

Health issues facing populations affected by disasters and emergencies

Regional overview

1. More than 76 million people in countries of the Eastern Mediterranean Region are in need of health aid in 2018 as a result of emergencies, including more than 31 million people who are food insecure. The number of internally displaced people stood at 17 million in 2017, according to the latest available data from the office of the United Nations High Commissioner for Refugees (UNHCR).
2. WHO continues to support countries in the Region facing conflict and natural disasters through the provision of technical expertise, response coordination, supplies and equipment, capacity-building, supporting the development of preparedness and response plans, conducting assessment missions and other activities.
3. From October 2017 to June 2018, 10 events were graded through the regional emergency operations centre. More than 10 outbreaks events were responded to in 12 countries (acute watery diarrhoea in Sudan; chickenpox in Pakistan; chikungunya in Pakistan; cholera in Yemen and Somalia; Crimean–Congo haemorrhagic fever in Pakistan and Afghanistan; dengue in Pakistan and Sudan; diphtheria in Yemen; Middle East Respiratory Syndrome (MERS) in Oman, Qatar, Saudi Arabia and United Arab Emirates; travel-associated Legionnaires disease in Jordan, Morocco, Saudi Arabia and the United Arab Emirates; and dysentery in the Syrian Arab Republic).
4. Five out of 14 partners in the Global Outbreak Response and Alert Network (GOARN) were deployed to three countries to support the country-level response (cholera outbreak response in Somalia, dengue outbreak response in Pakistan, and Crimean–Congo haemorrhagic fever risk assessment in Afghanistan). Infectious disease surveillance systems were enhanced in 6 countries (Afghanistan, Iraq, Libya, Somalia, Sudan and Syrian Arab Republic). To scale up capacity of first responders to disease outbreaks, more than 144 rapid response team participants from 18 countries were trained.
5. The Emergency Operations Centre coordinated the response of all graded emergencies with regular contact among all levels of the Organization, deployed technical experts and surge support, and provided financial, technical and logistics support. WHO scaled up country office capacity by establishing an incident management system structure in all countries with grade 3 emergencies; financially supporting 108 staff positions in emergency countries; conducting more than 160 surge missions and deployments in crisis countries; and delivering almost 6000 tonnes of supplies for 21 million beneficiaries across the Region from WHO's operations and logistics hub in Dubai.
6. To ensure countries in the Region were sufficiently and effectively prepared to respond to emergencies, 16 countries completed joint external evaluations (JEEs) (by July 2018), 11 countries were supported by WHO to develop all-hazards preparedness and response plans, and 14 countries were supported to develop national plans of action for health security.
7. Additionally, IHR national focal points of the 22 countries in the Region were trained through regional, subregional and national training on a number of topics, including components of the IHR monitoring and evaluation framework; development and costing a national plan of action for health security; mapping of potential hazards and development of national public health plan for preparedness and response to all hazards; hospital preparedness and management to all hazards; coordination between veterinary services and IHR to address health-related gaps; developing public health contingency plans at points of entry; risk communications and development of national risk communications plans and strategies; and enhancing public health preparedness and response to all hazards in the context of mass gatherings.

Funding for emergencies

8. Out of US\$ 1.4 billion requested by the health sector in the Region in 9 appeals in 2018, only US\$ 284 million (21%) had been received as of 5 June.

Attacks on health care

9. In the first quarter of 2018, out of a total of 244 attacks on health care recorded by WHO globally, 76% occurred in the Eastern Mediterranean Region. In 2018 alone, there have been 8 health workers killed or injured and 74 verified attacks on health facilities in the Syrian Arab Republic.

10. In June, United Nations officials and agencies expressed their outrage in the face of the killing of Razan Al Najar, a 21-year-old female volunteering as a first responder, while carrying out her humanitarian duties with the Palestinian Medical Relief Society in Gaza. Three others in her team were also injured. The event occurred just one month after Mariam Abdullahi Mohamed, a dedicated frontline worker in the WHO Somalia team, was shot in Mogadishu. In April, four health workers in Afghanistan were killed, with the escalating conflict resulting in the closure of a number of health facilities across the country and reduced access to health services for millions of people.

