



World Health  
Organization



# WHO EMERGENCY APPEAL

## SUDAN AND NEIGHBOURING COUNTRIES

JUNE - DECEMBER 2023



## AT A GLANCE

### People in need of health assistance:

11 MILLION

### People targeted for health assistance:

7.6 MILLION

### Number of deaths (as of 6 June 2023):

866

### Number of injured (as of 6 June 2023):

6 083

### Attacks on health care verified by WHO, resulting in 8 deaths and 18 injuries:

46

OVER 3 MILLION

children under-five are acutely malnourished

MORE THAN 100 000

children under-five with severe acute malnutrition with medical complications are in need of specialized care at stabilization centres

MORE THAN 1.6 MILLION

people newly internally displaced since 15 April

OVER 528 000

have crossed the border into neighboring countries as refugees, asylum seekers and returnees<sup>1</sup>

### WHO's total funding requirement for 6 months ( June-December 2023):

US\$ 145.2 MILLION

#### Sudan:

US\$ 110.3MILLION

#### Neighbouring countries:

US\$ 34.9 MILLION

## WHO'S IMMEDIATE RESPONSE PRIORITIES

### Sudan

- Support the delivery of integrated lifesaving essential health services including trauma and emergency care
- Reinforce surveillance for epidemic-prone disease and ensure prevention and timely control of potential outbreaks
- Ensure open logistics channels and access to essential medicines and Emergency Health Kits
- Support facility-based care for acute malnutrition
- Provide Health Cluster leadership and coordination
- **WHO is undertaking cross-border coordination in neighbouring countries Egypt, Chad, South Sudan, Central African Republic and Ethiopia,** to ensure access to essential health services including psychosocial support for Sudanese and other nationals fleeing the conflict through the prepositioning of medicines, supplies and deployment of personnel

<sup>1</sup>IOM Displacement Tracking Matrix – Sudan Situation Report 8, 13 June 2023

## CURRENT SITUATION AND IMPACT ON HEALTH

On 15 April 2023, intensely violent open fighting in the streets of Khartoum erupted between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF). The conflict has directly affected many states, killing hundreds of people and forcing many more to flee. As of 13 June more than 2 million people have been displaced, including over 1.6 million who sought safety in relatively more stable areas across Sudan and over 528 000 who crossed the border with neighboring Egypt, Chad, South Sudan, Central African Republic and Ethiopia. Comparatively smaller numbers of arrivals are also projected for Eritrea and Libya. In Libya, an inter-agency contingency plan is in place to respond to projected numbers. Libya hosts over 133 000 Sudanese migrants and family reunification is likely to drive up arrivals. The health system remains fragile and would struggle to cope with influx of additional migrants, especially in the south which is most vulnerable and under-resourced.

Even prior to the recent escalation, there were 15.8 million people in need of humanitarian assistance across Sudan – this number is now 24.7 million, representing a 57% increase in a few weeks. The conflict has therefore added a new dimension to the country's already deteriorating humanitarian situation, while the volatile security situation poses operational, communication and transport challenges with consequences on people in need of health assistance, health workers and health partners. In addition to large-scale displacement, it has severely disrupted access to the most basic services for millions of people, with an estimated 60% of the health facilities not functioning across the country, while high insecurity and looting of assets make it difficult to reach key locations with humanitarian aid. The Sudanese Federal Ministry of Health (FMOH) has been reporting

multiple attacks on healthcare and humanitarian workers, leading to the closure of hospitals, especially in Khartoum - WHO has verified 46 of these attacks. Many health workers have been forcibly displaced, further limiting access to healthcare.

Two months since the war erupted, violence continues to make healthcare service provision extremely challenging, with the number of people in need of urgent health assistance exceeding 11 million. Impacts include:

