including gender and persons with disabilities).



## Country-specific overview

### DJIBOUTI

Approximately 11% of the population in Djibouti are estimated to be acutely food insecure (IPC Phase 3 and 4). The country is experiencing an ongoing measles outbreak, mainly in the western region of Dikhil. Additionally, there are concerns regarding the changing epidemiology of malaria in the country, with numbers going from 5 400 cases in 2013 to several tens of thousands per year now. To mitigate adverse outcomes, the national malaria programme is working on a strategic framework.



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### ETHIOPIA

After four consecutive failed rainy seasons since late 2020, Ethiopia is experiencing a prolonged drought affecting 16.5 million people across the country. Due to a combination of conflict, blockade, and administrative hurdles, a worrying situation of food insecurity prevails in the northern regions of Tigray, Amhara and Afar – with a high level of acute malnutrition in children under 5 years and pregnant and lactating women. More than 13 million people need assistance in northern Ethiopia.

Drought has both acute and chronic impacts on the health of affected populations. With nearly 2.1 million livestock dead, and another 22 million livestock at risk, food insecurity at the household level is affecting access to health care and producing health-seeking behaviours due to competitive needs. Approximately 45 million people across Ethiopia currently lack

access to water, sanitation and hygiene, which puts them at additional risk of water-borne diseases. Unprecedented high rates of acute malnutrition in 2022 are associated with decreased availability of food and increased risk of infectious diseases, such as cholera, diarrhoea, measles and pneumonia. The displacement of populations in search for pasture and water is also contributing to disruption of local health services, psychosocial stress and mental health disorders. In addition, the country is grappling with an ongoing measles outbreak in Amhara, SNNPR and Somali regions. Cases of malaria, COVID-19 and diarrhoea are on the rise, with a high risk of outbreaks. Porous borders with neighbouring countries contributed to cross-border outbreaks of acute watery diarrhoea in the past, and the risk remains high as population movement increases.



## KENYA

In September 2021, Kenya declared a drought emergency. Since then, Kenya's northern regions have received less than 30% of normal rainfall, leading to the worst short-rain season recorded in decades. This has led to the loss of livestock and the worsening of existing food and water shortages across the country. As a result, Kenyan herders trek longer distances, sometimes as far as Uganda, South Sudan and Ethiopia, in search of water and pasture. This increases the risk of resource-based conflict and family separation, which in turn heightens the risk of gender-based violence. Kenya is currently dealing with several active outbreaks including measles in endemic areas of West Pokot and Garissa, yellow fever in Garissa and Marsabit, as well as an outbreak of cholera in Isolo county which has since spread to more densely populated Nairobi and Kaimbu counties.



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Many arid areas have reported disease outbreaks resulting from reduced availability of safe water sources and lack of access to improved sanitation. Upper respiratory tract infections have increased across all drought-affected areas, and malaria is rising in Turkana and Samburu counties. With outbreaks recorded in recent years, polio and yellow fever remain a tangible threat. Kenya hosts a substantial population of refugees (estimated at 488 867), who are particularly at risk of infectious diseases, including cholera.

## SOMALIA

Following four consecutive failed rainy seasons and soaring food prices, Somalia is on the brink of a humanitarian catastrophe. The country is experiencing one of the most severe droughts in decades, which led

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to the declaration of a national emergency by the Federal Government of Somalia in November 2021. While hundreds of thousands of people are one step away from famine and starvation, within the first quarter of 2022, 7.4 million people were affected by the drought, including 900,000 people displaced. Should the forecasts of a historic fifth poor rainy season materialize, food security conditions will worsen, and humanitarian needs will continue to increase well into 2023. Alarming projections suggest that up to 1.4 million people could be displaced within the next six months, adding to the already significant numbers of internally displaced persons. Based on previous drought displacement patterns in Somalia, affected populations are likely to move from rural to urban centres. In major cities, this will overwhelm critical services, such as health care and sanitation services, increasing the risk of exposure to infection and disease outbreaks (e.g. acute watery diarrhoea, measles and cholera). An increase in drought-induced movements from Somalia into Ethiopia adds pressure to an already fragile situation, as Ethiopia is also suffering the dire consequences of the drought. A substantial increase in infectious disease has been observed in Somalia and neighbouring countries such as Djibouti and Sudan, where additional cases of malaria and measles have been reported. The situation is further compounded by already low vaccination coverage rates.



**SOUTH SUDAN**

South Sudan is experiencing extreme levels of food insecurity and malnutrition affecting two thirds of the country’s population. It is expected that at the peak of the 2022 lean season (May–July), an estimated 8.3 million people, including refugees, will be affected by severe food insecurity (an 8% increase from the 7.7 million affected in 2021). This total includes approximately 2.9 million people projected to be in Phase 4 (emergency) and 87 000 projected to be in IPC 5 (catastrophe). In 2022, individuals in 52 out of 79 counties will experience emergency levels of acute food insecurity. In addition, 2 million people – including 1.3 million children under the age of 5 and 676 000 pregnant and lactating women – are expected to be acutely malnourished. The number of people in need of humanitarian assistance is increasing rapidly. In 2022, it is estimated that 6.8 million of the most vulnerable people will need humanitarian assistance, including urgent life-saving and protection assistance. Also extremely worrisome is the country’s very fragile health system, with 80% of healthcare being provided by partners; recent

funding cuts in humanitarian assistance have further worsened this situation. Access to health services is a major challenge, particularly amongst displaced populations, where 31.7% of IDPs (639 062 individuals) and 28.7% of returnees (511 028 individuals) live in settlements located more than 5 km from a functional health facility. 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, with an average of 0.87 outpatient visits per person per year.

