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Global health at a crossroads: WHO's 2025 Emergency Response to outbreaks, conflicts and humanitarian crises

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The year 2025 has emerged as a defining moment for global health, shaped by intersecting crises that demand urgent, coordinated action. Against a backdrop of conflict, disease outbreaks, displacement and climate shocks, the WHO has launched a $1.5 billion Health Emergency Appeal to address the scale and complexity of mounting health threats worldwide.[1 2] This appeal is not merely a call for funding but is a recognition that the world is confronting a new era of health emergencies that are increasingly frequent, protracted and interconnected.

Health systems around the world, particularly in fragile and conflict-affected settings, are being overwhelmed. Countries such as Somalia, Yemen, Syria and Ethiopia are experiencing a breakdown in basic health infrastructure owing to a confluence of insecurity, underinvestment and escalating humanitarian needs.[3–6] Simultaneously, outbreaks of infectious diseases, such as cholera, measles and monkeypox (mpox) are surfacing in multiple countries, compounding the suffering of already vulnerable populations.[3 4] WHO's country-specific appeals highlight how local emergencies are no longer contained within national borders; they have evolved into regional and global health security concerns that demand international collaboration and solidarity.[7–10]

Unlike conventional response models of the past, WHO's 2025 approach is grounded in both rapid emergency action and sustained system resilience. Updated strategic priorities include deploying mobile health teams, establishing regional field coordination hubs and expanding community-based service delivery platforms.[2] These efforts aim to build a responsive, decentralised health architecture capable of absorbing shocks while addressing structural deficits that leave populations vulnerable to future crises.

SUMMARY BOX

⇒ Health emergencies are increasing in frequency and complexity, particularly in fragile states, where WHO's coordination is vital but is often constrained by political and logistical barriers.

⇒ This article critically reflects on[1] WHO's 2025 Health Emergency Appeal, highlighting the structural, ethical and operational challenges facing implementation in conflict-affected regions.

⇒ This study might affect research, practice or policy. It advocates for a shift toward inclusive, transparent and decentralised emergency response models that prioritise long-term health system resilience and local stakeholder engagement.

Although the strategic framework is robust, questions linger about the feasibility of implementation in the absence of guaranteed, long-term financial backing. WHO's appeal comes at a time when traditional donor commitments are wavering. Concerns about reduced US funding have raised alarms about the viability of the emergency response, as highlighted in a recent report.[5] Without predictable funding streams and strengthened multilateral support, WHO risks falling short of its objectives, particularly in areas where humanitarian access is already restricted by insecurity and political fragmentation.

Equity remains a central ethical concern in the distribution of global health resources. Historically, high-profile crises in politically strategic regions have garnered disproportionate funding, whereas chronic, under-reported emergencies, especially in sub-Saharan Africa, are marginalised. UNICEF has issued urgent warnings about deteriorating health conditions for children across Eastern and Southern Africa, where overlapping disease outbreaks, malnutrition and displacement are threatening an entire generation.[4] In countries like Somalia and Ethiopia, responses must be more than episodic relief; they must be sustained,

rights-based interventions rooted in the social determinants of health.[7 10]

Operational barriers are further compounded by restricted humanitarian access. In Yemen and Syria, WHO's response efforts have been severely impeded by conflict-related limitations, logistical constraints and reduced trust in global institutions.[6 9] For example, in northwest Syria, health interventions have been obstructed by delayed cross-border authorisations and infrastructure destruction, severely compromising disease surveillance and immunisation activities. These challenges affect not only the delivery of care but also critical activities such as vaccination campaigns and health education. The erosion of humanitarian neutrality and the politicisation of aid delivery weaken the collective capacity to reach the most at-risk populations. The ethical imperative to protect health as a fundamental human right is increasingly undermined by geopolitical agendas.

Nevertheless, amidst these challenges, 2025 has also brought a historic breakthrough: the pandemic agreement adopted by WHO member states. This agreement marks a shift toward institutionalising pandemic preparedness and ensuring equitable access to essential health tools during future outbreaks.[7] This development is a direct response to the global inequities witnessed during the COVID-19 pandemic and is a hopeful signal of the world's intent to reform global health governance. The agreement emphasises the need for fairness, transparency and inclusivity, particularly the participation of low-income and middle-income countries in global decision-making processes.

