

# THE CHRONICLE



September 2026



**EPIDEMICS**



**EPIDEMICS**

**PLAN AHEAD  
TO IMPROVE PROTECTION**

#151

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# EDITORIAL

## OUR ABILITY TO PREVENT EPIDEMICS DEPENDS ON OUR COLLECTIVE EFFORTS.

Wherever our teams are deployed, we see the same reality: crises are multiplying, overlapping and making communities increasingly vulnerable. In 2025, the world experienced the highest number of conflicts since the Second World War, with 65 conflicts involving at least one state.

War destroys health centres, hinders vaccination campaigns, cuts off supply routes and drives millions of people into exile. At the same time, natural disasters and the effects of climate change disrupt access to clean water, healthcare and livelihoods, creating conditions conducive to the spread of infectious diseases.

For the communities we support, an epidemic never strikes in isolation. It often coincides with conflict, forced displacement, flooding or an earthquake. In such contexts, detecting the first cases, issuing rapid alerts and mounting an effective response becomes a daily challenge.

And yet we know that it is possible to take action before an outbreak turns into a disaster. Health surveillance, early-warning systems,

access to safe drinking water, strengthening health centres and raising awareness within communities save countless lives every year.

But today, even as the risks are increasing, funding for prevention is falling. The recent difficulties encountered in the fight against Ebola serve as a reminder of a simple reality: when we invest less in preparedness and surveillance, crises are detected later and spread further.

**Thanks to your commitment, we do not simply respond to outbreaks when they occur: we take action to prevent them from becoming the disasters of tomorrow.**

**Wendy Pierre**  
Head of the Emergency, Operational Development  
and Strategic Partnership Unit



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## FOR ALL YOUR QUESTIONS

Contact us

Phone: 01 55 66 99 66

Email: [contact@premiere-urgence.org](mailto:contact@premiere-urgence.org)

FOLLOW US ON



Headquarters: 2, rue Auguste Thomas, 92600 Asnières-sur-Seine.  
[www.premiere-urgence.org](http://www.premiere-urgence.org)

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Afghanistan, 2025 ©Elise Blanchard / Première Urgence Internationale

# HUMANITARIAN VIEWPOINT



Yemen

## Yazeed Al Tamimi

Health and Nutrition  
Program Manager in Yemen

*Yazeed Al Tamimi is a medical doctor with more than 12 years of experience in humanitarian health and nutrition programs in Yemen.*

*After working with Merlin Organization and Save the Children, he joined Première Urgence Internationale in 2017, first as Mobile Medical Doctor, and now as Health and Nutrition Program Manager.*

## A CONTEXT CONDUCIVE TO EPIDEMICS

The most common epidemic diseases we continue to see include cholera and acute watery diarrhea, measles, dengue fever, malaria, diphtheria in some areas, and seasonal outbreaks of acute respiratory infections. Unfortunately, these outbreaks occur repeatedly because the underlying conditions that allow diseases to spread have not improved. Years of conflict have severely weakened Yemen's healthcare system. Many health facilities struggle with shortages of qualified staff, essential medicines, laboratory capacity, and disease surveillance resources. At the same time, millions

of people still lack reliable access to safe drinking water, sanitation, and hygiene services. These conditions allow infectious diseases to spread rapidly, particularly during the rainy season and following floods.

Population displacement, malnutrition, interrupted vaccination services, weak or lack of governorate support, climate-related events such as floods, and economic hardship all contribute to increased vulnerability. When families cannot afford transportation or treatment, they often delay seeking care until illnesses become severe, making outbreaks even more difficult to control.

## THE FIRST VICTIMS OF THE CRISIS

The most vulnerable populations in Yemen include children under five, pregnant and lactating women, older adults, people with chronic illnesses, internally displaced families, and communities in remote rural areas. Among these groups, women particularly pregnant and lactating women have been disproportionately affected by the collapse of the health system. Many face significant barriers to healthcare, including long distances to health facilities,

high transportation costs, and shortages of medicines and trained healthcare workers. These challenges have contributed to increased risks during pregnancy and childbirth, as well as poorer maternal and newborn health.