- Several critical services have been discontinued due to attacks on health facilities, poor accessibility of still-operating ones, and supply chain disruption. Only one in five health facilities is fully functional in Khartoum, while internally displaced persons (IDPs) are putting extra pressure on already weak services. Shortages of medical supplies, such as blood bags and oxygen, and basic commodities like water, fuel and power, are reported
- The risk of outbreaks of water-borne, vector-borne and vaccine-preventable diseases, such as malaria, dengue fever, cholera, other diarrheal diseases, measles, and polio, has increased substantially. The surveillance system has been disrupted and the national public health laboratory is non-functional, posing a serious challenge to detect and confirm outbreaks. While multiple outbreaks are already ongoing, with an alert for suspected cholera cases in some areas of the country, the upcoming rainy season and the movement and regrouping of people in makeshift camps with limited access to safe drinking water increase outbreak risks and threaten further spread in neighbouring countries
- Conflict-related injuries and deaths including mass casualty incidents continue to occur. Limited access to healthcare threatens to drive up mortality rates as people suffering from non-communicable diseases such as chronic infectious diseases, diabetes, chronic pulmonary and cardiac diseases, and renal failure face interruptions to treatment

<sup>2</sup>Source: UNHCR Operational Data Portal,

<https://data2.unhcr.org/en/situations/sudansituation>.

<sup>3</sup>As of 12 June, 16 measles alerts reported from nine States (Blue Nile, White Nile, Gedaref, Gazira, West Kordofan, Kassala, River Nile, Red Sea, and South Darfur); some 101 clinically suspected measles cases and four deaths; and six suspected dengue fever cases reported from one State (Red Sea); 37 clinically suspected malaria cases one State (South Darfur); VHF alert from one State (Kassala); one meningitis alert from one State; two APF alerts from one State (Gezira).

- The projected worsening of food insecurity, poor water, sanitation and hygiene (WASH) and limited access to services add to a dire nutrition situation. One in three children under-five suffers from chronic malnutrition. Over 3 million children under-five are acutely malnourished. According to current estimates, over 100 000 children in Sudan will suffer from severe acute malnutrition (SAM) with medical complications and require life-saving in-patient care by the end of the year
- Disruptions in maternal health care services will affect the management of obstetric complications putting the lives of about 6000 newborns and 4500 currently pregnant women at risk. Lack of access to safe and clean deliveries for the 90 000 pregnant women expecting to deliver in the coming three months is among the biggest concerns as more women will be forced to deliver at home
- Gender-based violence (GBV), including sexual, interpersonal and domestic violence, is increasingly reported, particularly among IDPs, while the risk of sexual exploitation and abuse increases as humanitarian needs, displacement, and basic living goods' prices go up. The health risks associated with the lack of post-rape treatments and health professionals trained in first-line support are substantial

## CURRENT SITUATION AND IMPACT ON HEALTH IN REFUGEE-RECEIVING COUNTRIES

**Egypt** has seen more than 200 000 Sudanese refugees in Egypt, as a result of the current crisis in Sudan. Although many are seeking immediate assistance and support near the entry points in the south of the country (e.g. Aswan, Karnak, Qena, ect.), most are expected to reach networks of family and friends in the larger urban centers of Cairo, Alexandria and Damietta, where more pressure is expected to be exerted on educational and health services.

Chad, Ethiopia, Central African Republic, and South Sudan are classified as fragile, conflict-affected, and vulnerable countries. They host large numbers of

refugees from neighboring countries resulting from protracted conflicts in the region including that of Northern Ethiopia, South Sudan, Somalia, and the Sudan. All four countries are currently responding to either an acute health outbreak (cholera, measles, malaria, mpox, yellow fever), and/ or a humanitarian response to conflict, extreme weather events followed by high levels of food insecurity and malnutrition.

In **Chad**, WHO and other humanitarian agencies are working closely with the Government of Chad to scale up the response to the growing humanitarian crisis with the need to relocate refugees, who are still living in precarious conditions near the border, being the most pressing priority.

**South Sudan's** health system faces significant challenges in providing equitable and quality healthcare services due to ongoing conflict, displacement of communities, and infrastructure limitations. The country suffers from a severe shortage of trained healthcare professionals, weak and fragmented health information systems, limited access to essential medicines, and under resourced health financing.

**Central African Republic** is one of the poorest countries in the world, with maternal and infant mortality rates. Most of the asylum seekers from Sudan are women and children who stay in spontaneous camps. Due to rising insecurity along the border, the prices of basic necessities have increased sharply. The Central African Republic host community used to receive supplies from Sudan and must be considered for assistance in the current crisis too.

**Ethiopia** already has a very fragile health system, and the country suffers from multiple crises. The northern Ethiopia conflict including Amhara has left millions of people with limited access to essential healthcare services including inadequate availability of medical supplies, and gaps in the health workforce and healthcare infrastructure. Simultaneously, Ethiopia is experiencing one of the most severe La Niña-induced droughts in the last decade following four consecutive failed rainy seasons since late 2020.