11. In Libya, of the 8 abductions of health workers documented by WHO in Libya since 2012, 4 occurred in 2017 alone, the highest number of kidnappings of health workers recorded in a single year. In Sabha, the abductions have had a significant impact on local access to health care.

Displaced populations and migrants

12. The Regional Office developed a comprehensive assessment tool for the long-term public health needs of displaced populations and migrants in each country that was piloted in Libya in March 2018. Based on the findings, a road map was developed addressing short- and long-term needs. There are plans to conduct assessments in Iraq, Jordan, Somalia and Sudan. An intercountry workshop on best practices and lessons learnt from within and outside WHO, as well as discussion on findings of the assessments, is planned for November 2018.

13. WHO continues to foster partnerships with UN agencies as well as with international and national nongovernmental organizations, as well as promote and highlight the need for the support from the international community to the governments of hosting countries to include refugees and migrants in their national health strategy and planning.

14. A comprehensive research agenda with defined objectives and a multi-generational approach, focusing on the effect of displaced populations and migrant care on health, is being discussed. A network on migrant health linking regional academic institutions, collaborating centres and universities will be established along with a forum to present research outcomes.

Graded emergencies response

Syrian Arab Republic (Grade 3)

15. While the number of civilians in UN-declared besieged areas in the Syrian Arab Republic decreased in 2017 and may further decrease in 2018, their needs are exceptionally severe. This is mainly due to restrictions on freedom of movement, the inability of humanitarian actors to consistently access and intervene in those areas without hindrance, the critical lack of livelihood opportunities, and constant threats to physical safety and security.

16. In 2018, almost 60% of the medicines WHO planned to deliver to hard-to-reach and besieged areas were rejected or removed by national authorities, depriving populations of approximately 226 454 treatment courses.

17. The first three months of 2018 saw some of the heaviest fighting since the conflict began. Hundreds of thousands of people in besieged eastern Ghouta (near Damascus) came under intense bombardment as government forces attempted to retake control of the area. On 24 February 2018, the United Nations Security Council adopted a new resolution (2401) calling on all parties to the conflict to cease hostilities immediately and allow humanitarian agencies to deliver aid and evacuate the sick and wounded. Despite the resolution, the hostilities increased. More than 1700 people in eastern Ghouta were killed in the first few weeks following the passage of the resolution. WHO supported the delivery of critical health care for Syrians fleeing the escalating violence, activating an emergency operations centre that worked around the clock to assist the tens of thousands of Syrians who took refuge in collective shelters in Rural Damascus.

18. Mobile health teams supported by WHO were deployed to the shelters and provided up to 550 medical consultations and treatments per day. People in need of advanced medical care were referred to hospitals in Damascus, many of which are supported by WHO.

19. WHO helped partners respond to outbreaks of diarrhoea, hepatitis B and influenza in the shelters, and delivered health supplies, including patient beds and medical equipment to health care facilities in Rural Damascus. WHO also supported an emergency vaccination campaign to immunize against measles, mumps, rubella, tuberculosis, hepatitis and polio.

20. Military operations/violence also escalated in Northwest Syria (Idleb, rural Aleppo, Afrin, and rural Hama districts), and north-eastern governorates, with substantial humanitarian implications. More than 400 000 people have been newly displaced in Idlib, 150 000 displaced in Afrin and 80 000 displaced in East Ghouta.

21. Health issues facing the besieged and hard-to-reach populations included a deteriorating health and hygiene situation; infectious diseases (diarrhoeal, skin diseases, acute respiratory infections), trauma and a poor health situation in newly accessible areas; and an outbreak of acute bloody diarrhoeal illnesses (*Shigella* spp, *E.coli*) in the north-eastern governorate of Deir ez Zor. The main gaps in health service provision include trauma care, reproductive health care, primary health care in newly accessible areas, and continuity of referral services.

