The last few years have seen the WHO Eastern Mediterranean Region suffer from multiple wars and conflicts leading to humanitari...
were possible through concerted efforts spearheaded by WHO, effective coordination among partners through weekly meetings attended by all key stakeholders, active utilization of the Health Cluster forum to advocate for immunization, establishing a functional immunization Operational Control Room at central and governorate levels, and the devotion of front-line immunization workers. The effective uses of resources, especially Global Alliance for Vaccines and Immunization (GAVI) support, and distribution of roles and responsibilities among different partners, were instrumental.

**Syrian Arab Republic**

When the conflict in the Syrian Arab Republic began in 2012, routine immunization stopped in areas outside recognized government control. During the short break in the conflict in February 2016, WHO and UNICEF in collaboration with the Syrian Ministry of Health and other supporting partners (Syria Arab Red Crescent, Syria Immunization Group, and local NGOs), as part of Accelerated Implementation of Routine Immunization initiative (AIRI), conducted multiple antigens vaccination campaigns in the hard-to-reach areas deprived of access to routine vaccines. Every child born since the start of the conflict was provided with three doses of pentavalent vaccine, 3 doses of oral polio vaccine, 2 doses of MR vaccine, and one dose of IPV. Despite the active war in the north of the Syrian Arab Republic, three campaigns were implemented – 1.9 million doses of pentavalent vaccine, more than 1.3 million doses of MR vaccine, more than 1.9 million of OPV and 168,405 doses of IPV (EMRO, unpublished data).

The constant support of the partners, led by WHO and UNICEF, and the high dedication of the local NGOs and health workers were behind the exceptional success in the areas that implemented the campaigns. Independent post-campaign monitoring, using card information or finger marking, proved that more than 90% of the children were reached — an incredible success in view of all the challenges.

**Challenges**

Multiple challenges were faced while supporting immunization activities in the Region during conflict. Many health facilities were destroyed and the functioning facilities faced major challenges with availability of fuel and electricity. Security concerns were major obstacles, affecting all planned activities, particularly outreach and mobile activities, and significantly increasing operational costs. Obviously, the active war in many areas made parents reluctant to take their children to health centres for vaccination. The resulting inadequate number of immunization staff who had fled conflict areas or were reassigned to other healthcare priority functions, was also a major difficulty. Lastly, in many countries, immunization activities were limited by the shortage of funds required for vaccine purchase and operational costs.

**Policy level**

The Strategic Advisory Group of Experts (SAGE) and the World Health Assembly requested in 2011 that WHO develops guidance on the delivery of immunization services in humanitarian emergency settings. In 2013, the final version of the framework entitled “Vaccination in acute humanitarian emergencies: a framework for decision making”, was released and disseminated (7). The document provides key decision-makers in countries and partner agencies with a systematic and comprehensive approach to decision-making on the use of vaccines in acute humanitarian emergencies, taking into account various factors including the epidemiologic risk assessment, vaccine characteristics, and contextual factors. In addition, it provides guidance on ethical concerns such as prioritization of interventions, equity, and informed consent. It is currently being updated to facilitate its use, based on input from various countries affected by conflict.

In addition, a package of tools on vaccination in humanitarian emergencies is being prepared, in order to provide practical guidance for delivering vaccines and improving vaccination coverage during these situations, as well as overcoming barriers to timely supply affordable vaccines.

**Conclusions**

Sustaining immunization activities and preventing VPD outbreaks during conflicts is very difficult and requires massive and adequately coordinated efforts by all parties involved, including governments and other political parties, since the health of populations and children should transcend all political considerations. Although emergencies often lead to disruption of immunizations and other health services, their impact can be minimized if strong health systems are in place and appropriate preparedness measures are taken preemptively. Partners, whether technical, implementing or financial, play an even more important role in supporting public health programmes overall and immunization in particular during conflicts. Community engagement and demand for vaccines remains essential. Policy frameworks recently developed should serve as guidance for decision-making and implementation. The global community should recognize that the deterioration in the public health situation in the Eastern Mediterranean Region is of an unprecedented and dramatic scale. Communicable diseases, and VPDs in particular, require urgent attention. If adequate support, both financially and programmatically, is not consistently provided, the situation poses an immense threat to health security globally, and to the success of major health initiatives such as polio eradication and measles elimination.
References