	<b>Number of refugees, asylum seekers and returnees<sup>4</sup></b>
Central African Republic	<b>15 069</b>
Chad	<b>115 980</b>
Egypt	<b>215 565</b>
Ethiopia	<b>10 181</b>
South Sudan	<b>110 375</b>

## WHO RESPONSE TO DATE

WHO stands with the people of Sudan and is delivering much-needed assistance despite enormous operational challenges. In the neighboring countries, WHO has already upscaled its readiness and response capacities in terms of stockpiling of acute supplies in addition to intensified cross-regional coordination and information exchange on acute and anticipated health needs. Health information management and exchange is key to ensuring a well-informed response where it is needed most. Across the board, WHO works with humanitarian and health partners to coordinate the response, aligning with the revised Humanitarian Response Plan for Sudan and the Regional Refugee Response Plan.

### Since the onset of the crisis, WHO has:

- Actively worked in Sudan to ensure urgently needed medical supplies are available for health workers and partners to treat people and save lives. In the initial days, WHO distributed supplies from stocks in Khartoum-based National Medical Supplies Fund (NMSF) warehouses
- WHO has sent over 170 metric tonnes of essential medicines and supplies including for trauma injuries, chronic diseases, and infectious diseases, using all possible means by air, land and sea to the Ministry of Health and a range of humanitarian partners, in several states
- Prior to the escalation of the conflict WHO trained over 1000 health care workers on basic emergency care and 230 in mass causality management
- Provided technical and logistical support to vaccinate over 37 000 children against measles in Blue Nile State between 31 May and 2 June
- Trained 40 healthcare workers in states most affected by the conflict on psychological first aid to survivors of gender-based and sexual violence, including mental health and psychosocial support
- Provided post-rape treatment, ensuring referral, and supporting NGO partners on case identification and management
- As Health Cluster Lead Agency, WHO is working with partners to coordinate the health response. Mapped health facilities still supported by partners and developed a humanitarian health response strategy and plans within the revised Humanitarian Response Plan. Established a trauma working group under the Health Cluster to coordinate and strengthen the provision of urgent humanitarian health assistance. Coordinated the mental health and psychosocial support (MHPSS) technical working group comprising 26 UN and INGO partners and have distributed psychotropic medications
- Supported cross-border coordination in neighboring countries Egypt, Chad, South Sudan, Central African Republic and Ethiopia for health care, to ensure access to essential health services, including psychosocial support for Sudanese and other nationals fleeing the conflict through the prepositioning of medicines, supplies and deployment of personnel

<sup>4</sup>Source: <https://data2.unhcr.org/en/situations/sudansituation>. Accessed on 13 June 2023

In South Sudan, WHO has already sent kits with enough emergency medical supplies to care for more than 100 000 people. Mobile clinics have been set up in Aweil, currently attending to about 150-200 individuals a day; other mobile clinics have been set up in the other five counties where people are arriving. With the Ministry of Health, four teams have been deployed to conduct rapid assessments of the health situation, respond to immediate health needs, and coordinate health partners' responses. To support the response, WHO and MoH have deployed 28 individuals that formed a multi-disciplinary team to support the responses in Wau, Raja, Renk, Palouch, and Aweil. Recently, technical support was deployed to Unity State to support the response in Rotriak.

In Egypt, WHO was one of the first actors at the borders with the Ministry of Health and Population (MoHP) to provide urgent humanitarian support in coordination

with partners. To date, WHO has delivered 40 Metric Tons of medical and surgical supplies to help address the needs of 40 000 displaced people suffering from non-communicable diseases and severely acutely malnourished children, detect and treat communicable diseases, and equip healthcare workers with personal protective equipment. WHO is also establishing a mental health and psychosocial support clinic in Aswan and installing caravan units to expand medical services at the borders. In addition, WHO has trained 200 professionals and non-professionals in Egypt to provide psychological first aid in emergencies and 80 healthcare workers and volunteers on the health response to gender-based violence.

WHO is also responding to displaced people's WASH needs by providing, among others, hygiene kits and drinking-water tanks and installing toilet facilities at the border.



