

EASTERN MEDITERRANEAN REGION

Funding requirement

US\$709 259 000



CONTEXT

The Eastern Mediterranean Region (EMRO) is home to 745 million people, of whom 140 million (19% of the region's population) are in need of humanitarian assistance. The region is also the source of 55% of the world's refugees and has 33.7 million people who have been forcibly displaced. Of the region's 22 Member States and territories, 13 are directly or indirectly affected by conflicts, nine are classified by the World Bank as 'fragile or conflict-affected situations' and six rank among the lowest globally on the World Bank's Political Stability and Absence of Violence indicator.

The year 2023 was difficult for the Eastern Mediterranean Region. As of October 2023, WHO had responded to 71 disease outbreaks (excluding COVID-19) in the region, up from 61 outbreaks during 2022. In November 2023, WHO was responding to 19 graded emergencies across the region, including seven complex humanitarian emergencies. Nine of these emergencies were classified as Grade 3 acute and protracted crises, including the COVID-19 pandemic; the global cholera outbreak; complex emergencies in Afghanistan, Somalia, Sudan, Syrian Arab Republic and Yemen; the earthquakes affecting Syrian Arab Republic and Türkiye; the food security crisis in the greater Horn of Africa; and the recent escalation of violence in the occupied Palestinian territory (oPt). Five of these emergencies have affected multiple countries and WHO regions. In the third quarter of 2023 alone, the region experienced six new emergencies including the escalation of a cholera outbreak in Sudan on the back of an ongoing conflict, flooding in Libya and major earthquakes in Morocco and Afghanistan. The conflict in the oPt will be remembered as one of the most challenging crises in the region's modern history, with thousands of people killed or injured, and over 1.6 million displaced. Finally, the disproportionate impact of climate-related disasters, such as the El Niño-fuelled seasonal Deyr rains in Somalia, have further exacerbated the challenges. The consequences of all these crises on health, lives, and livelihoods are severe.

WHO is moving to assist the affected communities across the region where multiple health emergencies, caused by a range of hazards – natural, biological, societal (including armed conflict) and technological – are taking a heavy toll on the populations of the Eastern Mediterranean Region, leading to an overwhelming burden of morbidity and mortality.



Following the 6.3 magnitude earthquake that struck the western region of Afghanistan on 7 October 2023, the World Health Organization in Kabul and the WHO field office in Herat rapidly mobilized resources and extended immediate life-saving support.

Photo: WHO / Zakarya Safari



WHO staff visits Barakat School in Wad Madani. The school is now a host centre for internally displaced people from Khartoum. The mobile clinic at the school is supported by WHO.

Photo: WHO / Ala Kheir

WHO REGIONAL PRIORITIES

The WHO Health Emergencies Programme (WHE) is committed to saving lives, minimizing suffering and providing relief during times of crisis. The regional emergency response led by EMRO is governed by one of WHO's Triple Billion targets, which aims to ensure that one billion more people are better protected from health emergencies, as well as WHO's strategic vision for the Eastern Mediterranean Region, entitled "Vision 2023", which is built on the premise of 'Health for All by All'. WHO employs a comprehensive, all-hazards approach to emergency management and works across all phases of the emergency management cycle - prevention, preparedness, detection, response, and recovery. We follow the core principles of whole-of-society and whole-of-government engagement; prepared and informed communities; One Health; and cross-sectoral collaboration.

WHO supports member states and communities affected by:

- Putting in place prevention and mitigation mechanisms to avert outbreaks, epidemics and pandemics (with a focus on high-threat pathogens)
- Assessing and addressing gaps in national preparedness, with special emphasis on implementation of the International Health Regulations (IHR)
- Enhancing local capacities for early detection of health emergencies, especially diseases of epidemic and pandemic potential
- Strengthening country capacities to prevent, prepare for, detect, and respond to acute and protracted emergencies
- Supporting a robust national response to emergencies and assisting with early recovery efforts

AFGHANISTAN

Afghanistan continues to grapple with a complex humanitarian crisis – spanning healthcare instability, food deprivation, disease threats, droughts and disasters – now impacting 23.3 million people in need. Women and children disproportionately bear the burden, facing surging maternal mortality and truncated healthcare access. In addition, 64% of the population endure extreme water scarcity. Yet geopolitical sensitivities diminished donor support in 2023, forcing health facility shutdowns affecting 2+ million Afghans. WHO’s 2024 strategy seeks to address critical health gaps by concurrently furnishing strategic guidance, data insights, technical expertise and on-ground essential health services delivery. Focus areas emphasize reaching underserved groups and cementing women and child health gains within integrated emergency response coordination for outbreaks and urgent care needs. Operational efforts leverage provincial teams and partnerships to restore basic system functions – ultimately aiming to sustain assistance protecting the vulnerable against preventable deaths.