Delayed access to care often leads to preventable complications and deaths. One case that has remained with me involved a woman who arrived at our health facility after prolonged labor at home because her family could not afford transportation. Sadly, her baby did not survive and she suffered a ruptured uterus. She was urgently referred for emergency surgery, including a hysterectomy, and survived. Experiences like this highlight the devastating consequences of delayed access to healthcare and reinforce my commitment to strengthening maternal and child health services so that preventable tragedies, such as this one, become less common.

## PREVENTION AT THE HEART OF OUR WORK

Our approach to outbreak preparedness and response focuses on prevention, early detection, and quality case management. At the community level, trained community health volunteers promote health education, hygiene practices, early identification of suspected cases, and timely referral to health facilities.

Within supported health facilities, Première Urgence Internationale strengthens the capacity of healthcare workers, ensures the availability of essential medicines and medical supplies, and reinforces infection prevention and control measures to enable timely diagnosis, treatment, and reporting of epidemic-prone diseases.



We monitor disease trends through tools such as health facility reports or the national warning system, in coordination with health authorities and humanitarian partners. When an increase in suspected cases is detected, we rapidly enhance surveillance, expand community awareness activities, replenish medical supplies, and support health facilities to respond effectively.

Our experience has shown that preventing outbreaks through community engagement, early diagnosis, vaccination where applicable, and improved water, sanitation, and hygiene interventions is far more effective than responding after an outbreak has spread

## A SITUATION THAT REMAINS ALARMING

The humanitarian situation in Yemen remains extremely challenging, and the conditions that contribute to disease outbreaks persist. Weak governance, the prolonged collapse of the health system, and the lack of regular salaries for many healthcare workers have severely undermined the delivery of essential health services. Recent reductions in humanitarian funding have forced many health programs to scale back or close, leaving fewer operational health facilities and making it even harder for vulnerable communities to access essential healthcare.

Despite these challenges, I remain hopeful because of the resilience of the Yemeni people. Healthcare workers continue to serve their communities with extraordinary dedication, often under difficult conditions, while community volunteers play a critical role in health education, early disease detection, and timely referrals.

One of Première Urgence Internationale's greatest strengths is its integrated approach, combining community-based prevention with support for primary healthcare facilities. This enables earlier detection of outbreaks, faster response, and timely treatment, helping to reduce disease transmission and improve health outcomes. With sustained humanitarian support and continued investment in the health system, I believe Yemen can make significant progress in preventing epidemics and protecting its most vulnerable populations.



➔ **THANKS TO YOU**



## PROTECTING OUR HEALTHCARE WORKERS AGAINST EBOLA

Against a backdrop of armed conflict, the Democratic Republic of the Congo (DRC) is facing a major health crisis marked by the 17th Ebola virus disease outbreak, which was declared in May 2026. This outbreak, caused by the Bundibugyo strain **for which no vaccine currently exists**, has been classified as a public health emergency of international concern by the WHO. **As of August 11, 2026, the official toll stood at over 4,380 confirmed cases and more than 2,011 deaths.**

The DRC is one of the countries most affected by this disease in the world. Since 1976, it has experienced 17 successive outbreaks, reflecting the persistence of the virus in the environment and the structural vulnerability of the health system. During past epidemics, mortality rates have reached as high as 90 per cent.

This is not the first time we have responded to such a health emergency. Our teams have already responded to multiple Ebola virus disease outbreaks. Our approach, centred on strengthening the health system and community engagement, has proven effective in containing the spread of the virus and sustainably building local resilience.

Healthcare workers are particularly at risk and often contract the virus whilst treating patients. This is why protecting staff remains an absolute priority for us. Consequently, the first measure we took was to suspend our activities in order to ensure the supply of personal protective equipment (PPE) to healthcare staff.

It is thanks to your donations to our Emergency Fund that we were able, from the very first days, to equip our health centres with appropriate protective gear. PPE was distributed, enabling our teams to immediately start admitting patients again, with a tailored screening and follow-up process.