UAE and WHO deliver air lift of critical medical supplies to Sudan, May 2023. Photo credit: WHO



## WHO RESPONSE PRIORITIES SUDAN

Over the next six months, WHO will scale up its lifesaving activities and delivery of essential health services in Sudan to mitigate public health risks induced and exacerbated by the conflict. Our response will align with the following priorities.

### *PRIORITY 1:*

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#### **Support the delivery of integrated lifesaving essential health services including trauma and emergency care**

WHO will support priority health facilities and other service delivery platforms to offer an integrated package of essential health services, including management of communicable diseases, maternal and child health and reproductive health services, management of chronic disease treatment and MHPSS. WHO also collaborate with Health Cluster partners to ensure trauma and emergency surgical care is available.

### *PRIORITY 2:*

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#### **Reinforce surveillance for epidemic-prone disease surveillance and ensure prevention and timely control of potential outbreaks**

WHO will collaborate with health authorities and partners to reinforce early warning, alert, and response system for epidemics, and strengthen the capacity of rapid response teams to respond promptly to all reported public health events. Rapid response teams operating in hard-to-reach areas will also deliver essential health services as feasible. WHO will also facilitate the implementation of broader public health measures to prevent and manage disease outbreaks, particularly malaria, dengue, cholera, measles, and polio. As soon as the situation allows, WHO will work towards integrating disease control measures into essential health services, epidemiological surveillance, and early warning mechanisms and implement WASH and integrated vector control interventions in high-risk areas.

### *PRIORITY 3:*

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#### **Ensure open logistics channels and access to essential medicines and Health Emergency Kits**

WHO is working towards ensuring a sustainable supply pipeline in existing warehouses and distribute adequate emergency medical supplies in priority areas of Sudan. These will include Interagency Emergency Health Kits (IEHKs), trauma kits, cholera kits, non-communicable disease kits, and kits for the management of severe acute malnutrition. Bulk purchase of drugs is being explored, as well as procurement of essential equipment to ensure the functionality of health facilities. A distribution and monitoring system is being established to ensure that the risks of aid diversion are minimized and that the delivery of supplies is tracked to the intended users.

### *PRIORITY 4:*

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#### **Support facility-based care for acute malnutrition**

WHO will continue and expand its support to address the high burden of acute malnutrition, which is likely to become even more prominent, particularly among children and pregnant and lactating women (PLW). These activities will build on WHO's successful nutrition programme that has consistently achieved cure rates for SAM of over 90%, which is well above the international standard of 75%.

### *PRIORITY 5:*

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#### **Provide Health Cluster leadership and coordination**

As the Health Cluster lead agency, WHO will facilitate coordination among cluster partners at all levels to deliver a coherent humanitarian health response. WHO will ensure that the cluster continually assesses health needs, maps available resources and services and monitors the response outlined in the revised Humanitarian Response Plan, ensuring that gaps are addressed and duplication is minimized.

## WHO RESPONSE PRIORITIES IN NEIGHBOURING COUNTRIES

As fighting continues in Sudan, a projection of 2 million moving population is estimated within Sudan and into neighbouring countries. The influx of arriving population will likely strain the already fragile health systems and stretch to the limit its capacity to respond. Influx is occurring into many areas where humanitarian responses are ongoing. Given the specific vulnerabilities of refugees, returnees and the wider population WHO's coordination role across the health sector at national and sub-national level is vital to harmonize the efforts of the Ministry of Health and partners.

The aim of the response is to save lives and reduce human suffering amongst populations affected by the Sudan crisis through the provision of essential health services, strengthening surveillance, and prevention and response to infectious disease outbreaks. WHO's priorities for the multi-country regional response to the Sudan crisis is focused and targeted to the locations that continue to receive the influx. It ensures that response is prioritized by location and the health sector support required to strengthen those locations for a targeted efficient response.

## In neighboring countries WHO's response is structured along the following pillars:

1. Health Cluster leadership and coordination
2. Access to quality essential health services and medicines for people in need
3. Critical health workforce
4. Epidemic surveillance
5. Access to essential medicines and health supplies (Operational Support and Logistics)
6. Reinforce capacities of partners and health workers to coordinate and deliver quality Gender Based Violence (GBV) services across the region



Sudanese Refugees. Photo credit: Yasmeen Ali



**In line with above mentioned pillars, the countries ensure the following lifesaving activities:**

**EGYPT:**

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WHO will continue to work in Egypt over the next six months to ensure the sustainability of healthcare services and respond to the urgent needs of the displaced individuals and host communities.