22. WHO shipments of health supplies delivered through the Syrian Arab Red Crescent to besieged Deir-Ez-Zor governorate helped struggling health facilities deliver lifesaving health services to thousands of people by reviving weakened health facilities that were unable to deliver care effectively due to shortages of medicines and medical equipment. WHO also delivered medical supplies to Al-Hasakeh governorate, Rural Ar-Raqqa and Rural Deir-ez-Zor governorates.

23. With WHO support, the emergency department, internal medicine and paediatric sections of Al-Tabqa National Hospital, the closest hospital to Ar-Raqqa city, were rehabilitated and re-opened in October, and WHO continues to support the hospital through the provision of medicines and medical supplies. WHO also contributed to the rehabilitation of the Saad Ibn Abi Waqas health centre in eastern Aleppo city, Syria, the first health centre to be rehabilitated in eastern Aleppo since the city became accessible to humanitarian agencies in January 2017.

Yemen (Grade 3)

24. Yemen continues to face the world largest cholera outbreak on record in the midst of the world's largest humanitarian crisis. While the current wave is under control, a possible a third wave of cholera could cause additional damage in an already extremely complex scenario, highlighting the need to implement an integrated cholera response strategy that includes also preventive oral cholera vaccination and preparedness and control measures in partnership with health partners.

25. On 6 May, the first-ever oral cholera vaccination campaign in Yemen was launched, concluding on 15 May just before the start of Ramadan. The campaign aimed to prevent the resurgence of the world's largest cholera outbreak. The volatile mix of conflict, a deteriorating economic situation, and little or no access to

clean drinking-water or sanitation has resulted in more than one million suspected cholera cases since the outbreak began in April 2017. The implementation of this oral cholera vaccination campaign, as part of the comprehensive response to cholera, marked a milestone in the combined efforts of WHO and UNICEF, in partnership with the World Bank and Gavi, the Vaccine Alliance.

26. This campaign was part of a broader cholera integrated response plan implemented by national health authorities, WHO and UNICEF. Outbreak response activities include surveillance and case detection, community engagement and awareness, enhancing laboratory testing capacity, improving water and sanitation, and training and deploying rapid response teams to affected areas.

27. In March 2018, WHO and partners completed a large-scale vaccination campaign to control the spread of diphtheria in Yemen. The campaign targeted nearly 2.7 million children aged 6 weeks to 15 years in 11 governorates. It focused on locations reporting suspected cases of diphtheria and areas at high risk of spread of infectious respiratory disease. More than 6000 health workers were mobilized during the campaign, including for community engagement and for administration of the vaccine. First reported in October 2017, the diphtheria outbreak has spread rapidly across the country.

28. In December 2017, a WHO-chartered aircraft carrying more than 70 tonnes of essential medicines and surgical supplies landed in Sana'a Airport, the largest planeload delivered by WHO to Yemen that year. The shipment contained trauma kits sufficient to meet the needs of 2000 patients requiring surgical care, as well as various types of rapid diagnostic tests and laboratory reagents to cover the urgent needs of central laboratories and blood banks. The following month, WHO delivered 200 tonnes of life-saving medicines and health supplies to Yemen including essential medicines, insulin vials, antibiotics, rabies vaccine, intravenous fluids, and other medical supplies and equipment crucial to keeping facilities functioning.

29. Currently, treatment for noncommunicable diseases such as cancer, diabetes and hypertension is available in only 20% of health facilities across Yemen. In May, WHO delivered over 7 tonnes of various lifesaving anti-cancer medicines and chemotherapy medications to the country's National Oncology Centre in Sana'a.