**SUDAN**

Sudan has been hit by the combined impact of prolonged dry spells and crop failures across 14 states, which has impacted over 5.6 million people. More than 22 million people – half of Sudan’s population – live in the 115 affected areas; overall, 3.1 million people need short- to long-term assistance. An increase in localized conflicts has triggered population displacement which, combined with a major deterioration of the economy, has led to acute food insecurity at levels



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higher than usual. As a result, the highest prevalence of population in crisis (IPC Phase 3) or worse are observed in North Darfur (25%), followed by West Darfur (22%); North Kordofan (20%); South Kordofan (20%); Gedarif (19%); and central, eastern and southern states.

Sudan is a key transit point for migrant populations, who are already at increased risk of epidemic-prone diseases. Overall, the country hosts more than 1.1 million refugees, including 763 000 from South Sudan and over 61 000 from Ethiopia. At the beginning of 2022, the Sudan Humanitarian Needs Overview (HNO) estimated that over 3 million children under 5 were acutely malnourished and therefore needed life-saving humanitarian nutrition assistance. The impact of the dry spell on food security has been devastating. In view of the deteriorating food security and water availability for human and animal consumption, the nutrition sector projects an additional increase by 10% on the 2022 caseload. This translates into 45 606 malnourished pregnant and lactating women and over 153 000 additional cases of acutely malnourished children. An estimated 4607 of these children are expected to have medical complications and need specialized care in the stabilization centres.

## UGANDA

The Karamoja region and surrounding districts are facing an acute public health crisis arising from the deteriorating drought situation over the last three years. The region's 1.2 million people face a severe risk of public health consequences precipitated by this event. According to recent IPC estimates, at least 42% of the population (520 000 individuals) in the nine districts of Karamoja are experiencing high levels of food insecurity (IPC Phase 3 or above) in 2022 compared to 361 000 individuals last year. Food insecurity is projected to improve in the harvest/post-harvest period if normal crop production is realized and insecurity does not drive communities away from farming areas.

Apart from the worsening malnutrition situation, the Karamoja region continues to experience an upsurge of malaria cases, sporadic measles cases, and an increase in acute diarrhoea cases. The region suffered a cholera outbreak in 2020 and the risk of another cholera outbreak remains high due to poor water and sanitation indicators. The region continues to report COVID-19 cases. Uganda has also been dealing with an outbreak of yellow fever since January 2022. In addition, non-communicable disease, together with maternal and perinatal conditions, contribute to high mortality.



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# WHO's resource requirements

(in US\$ for the period July – December 2022)

Strategic Objectives	Djibouti	Sudan	Somalia	South Sudan	Ethiopia	Kenya	Uganda	Multi-country	Total
Objective 1 – Coordination and collaboration	91 575	287 430	2 955 000	2 109 120	3 409 000	550 000	1 111 159	287 000	<b>10 800 284</b>
Objective 2 – Surveillance and information	166 225	1 022 760	3 580 000	700 000	7 305 000	850 000	2 126 116	565 000	<b>16 315 101</b>
Objective 3 – Outbreak prevention and control	566 500	2 416 180	6 500 000	1 500 000	13 636 000	1 000 000	2 130 990	436 000	<b>28 185 670</b>
Objective 4 – Essential nutrition actions	118 913	2 550 820	9 500 000	1 500 000	8 766 000	2 300 000	1 747 443	378 000	<b>26 861 176</b>
Objective 5 – Essential health actions	182 288	3 691 148	10 156 000	6 600 000	15 584 000	2 600 000	2 485 719	320 000	<b>41 619 155</b>
<b>Total</b>	<b>1 125 500</b>	<b>9 968 338</b>	<b>32 691 000</b>	<b>12 409 120</b>	<b>48 700 000</b>	<b>7 300 000</b>	<b>9 601 427</b>	<b>1 986 000</b>	<b>123 781 385</b>

## The cost of inaction

Based on the public health vulnerability and risk assessments conducted by WHO, mortality from disease outbreaks and other preventable causes – such as measles, cholera and pneumonia – are expected to rise. In the event of insufficient resources for early warning, disease surveillance, case investigation and essential care, the region will see a widespread increase in the number disease outbreaks in country and across borders. Care for severely malnourished children with medical complications will be severely impacted and result in high child mortality rates.

Disruptions in access to health care can further increase morbidity and mortality, as emergency conditions force populations to modify their health-seeking behaviour and prioritize access to life-saving resources such as food and water. For example, only 50% of people living

with HIV are accessing antiretroviral treatment; a figure which is expected to drop as population displacement increases. Lack of availability and access to antenatal and postnatal care may further exacerbate the already high levels of maternal mortality, which currently averages 515 maternal deaths per 100 000 live births across the region.

Similar emergency conditions in the region led to hundreds of thousands of estimated excess deaths in the past. We have the opportunity to learn from those experiences. The response to this crisis, specifically its preventive aspects, are gravely underfunded.

WHO remains on the ground to provide life-saving health services in the region and calls for urgent action to prevent the worst health effects of food insecurity. We need your support to save lives and serve the most vulnerable.





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