Following the 6.3 magnitude earthquake that struck the western region of Afghanistan, WHO rapidly mobilized resources and extended immediate life-saving support for the affected population.

Photo: WHO / Zakarya Safari

LIBYA

In the wake of catastrophic floods that had a devastating impact on Libya's east coast, WHO is taking swift action in partnership with the Libyan government and resource partners to assist affected communities. WHO is supporting urgent efforts to restore access to health care and control the spread of infectious diseases, especially among the tens of thousands of people who have been displaced and are now living in shelters of internally displaced person (IDP) camps.

Since the disaster struck on 10 September 2023, 4014 people have been reported killed and over 8500 remain missing. Search and rescue teams have managed to dig 452 survivors out from the rubble of collapsed buildings. Between 30 000 and 35 000 people displaced by the floods are currently residing in overcrowded camps and settlements in Derna governorate, where they have limited access to clean water, hygiene and sanitation. WHO has rapidly assessed 78 health facilities - more than half were reported as either being closed or not functioning due to damaged infrastructure and shortages of staff, medicines, supplies and equipment. The Libyan Ministry of Health (MoH) and WHO are working to restore functionality in 10 health facilities and establish six field hospitals. A 100-bed field hospital with 10 intensive care beds, radiology services and an obstetrics and gynecology department has been set up in Derna.

Mental health and psychosocial support services are prioritized for the affected communities, with services ranging from “psychological first aid” through the primary care system to specialized psychiatric care for deeply traumatized people. WHO has intensified efforts to deploy trained mental health professionals and resources. Other prioritized interventions include disease surveillance, risk communication, community engagement and information sharing, and coordination of the health response.

OCCUPIED PALESTINIAN TERRITORY

Following years of instability, conflict escalated sharply in the Gaza Strip in October 2023. Military strikes combined with inadequate access for essential supplies and mass internal displacements have triggered the collapse of critical infrastructure. As hostilities endure, the survival capacities of people in Gaza continue to be eroded. Forced displacement coupled with persisting lack of food, water, sanitation and access to health care all constitute a death sentence to the population. Hunger is already ravaging Gaza and our continuous inability to safely implement even the most basic public health interventions means that diseases will spread.

The most pressing health needs include the management of traumatic injuries, with over 57 000 casualties reported as of 4 January 2024; mental health, with over 485 000 people believed to have mental disorders; maternal and child health, with an average of 183 deliveries per day; non-communicable diseases, with 350 000 people living with chronic conditions, and nutrition, with 337 500 children under the age of five and 155 000 pregnant and lactating women in need of nutrition interventions. Deteriorating sanitary conditions have increased the risk of epidemic outbreaks, and cases of waterborne diseases, respiratory infections, skin conditions, and other public health threats have been reported. Currently, laboratory capacities and surveillance systems are limited to syndromic reporting. Due to damage or lack of fuel, medical supplies or water, over 58% of hospitals with inpatient capacities and 73% of all primary care facilities across Gaza are no longer functioning. All operating hospitals and clinics were gravely affected by the severe fuel and medical supplies shortages, leading to stringent rationing.

WHO declared a Grade 3 emergency amid access barriers preventing scale-up for 1.9 million people now displaced. WHO will support damaged health facilities, enabling continuity of trauma care from point-of-injury through rehabilitation while sustaining essential primary services. WHO also aims to revive early warning, surveillance and community information flows to get ahead of potential outbreak threats triggered by overcrowded, unsafe living conditions. Additionally, WHO will coordinate partners, equipment, and medical supply provision to overcome shortages acutely impacting population health needs. Throughout, WHO will support the provision of life-saving medicines and supplies and support strengthening of the health system in Gaza which has been severely impacted by hostilities.