However, institutional reform must move beyond declarations. It must be underpinned by transparent governance, mechanisms for accountability and financial models that do not rely solely on the goodwill of donors. WHO's centrality in coordinating health emergencies remains undisputed, but expectations are rising. Communities and frontline health workers, those who bear the brunt of health emergencies, must be included as active stakeholders in designing and evaluating response strategies. Localised leadership and context-specific innovation are indispensable to achieving outcomes that are both effective and equitable.

The need to empower local health systems during, not after, crises is evident. Emergency funds can serve a dual purpose: meeting immediate needs while laying the foundation for long-term resilience. For example, investment in local training programmes for health workers, strengthening digital health information systems and establishing scalable supply chain logistics can simultaneously improve current emergency response and prepare for future threats. In fragile states, like Somalia, a responsive emergency system must be integrated with broader public health development goals, including universal health coverage and social protection. The current emergencies are not isolated anomalies but symptoms of longstanding systemic neglect. Addressing them requires an honest reckoning with global health inequities and a reorientation of priorities toward sustained system strengthening.

Moreover, coordination across sectors is essential. Health cannot be siloed from other humanitarian and development efforts. The intersectionality of conflict, climate change and disease outbreaks calls for a multidisciplinary approach that includes water and sanitation, food security, education and peacebuilding. WHO's appeals for countries such as Ethiopia and Yemen reflect these interdependencies, highlighting the importance of integrated, multi-sectoral action in responding to overlapping crises.[9 10]

Importantly, accountability must be embedded at every level of the emergency response architecture. Transparent tracking of funding allocations, measurable health outcomes and performance indicators is necessary to restore confidence in international mechanisms. Communities affected by crisis must know how resources are being used and participate in shaping their health future. Ethical accountability is not an abstract principle; it is a functional requirement for effective and just responses.

As we navigate this pivotal year, we must ask ourselves: how will this moment be remembered? Will it be defined by delayed responses and fragmented efforts, or by bold, coordinated action grounded in ethics and solidarity? The stakes are high, and the outcomes will be felt for generations. The international community must act decisively, not just to contain today's emergencies but to reshape the future of global health governance. This includes reforming governance models to ensure increased local representation in decision-making, decentralised coordination and transparent, equitable resource distribution.

WHO's 2025 Health Emergency Appeal offers a crucial opportunity to respond not only to immediate crises but to rethink our collective approach to global health security. The imperative is clear; we must meet this moment with the urgency and compassion and resolve its demands. The world cannot afford to delay.

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REFERENCES

1 World Health Organization. WHO launches us$ 1.5 billion health emergency appeal to tackle unprecedented global health crises. 2025. Available: https://www.who.int/publications/m/item/who-s-health-emergency-appeal-2025

2 World Health Organization. WHO's Health Emergency Appeal. 2025. Available: https://www.who.int/emergencies/funding/health-emergency-appeals/2025/2025-appeals

3 World Health Organization. 2025 health emergency appeals. 2025. Available: https://www.who.int/emergencies/funding/health-emergency-appeals/2025/2025-appeals

4 UNICEF. Multiple disease outbreaks heighten public health emergencies for children across eastern and Southern Africa. 2025. Available: https://www.unicef.org/press-releases/multiple-disease-outbreaks-heighten-public-health-emergencies-children-across

5 Reuters. WHO appeals for $1.5 billion for emergencies with us funding in question. 2025. Available: https://www.reuters.com/business/healthcare-pharmaceuticals/who-seeks-15-billion-global-health-emergencies-2025-01-16

6 World Health Organization. Syrian arab republic: who health emergency appeal. 2025. Available: https://www.who.int/publications/m/item/syrian-arab-republic--who-health-emergency-appeal-2025

7 Reuters. Landmark global pandemic agreement adopted by world health organization members. 2025. Available: https://www.reuters.com/business/healthcare-pharmaceuticals/landmark-global-pandemic-agreement-adopted-by-world-health-organization-members-2025-05-20

8 World Health Organization. Somalia: who health emergency appeal. 2025. Available: https://www.who.int/publications/m/item/somalia--who-health-emergency-appeal-2025

9 World Health Organization. Yemen: who health emergency appeal. 2025. Available: https://www.who.int/publications/m/item/yemen--who-health-emergency-appeal-2025

10 World Health Organization. Ethiopian health emergency appeal. 2025. Available: https://www.who.int/publications/m/item/ethiopia--who-health-emergency-appeal-2025