The following priorities will guide interventions:

1. Ensure access to quality essential health services and medicines for those crossing border from Sudan, as well as host communities
2. Enhance early detection and response to communicable diseases with epidemic potential at Egypt's entry points and implement a health facility based alert system
3. Support the provision of lifesaving medical services, including trauma care, severe acute malnutrition in-patient services and referral mechanisms between the different levels of care
4. Reinforce the capacities of partners and health workers to coordinate and deliver quality GBV services in the targeted locations

**CHAD:**

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WHO in Chad is scaling up its response through following activities:

1. Supply health centers with essential drugs and malaria and cholera kits
2. Cover health centers that are not covered by supervision through mobile clinics to better assist people in need
3. Intensify coordination meetings to identify gaps and to work in complementarity with other agencies
4. Provide acute medical supplies, such as Interagency Emergency Health Kits

**SOUTH SUDAN:**

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WHO in South Sudan will focus on following response priorities:

1. Ensure an effective and multi-sectoral refugee and returnee response through partner coordination
2. Strengthen health information systems,

surveillance and rapid response mechanism for early detection and immediate response to disease outbreaks/health threats to the refugees/returnees and host community

3. Scale up access to essential health services to the refugees/returnees and host community

**CENTRAL AFRICAN REPUBLIC:**

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WHO in Central African Republic ensures contextualized and needs-based planning, taking into account the insecurity in the area, especially around the Amdafock-Birao axis, extreme weather events such as flooding resulting in limited access.

1. Ensure effective local leadership and coordination of health sector partners and interventions
2. Strengthen the epidemiological surveillance system to detect, report and respond to potential epidemics
3. Improve access to essential and high-quality health services
4. Prevent the occurrence of epidemics in displaced and host populations by immunization and community action
5. Provide logistical and administrative support for response operations

**ETHIOPIA:**

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In Ethiopia, WHO will lead on strong coordination and partnership mechanisms in the health sector, so the country can cope better with an influx of refugees and returnees. Response activities that are already implemented and need to be scaled up include:

1. Prioritise essential primary healthcare services including integrated nutrition interventions
2. Scale up WASH/RCCE activities (hygiene promotion, water quality monitoring)
3. Prevent and treat all forms of malnutrition through Infant and Young Child Feeding
4. Support community engagement and behavior change communication

## IMPLEMENTING ARRANGEMENTS

The situation in Sudan remains fluid and complex, with large areas still inaccessible due to insecurity and logistics challenges. The WHO response will therefore need to be nimble and flexible, seizing opportunities to access those in need when they arise. The concept of operations includes responding to needs within Sudan from a limited number of operational hubs in-country (currently primarily Port Sudan and El Gezira, but expanding over time) and potentially from cross-border sites (options from Chad and Egypt are being explored); and responding to refugee needs from with the refugee-hosting countries.

Over the next six months, WHO will implement the planned interventions in Sudan based on arrangements considering the accessibility of different areas of the country. WHO proposes a state-based response to shape a tailored approach that is adapted to state realities and allows flexibility. The cycle of operations will be decentralized, conducted, and coordinated at the state level. Port Sudan is the main operational hub, while a second logistics hub is in Gezira and supports the operational hub as a warehouse receiving supplies from Port Sudan to serve Gezira and neighboring states. Atbara City in White Nile State might be considered as an a hub for operation in the near future.

Accessing the entire country from any operational hub (Khartoum, Port Sudan, Dongola) is currently extremely complex, if not impossible, as is delivering supplies to some Western states (i.e., Darfur and Kordofan states). The upcoming rainy season will make reaching some states even more difficult. Logistic challenges range from limited functional entry points to the most affected areas and hampered access to local logistic capacities, financial resources and commodities such as fuel to a lack of up-to-date information on the status of the local market and border crossing points, customs procedures and operational capacity.