SOMALIA

After an unprecedented drought in 2022-23, Somalia continues to experience significant ongoing effects, including high levels of food insecurity and malnutrition. Over 3 million people, representing 22% of the population, still face acute food insecurity. Levels of childhood malnutrition remain high, as does disease prevalence among children and vulnerable groups. Somalia now faces the added threat of El Niño, a climactic event expected to cause extreme flooding. The anticipated widespread floods could impact over 1.2 million people in Somalia's riverine districts. Predicted impacts are devastating – floods may displace over 500 000 people, destroy vital health facilities, and contaminate water sources. This would likely worsen outbreaks of waterborne and vector-borne diseases. Large-scale displacement may also limit healthcare access for millions.

The 2022-23 drought affected a staggering 7.8 million people, displacing 1.9 million and leaving 6.4 million in urgent need of healthcare. Given the severity, Somalia's drought and food insecurity requires a major health response. While famine was averted, lasting health effects remain a major concern.

In addition to a climate crisis, Somalia also faces armed conflict spanning over three decades. This has caused structural fragility to the health system in the country. Although the country has made some progress on the road to stability, challenges persist due to the presence of various armed non-state actors (NSAs). The country's weak health system has not been able to cope with the increased need and demand for healthcare for sustainable progress as evidenced in the country's low childhood immunization coverage, low health workforce density and low universal health services coverage index.

In 2022-23, WHO supported interventions on the health of vulnerable populations, such as preventing a large-scale outbreak of measles and cholera in 2022, further backsliding of routine immunization and "excess deaths" attributed to the drought and food insecurity situation in the country.

In addition, Somalia is facing one of the world's longest running outbreaks of circulating vaccine-derived poliovirus type 2. Since the outbreak began in 2017, the virus has paralysed 32 children in the country and spread to Ethiopia and Kenya.

SUDAN

More than eight months of conflict has left Sudan reeling with an unprecedented humanitarian crisis that has stretched the health system to its limit. The country is currently facing outbreaks of malaria, dengue, measles and acute watery diarrhea and has limited capacity to detect and confirm suspected cases. Displacement, insecurity and a lack of resources has severely disrupted the disease surveillance system. Since the beginning, WHO has been supporting the federal and state ministries of health and humanitarian partners in their response to the various outbreaks and to enhance disease surveillance.

Sudan's health system struggles amidst protracted conflict displacing millions internally while prompting refugee flight to fragile neighbouring countries. Resulting damage and mobility limitations obstructed 70% of Darfur's hospitals alongside straining those still functioning. Within Sudan, this hampered delivery and healthcare access for 14.7 million people now facing traumatic injuries, outbreaks, seasonal floods and malnutrition in overcrowded, unsafe living conditions. WHO continues coordinated leadership to equip partners sustaining essential services and outbreak response. In 2024, WHO will prioritize securing logistics pipelines, enhancing surveillance, cholera treatment centers, early warning systems and public health interventions to restore urgent care access and capacity for affected groups through integrated mobile health offerings. Throughout, WHO partners will also support affected neighbouring countries in managing further health impacts of refugees by harmonizing response to ensure the existing infrastructure adequately meets exponentially expanding needs.



Haleema and her daughter, Neer, speak to WHO staff at Algadeema school in Sudan. They had previously contracted cholera whilst staying at the site.
Photo: WHO / Ala Kheir

SYRIAN ARAB REPUBLIC

Over 15 million Syrians need health services amidst a decimated health system plagued by repeated shocks. 2023 saw disease outbreaks, an earthquake wrecking 228 facilities, and economic instability spurring secondary household precarity for the 75% of residents left displaced after years of conflict. Less than two-thirds of clinical infrastructure still functions fully, and aid constraints further hamper recovery. Preserving hard-won investments in primary and secondary services stays vital amid rising household deprivation and disease threats to avoid preventable mortality/morbidity upticks. WHO will focus on sustaining coverage including maintaining sexual/reproductive health, safe delivery, child health, integrated nutrition, routine and expanded vaccination, mental health psychosocial support, and communicable and non-communicable disease management like insulin provision and dialysis. WHO will procure and deliver essential medicines and supplies to overcome stockout risks exacerbated by non-functional electricity and water networks. WHO will continue to support health facilities offering essential humanitarian lifesaving health services with first-line support including gender-based violence response alongside better care referrals, while enhancing trauma pathways, mass casualty management and ensuring access to rehabilitation services. Supply chains will be strengthened using all modalities to secure essential medicines, laboratory commodities and testing capacity.