Democratic Republic of the Congo, 2026  
© Marie-Jeanne Munyerenkana / Première Urgence Internationale



## SPECIAL REPORT

### EPIDEMICS: THE MECHANISM

### BEHIND A CONSTANT THREAT

**An epidemic refers to the rapid and unusual spread of a disease within a defined geographical area. A pandemic, on the other hand, refers to a spread across several continents, affecting a significant proportion of the world's population.**

We often think of a pandemic as a sudden, global event; COVID-19 is the most striking example of this. Yet two well-known diseases also fit this description, although we do not always realise it:

- ➔ **Cholera**, which has been a pandemic since 1961 (the seventh in its history), has never officially ended: it smoulders constantly in several regions of the world and resurfaces in waves.
- ➔ **HIV**, which has been a global pandemic since the early 1980s, is present on every continent.

Conversely, Ebola, despite its spectacular fatality rate depending on the strain, has never progressed beyond the epidemic stage since its discovery in 1976, remaining confined to specific deadly outbreaks in Central and West Africa.

A pandemic is therefore not defined by the sudden media attention it attracts – which fuels fear and false rumours – but by the actual scale of its geographical spread.

### PROACTIVE RATHER THAN REACTIVE: A SYSTEM UNDER STRAIN

When faced with an epidemic, the first line of defence is not curative. It is prepared in advance by pre-positioning equipment, training local teams, and the early detection and reporting of suspected outbreaks. But this proactive approach is only effective if stable and predictable funding is in place, and this is precisely what has been under threat since 2025.

The withdrawal of US funding in 2025 is merely **the tip of the iceberg in a wider trend**. Almost all major institutional donors are scaling back their efforts: the United Kingdom has cut its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria by 15 per cent; the United Arab Emirates has reduced its contribution to the same fund from 6 to 4.6 billion dollars; Japan has cut its contribution by more than half, Germany by more than a quarter, and the Netherlands by nearly a fifth. As a result, for the 2026–2028 cycle, only \$11.85 billion has been pledged to the Global Fund, out of the \$18 billion deemed necessary. The WHO itself has had to reduce its provisional budget for 2026–2027 by around 20 per cent, following the US withdrawal, which alone accounted for nearly a fifth of its funding. The European Commission is reportedly considering ending its support for Gavi (the Global Alliance for Vaccines and Immunisation) and the Global Fund by 2030.

In the face of this decline, **private foundations are playing an increasingly significant role**. The Bill and Melinda Gates Foundation has thus become the WHO's second-largest contributor. But this private funding operates differently: it targets specific, measurable objectives (a disease, a vaccine, an elimination programme), whereas public donors used to provide broader funding for functions that were seemingly less 'cost-effective' but essential for preparedness, epidemiological surveillance, staff training and early warning systems. It is precisely these cross-cutting functions – which are not very visible and **difficult to quantify in terms of 'lives saved per dollar invested'** – that are suffering the most as a result of this shift.

## MEASLES: WHEN VACCINE REFUSAL BECOMES A GLOBAL RISK

Measles is a good example of the impact caused by a failure to plan ahead of a different kind: in this case, the problem is not a lack of resources, but **a deliberate refusal to take preventative measures**. The measles virus is one of the most contagious in the world: vaccination coverage

of at least 95 per cent (two doses) is required to stop its transmission. Below this threshold, the virus finds pockets of unprotected people amongst whom it circulates freely. In 2024, the WHO and UNICEF recorded around 11 million cases worldwide – 800,000 more than before the COVID-19 pandemic – with only 81 countries having eliminated the disease by the end of 2024, barely three more than before 2020.

No region of the world has been spared this setback, including the wealthiest countries.



Democratic Republic of the Congo, 2025  
© Tania Rieu / Première Urgence Internationale

In the United States, measles had, however, been officially declared eliminated in 2000. Twenty-six years later, more than 2,300 confirmed cases were recorded in 45 states during the first seven months of 2026 – **the highest figure since 1991** – driven by a fall in school vaccination coverage from 95.2 per cent to 92.5 per cent, as well as growing mistrust of vaccination. Europe and Africa are experiencing a similar trend.

Measles is thus proof that a failure to plan ahead can also stem from a collective decision

to forego an available, safe and effective tool, leading to consequences that threaten the entire global population, not just poor countries.