Somalia (Grade 3)

30. In October, WHO delivered lifesaving blood supplies and trauma care medicines as part of its emergency response to the bombings in Mogadishu, Somalia, in which hundreds of people were killed and hundreds more severely injured. Three tonnes of emergency medicines, medical and surgical supplies and 500 blood group testing kits were rapidly deployed to overwhelmed hospitals faced with increasing numbers of casualties in critical condition.

31. A nationwide campaign in March by WHO, UNICEF, national and local health authorities aimed to protect more than 4.7 million children aged from 6 months to 10 years against measles. The campaign targeted 2.7 million children in the southern and central states, along with 1.1 million children in Somaliland and 933 000 in Puntland. The vaccinations were available at health centres and temporary vaccination sites.

32. In May, flash and river flooding affected an estimated 772 000 people and displaced nearly 230 000 people from their homes. WHO staff successfully airlifted 45 tonnes of medical supplies to different states in the country, including Hirshabelle, South West, Jubaland, Galmudug and Puntland. As the global health cluster lead agency, WHO also led health partners to work together on detecting disease outbreaks, building cholera treatment centres, training health workers, providing mosquito nets and distributing medical supplies.

Iraq (Grade 2)

33. The fall of Mosul in Ninewa governorate, Iraq, launched a new phase of humanitarian assistance, shifting the focus to support for returnees and recovery. Iraq's health system is now in urgent need of rebuilding of hospitals, training health professionals, medical equipment and medicines. More than 2.4 million Iraqis are still displaced and need direct health care, and more than 3.3 million Iraqis who have returned home have gone back to areas where the health system needs to be almost entirely rebuilt.

34. In Anbar, Ninewa, Salah Al Din, and Kirkuk governorates, 14 hospitals and more than 170 health facilities were damaged or destroyed in the three-year conflict. Water and power systems that health facilities depend on to function also need urgent repair.

35. Beyond physical damage, the crisis has resulted in profound mental trauma for millions of people, left tens of thousands of Iraqis with severe physical injuries, disrupted the routine vaccination of millions of children, decreased reproductive health services to girls and women of child-bearing age, halted the supply of essential medicines and medical equipment, and interrupted the medical education of hundreds of thousands of aspiring medical workers.

36. WHO is prioritizing the delivery of primary health care services for people returning to their homes in Ninewa governorate. Guided by a health needs assessment, 2 health facilities were constructed in 2 separate locations, in Shandokha village near Al Kasak junction and Al Wahda sector inside Talafar City.

37. Lifesaving mobile health teams reached people in newly liberated areas of Hawiija, Iraq, after the district became accessible in November. WHO, together with Kirkuk Directorate of Health, immediately deployed mobile medical teams to provide immunization services and health care for people with trauma injuries or chronic disease conditions.

Gaza (Grade 2)

38. Limited electricity supplies and fuel for back-up generators in Gaza are severely disrupting the delivery of basic services such as health, water and waste management. The situation was further exacerbated in February 2018 when the health, water and sanitation services were on the brink of collapse from electricity shortages. The most critically affected patients were emergency patients, intensive care unit patients and those in need of lifesaving surgery.

39. In February, WHO delivered more than 5 tonnes of life-saving medical equipment and 20 essential medicines and surgical supplies to Gaza's hospitals to meet the needs of more than 300 000 patients. Consolidated advocacy efforts by WHO, supported by the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Humanitarian Coordinator, translated into securing funding for fuel for back-up generators to help sustain 14 public hospitals and 14 nongovernmental organization hospitals struggling to keep their doors open, while promoting sustainable strategic solutions to Gaza's fuel crisis in the longer term.

40. In March and April, mass demonstrations in Gaza left tens of Palestinians dead and thousands more injured. The escalating violence has also led to the injury of health staff and destruction of ambulances. In response to increasing health needs, the Palestinian Ministry of Health established 5 medical camps equipped with emergency supplies to stabilize injuries before referring them to nearby hospitals. These were complemented by 5 advanced medical posts managed by the Palestinian Red Crescent Society. An additional 5 primary health centres were opened to provide support. WHO also supported the establishment of trauma stabilization points, located within minutes of the front line and serving as the first point of care.