Despite the challenges with access, WHO continues to retain an operational footprint of over 150 staff working across all 18 states in Sudan. While most humanitarian actors, including WHO, have a higher operational presence in states of Sudan that are accessible and host IDPs, WHO will strive to focus its response on states directly affected by the conflict, despite access challenges, namely Khartoum, North Kordofan and the Darfur region, including by working through partners and third parties. Khartoum state will most likely be served through El Gezeira state, from Port Sudan through Wad Madani.



Arrival of Medical supplies at the Egyptian border crossings with Sudan and hospitals at Aswan, May 2023.  
Photo credit: WHO

As the Darfur and Kordofan regions are not accessible from within the country to date, WHO is exploring cross-border support from neighbouring countries. To this end, WHO will contribute to any UN cross-border mechanisms, including the one in Abeche, Chad, currently under negotiation to deliver assistance in the Darfur states. These approaches will be refined and adapted when new access routes (e.g. air access) become available.

Since access to populations on the move or in hard-to-reach areas remains challenging, WHO will ensure close coordination with health cluster partners to fund and support mobile health and nutrition units and trauma stabilization points across Sudan.

Throughout its response and for both, Sudan and neighbouring countries, WHO will ensure gender-sensitive programming in addition to strong prevention and response to sexual exploitation, abuse and harassment (PRSEAH) mechanisms, which include continued trainings on how to effectively prevent and respond to sexual exploitation, abuse and harassment among WHO staff and partners. WHO has regional and country PRSEAH focal points in place to guide operations in a PRSEAH inclusive way and in ensuring that beneficiaries are sensitized with regard to complaint and feedback loops. WHO will expand community work in this regard so WHO's response corresponds with beneficiaries' needs when it comes to PRSEAH.



WHO Egypt and WHO Dubai-based Logistics Hub delivering 10 Metric Tons of lifesaving medical supplies to support the Egyptian Ministry of Health and Population, the Egyptian Red Crescent, and university hospitals in their response to the health needs of the displaced people from Sudan to Egypt. Photo credit: WHO



## WHO's funding requirements for Sudan for 6 months (June - December 2023):

RESPONSE PRIORITIES	TOTAL (US\$)
Support the delivery of integrated lifesaving essential health services including trauma, emergency care	35 790 000
Epidemic prone diseases surveillance, prevention and control response	18 900 000
Health Cluster leadership and coordination	2 000 000
Open channels of logistics and access to essential medicines and Health Emergency Kits	20 000 000
Supporting facility-based care for acute malnutrition	3 600 000
Operational Costs (including cross-border operations and establishment of two WHO hubs)	30 000 000
<b>Total</b>	<b>110 290 000</b>

WHO is appealing for a total of **US\$ 145.2 million** over the next six months to respond to the needs of 7.6 million people in need of urgent health assistance in Sudan and almost 500 000 individuals forced to flee to neighbouring Egypt, Chad, South Sudan, Central African Republic and Ethiopia.

This includes **US\$ 110.3 million** to scale up lifesaving activities and the delivery of essential health services in Sudan. Considering the limited access to parts of the country and to maximize operational reach, WHO's financial requirements for the response in Sudan include costs for interventions within the country, as well as operational costs for the establishment of cross-border operations, managed from Chad and South Sudan. These costs include set-up and running costs of WHO's hubs in the two countries, logistics and security arrangements as well as transportation costs, which are likely to be driven up by the upcoming rainy season and the resulting reduced practicability of the road network.

## Funding requirements for WHO's response in neighboring countries for 6 months (June - December 2023):

SN	Country	Total US\$
1	South Sudan	<b>\$ 10 742 959</b>
2	Chad	<b>\$ 6 251 474</b>
3	Ethiopia	<b>\$ 6 500 000</b>
4	Central African Republic	<b>\$ 980 500</b>
5	Egypt	<b>\$ 10 000 000</b>
6	PRSEAH	<b>\$ 350 000</b>
7	Communication	<b>\$ 50 000</b>
	Total	<b>\$ 34 874 933</b>



# World Health Organization

**For more information please contact:**

**WHO EMRO**

Fabiola D'Amico, Resource Mobilization Officer: [damicof@who.int](mailto:damicof@who.int)

**WHO AFRO**

Myriam Haberecht, External Relations Officer: [haberechtm@who.int](mailto:haberechtm@who.int)

**WHO Headquarters**

Purvi Paliwal, External Relations Officer: [paliwalp@who.int](mailto:paliwalp@who.int)