## OTHER ILLNESSES THAT SHOULD NOT BE UNDERESTIMATED

Malaria remains one of **the deadliest infectious and epidemic diseases in the world**, particularly amongst children on the African continent. It is also a good example of proactive measures in action: seasonal chemoprophylaxis (the

monthly distribution of anti-malarial drugs to children during the high-risk season) and indoor residual spraying are two preventive measures, implemented even before cases emerge or just ahead of the epidemic season, which have led to real progress: **47 countries are now certified malaria-free**, and chemoprophylaxis has been extended to 54 million children in 2024, compared with 200,000 in 2012. However, the WHO warns of growing resistance of the parasite to treatments, which could undermine these gains.

Mpox remains concentrated in Central Africa: in 2024, the Democratic Republic of the Congo accounted for more than 96 per cent of global cases and deaths, a 160 per cent increase year-on-year.

Dengue fever is gaining ground well beyond its usual areas, across three continents simultaneously. In 2024, the Americas recorded more than 13 million cases – triple the figure from the previous year – including more than 10 million in Brazil and a surge in Argentina (+800 per cent year-on-year). In Asia, Bangladesh, Pakistan, the Philippines and Vietnam have seen a similar rise, as has Burkina Faso in West Africa. Globally, an estimated 400 million people are infected each year, of whom **around 40,000 die**.

## KEY TAKEAWAYS

An epidemic is never solely a matter of a pathogen – be it a virus, bacterium or parasite. It is the interaction between that pathogen and a system of response, preparedness, funding and access – as well as collective trust in preventive measures – that will determine whether its spread is contained or allowed to become firmly established.



**Chantal Autotte Bouchard**

*Public Health Branch Representative  
Technical Service of Première Urgence Internationale*

# FOCUS ON Nigeria

## A NEW CHOLERA OUTBREAK OF PARTICULAR CONCERN

In Nigeria, cholera is one of the main epidemic diseases. The country experiences recurrent outbreaks, particularly during the rainy season (usually from May to October), when flooding contaminates drinking water sources and worsens sanitation conditions.

In 2026, Nigeria remains one of the world's main hotspots for the disease. A new and particularly worrying outbreak is currently raging in the north-east of the country, notably in Borno State, where 42,331 cases and 269 deaths have been recorded.

The situation is exacerbated by population movements linked to the agricultural season. Many families temporarily leave the city to return to their farmland, where they set up seasonal camps. In these areas, the water supply often relies on rivers or unprotected springs, which facilitates the spread of the virus.

Sustained efforts to detect and treat those affected have helped to reduce the case fatality rate of the current outbreak from 1.8 per cent to 1.05 per cent.

However, the general deterioration in the security situation leaves the outlook uncertain: in several regions of northern Borno State, people are only able to farm within a limited distance of government-controlled towns, which significantly reduces the availability of agricultural land. The gradual reduction in humanitarian aid is further contributing to a worsening of the situation. Added to this are several recent incidents that have disrupted the delivery of food aid.

In a region particularly affected by severe malnutrition, this outbreak poses a new threat to already vulnerable populations.

# Understanding EPIDEMICS

The emergence of an epidemic is rarely the result of a single cause: it is generally due to **a combination of natural, environmental and social factors**. Prevention involves, in particular, understanding and reducing these factors. Once the disease is circulating, efforts to combat the epidemic focus on breaking the chain of transmission. However, this work remains closely linked to the reduction of risk factors.

## THE TRANSMISSION CHAIN

### The infectious agent

- Virus
- Bacteria
- Parasite
- Fungus

### A tank

- Human
- Animal
- Environment (water, soil)

### A mode of transmission

- Respiratory (*measles, COVID-19*)
- Faecal-oral (*cholera, hepatitis A*)
- Vector-borne (*malaria, dengue*)
- Blood-borne and sexually transmitted (*HIV, hepatitis B/C*)
- Direct contact with bodily fluids, lesions or contaminated objects (*Ebola, Mpox*)

### A vehicle

- Air, droplets, aerosols
- Water, food
- Mosquitoes, ticks
- Blood, semen, vaginal secretions
- Vomit, faeces, urine...