Libya (Grade 2)

41. In Ghat, Libya, lack of health staff in the city's only hospital increased the risk of pregnant women dying during childbirth as they are forced to deliver their babies in unhygienic settings, unattended by doctors or trained health workers. To scale up the capacity of Ghat Hospital, WHO deployed specialists, nurses and general physicians, and provided medicines and medical supplies for 50 000 treatments. WHO also delivered interagency emergency health kits and supplementary health kits to a Benghazi-based clinic which serves hundreds of internally displaced families, as well as to Benghazi Medical Centre. There is a pressing need for supplies such as these in Benghazi, due to the fact that hospitals in the city are not working at full capacity and are faced with a lack of medical staff and essential medical supplies, including both medicines and equipment.

42. In January 2018, WHO launched its Surveillance System for Attacks on Health Care in Libya, a global data collection tool that will allow WHO to report on numbers and trends related to attacks on health workers

and health facilities worldwide. The tool was developed as part of the Attacks on Healthcare project, a priority project of WHO's Health Emergencies Programme.

Sudan (Grade 2)

43. WHO and partners are rehabilitating 30 health facilities in Darfur to improve the range and quality of services provided for more than 3 million people – about a third of the entire population of Darfur. Thirteen out of 30 health facilities are moving towards completion across Darfur in 2018, and 172 medical students are being trained at the Academy of Health Sciences in Nyala, El Fasher and El Geneina to increase Darfur's health workforce capacity. The health facilities are also being equipped with beds, oxygen concentrators, ventilators and monitors, as well as surgical instruments and office furniture. Once all 30 health facilities are rehabilitated, they will be handed over to local health authorities in Darfur states.

Islamic Republic of Iran/Iraq (Grade 1, November–December 2017)

44. In November, WHO airlifted trauma kits and medical supplies to the Islamic Republic of Iran to support the treatment of thousands people injured as a result of the recent earthquake in the border region between the Islamic Republic of Iran and Iraq. The supplies, enough to provide surgical care for up to 4000 trauma patients, were transported from WHO's logistics hub in Dubai to Kermanshah province in western Islamic Republic of Iran on 16 November at 10.30am local time. They were immediately delivered to hospitals and other health facilities receiving the injured. Immediately following the earthquake, WHO's office in Iraq deployed a medical team and three ambulances, and delivered 4 tents and emergency lifesaving supplies sufficient for 200 surgical operations, to hospitals in Sulaimaniyah governorate receiving critical cases.

Way forward

45. All of the major emergencies in the Region will continue to need extensive humanitarian aid in 2018, as will the protracted emergencies. Within the strategic directions of the Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021, WHO will undertake the following actions.

- Scale up response and early recovery by: setting up incident management systems and emergency operating centres; promoting use of country business models; expanding the Dubai logistics hub; and strengthening coordination through health clusters.
- Strengthen prevention and control of emerging and epidemic-prone diseases by: helping countries forecast, detect and assess the risk of health events and mount rapid responses to outbreaks; mapping hotspots and building effective surveillance systems; and conducting risk assessments in high risk countries as a basis for developing plans for preparedness and response.
- Help countries to meet their IHR obligations by building and sustaining their capacities in preparedness, surveillance and response and helping them monitor their compliance with IHR, develop national health security plans, build capacity of their IHR focal points, mobilize resources, foster coordination and dialogue with partners, and get support from other countries.

46. To strengthen the funding base for its activities, WHO will enhance engagement and dialogue with existing partners and new partners in order to mobilize resources for emergency response, aiming to increase by half the total contributions for health emergencies, including for under-resourced countries. To that end it will strengthen institutional dialogue and presence across the Region and establish regional partnerships promoting multi-year funding, so that it is able to serve the longer-term needs for investment in under-funded countries and complex emergencies. This includes developing new partnerships and new models of funding.