Finally, WHO maintains commitment to an "all modalities" approach enabling humanitarian access in the Syrian Arab Republic. While the UN Security Council resolution authorizing cross-border assistance went unrenewed in 2023, the UN mandate continues, and agencies remain focused on responding across all possible access channels.

YEMEN

In 2024, Yemen continues to face a major humanitarian crisis, with approximately 17.8 million people requiring health assistance. Despite a small decrease in needs compared to 2023, the situation remains dire, especially for vulnerable groups like internally displaced persons, children, women, the elderly, people with disabilities, and marginalized communities. For example, 24% of those affected are women, requiring access to diverse medical and reproductive healthcare services. Additionally, 50% of those in need are children, highlighting the precarious health situation of Yemen's youngest population.

The economic crisis further strains Yemen's health system, with only 55% of health facilities fully operational. There is an ongoing need to ensure facilities have reliable access to medicines, equipment, fuel, water, oxygen, and other essential medical supplies. Many damaged and closed facilities also require urgent repairs and rehabilitation to restore functionality. Yemen also continues to battle infectious disease outbreaks, including measles, polio, dengue, pertussis, and diphtheria. The rate of unvaccinated children has reached 28%, increasing susceptibility to preventable outbreaks. An estimated 90 000 migrants arrived in Yemen in 2023 as well, amplifying the demand for health support. WHO will focus on five strategic objectives for 2024: (1) strengthen health system capacity; (2) sustain health system functionality; (3) reduce food insecurity and malnutrition; (4) prevent poliovirus transmission and outbreaks; and (5) scale up mental health and psychosocial support services. WHO will coordinate health cluster partners and work with Yemen's Ministry of Health to take an integrated approach focused on meeting acute needs among vulnerable groups. Specific activities will involve enhancing health system emergency preparedness and response, increasing access to essential health services, and strengthening capabilities for detecting and responding rapidly to health emergencies. Protection and mental health support services will also be prioritized.



*WHO staff and Rapid Response Team talk with patients at an Internally Displaced Persons site, Yemen.
Photo: WHO / Omar Nasr*

OUR ACHIEVEMENTS AT A GLANCE



Senior members of WHO's Health Emergency Team check on the activities of the WHO-supported mobile health team in earthquake-affected Seya Aab Village in Sarboland District of Herat. Photo: WHO / Zakarya Safari

MEETING INTERNATIONAL STANDARDS

When given access to people in need and adequate resources, WHO country teams consistently meet international humanitarian and public health standards:

Averting cholera deaths

During the response to nine cholera outbreaks across the region, case fatality ratios (CFR) were kept within the international standard of less than 1.0% in seven. The main exception was in Sudan, where WHO teams had limited or no access to affected areas, including Khartoum.

Improving outcomes from severe acute malnutrition (SAM)

Cure rates for SAM in WHO-supported stabilizations centres in Pakistan, Somalia, Sudan and Yemen have consistently exceed 85-90% compared to the international standard of >75%.

Preventing excess mortality in camp-based settings

In displaced persons camps where WHO has been supporting health services, crude and under-5 mortality rates have consistently been within international standards.

WHAT EXTERNAL REVIEWERS ARE SAYING ABOUT OUR WORK

Three recent external reviews of WHO's emergency work in the Eastern Mediterranean Region have all been very positive:

Whole of Syria programme (2016 – 2022)

WHO received an overall grade of A in the Programme Completion Review at end of this 5 year project, including an A rating for each individual year by the government of the United Kingdom. The final report noted: "WHO played an essential role in the delivery and coordination of the humanitarian health response amongst international actors, particularly on COVID-19 preparedness and response, and have contributed to better coordination of health services across Syria."

Emergency Health and Nutrition Project (2017 – 2022)

This project, conducted in collaboration with UNICEF, received a highly satisfactory rating by the World Bank – the highest grade on a 6-point scale. In the final report the reviewers stated: "The project was carried out in a high-risk environment but achieved its PDO by providing essential services to people in need and strengthening the national and local systems for improved and resilient service delivery."

COVID-19 Response (2020 – 2022)

A review by Dalberg Advisors found that 80% of partners and observers stated that WHO's response met or exceeded expectations. A major finding from the final report was that: "WHO successfully provided an appropriately tailored response to each Member States' needs and that WHO support frequently strengthened Member State's own response efforts while contributing towards long-term capacity building"

FOR MORE INFORMATION

Dr. Rick Brennan | Regional Emergency Director | WHO Regional office for Eastern Mediterranean | brennanr@who.int