## RISK FACTORS

### Factors related to the pathogen

- transmissibility rate
- incubation period
- route of transmission (more or less contagious)

### Host-related factors

- comorbidities, age, nutritional status
- vaccination rates
- population density

### Systemic Factors

- Weak health systems
- Insufficient vaccination coverage
- Socioeconomic inequalities
- Delayed policy response
- Intensive livestock farming, deforestation
- Wars, crises, population displacement

### Environmental Factors

- floods, heat, cold, humidity
- access to drinking water and sanitation
- climate change
- housing conditions

## THE STAGES OF THE EPIDEMIC

### Sporadic cases

A few isolated cases

### Cluster

Several grouped cases

### Epidemic

High number of cases in a region

### Pandemic

The epidemic is spreading to several countries and continents.

## SOME KEY STATISTICS on the Number of Deaths from Major Epidemics and Pandemics

### SPANISH FLU

1918-1919

50 TO 100  
MILLION

### ASIAN FLU

1957-1958

1,1 MILLION

### HIV/AIDS

1981 - now

32 TO 40  
MILLION

### CHOLERA

7th Pandemic  
1961 - now

20 000 TO 150 000  
PER YEAR

### EBOLA

2014 - now

16 000

### MEASLES

100 000  
PER YEAR\*

### COVID-19

2019-2023

7 MILLION

### TUBERCULOSIS

1,2 MILLION  
PER YEAR

\*Before the measles vaccine was developed in 1963, the average number of deaths was 2.6 million per year.

## MEETING OUR PARTNERS



600 community  
workers trained



300 000  
beneficiaries  
of the project



13 training  
modules already  
rolled out

## FONDATION D'ENTREPRISE WAVESTONE

### Innovation for the benefit of people

Wavestone is a consulting firm that supports companies and organizations in their strategic transformations. As a signatory to the United Nations Global Compact since 2012, Wavestone supports nonprofit organizations working toward the United Nations Sustainable Development Goals, notably through financial support provided by its corporate foundation. It is in this context that Wavestone supports Première Urgence Internationale by funding an innovative project.

### Ksanté: An Educational Project to Build Community Capacity

The project aims to bring about sustainable improvements in maternal and child health in the Savanes region of Togo—one of the poorest in the country—through the rollout of **a 100% offline e-learning solution** called "KSanté." This mobile app was developed by the company Kajou and is being implemented on the ground by Première Urgence Internationale and its local partner, the NGO 3ASC.

Specifically designed for community health workers responsible for monitoring, detecting, and referring cases of illness in communities farthest from health centers, this app enables them to continuously strengthen their knowledge and employs a fun, engaging approach to sustainably improve healthcare in areas where access to medical care remains difficult.

Following a pilot phase, 13 priority training modules were identified and developed in collaboration with Togo's Ministry of Health. These modules focus in particular on epidemic prevention and warning signs, enabling community health workers to quickly identify situations requiring referral to a health facility and to take appropriate action in response to major health emergencies.

# OUR RECOMMENDATIONS



## Understanding Vaccination

➔ <https://leblob.fr/focus/comprendre-la-vaccination>

**Video Series | 5 minutes | Le Blob, l'extra-média**

Vaccination, the primary tool in the fight against epidemics for the past two centuries, has helped eradicate serious diseases such as polio and smallpox. How did it come about? What are its main principles? What is the current state of affairs? Le Blob, the alternative media outlet, invites you to discover the answers to these questions in a series of entertaining videos.



## Pandemic: How to Prevent an Outbreak

➔ Available on Netflix

**Documentary | 6 episodes | January 2020**

"Pandemic: How to Prevent an Outbreak" is a six-episode Netflix documentary series that follows scientists and healthcare professionals on the front lines as they confront viruses and the risks of new epidemics. Released on January 22, 2020, the documentary was conceived and filmed before COVID-19 became a global pandemic, giving the film an almost prophetic resonance.



## Mechanisms of Epidemics

➔ [www.radiofrance.fr/franceculture/podcasts/mecaniques-des-epidemies](http://www.radiofrance.fr/franceculture/podcasts/mecaniques-des-epidemies)

**Podcast | 49 episodes of 15 minutes | Radio France**

COVID-19, tuberculosis, Ebola, the plague, cholera... In this podcast, epidemiologist Renaud Piarroux analyzes nine historical and current pandemics. To understand the history of viruses, the advances and shortcomings of medicine, and the challenges facing public health—both past and future.

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