

# Staying and delivering: WHO's enduring commitment to healthcare delivery in emergencies and humanitarian settings in the Eastern Mediterranean Region

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Key words: health emergency, health system, food insecurity, right to health, conflict, disaster, maternal health, immunization, Eastern Mediterranean

Citation: Balkhy H. Staying and delivering: WHO's enduring commitment to healthcare delivery in emergencies and humanitarian settings in the Eastern Mediterranean Region. *East Mediterr Health J.* 2024;31(1):3–5. <https://doi.org/10.26719/2025.31.1.3>.

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For more than a decade, the WHO Eastern Mediterranean Region (EMR) has faced multiple protracted crises that have plunged nearly half of its 22 countries and territories into severe turmoil (1). The political conflicts, escalating hostilities and natural disasters have shattered communities, triggered disease outbreaks and placed immense strain on the health systems. In 2022 and 2023 alone, 5 of the world's 10 deadliest natural disasters occurred in the region, often as a result of extreme weather-related events (2).

The scale of healthcare needs across the region is staggering. During my first year as Regional Director for the EMR, I travelled to 8 countries with protracted crises and the devastation is clearly visible: high levels of violence, massive displacement, multiple disease outbreaks, disrupted water and sanitation systems, food insecurity, malnutrition, and deficient health systems. In each of these countries, there are reports of sexual and gender-based violence with the horrific reality that rape is often used as a weapon of war (3,4). The attacks on healthcare infrastructure and service providers are alarming – between January 2023 and December 2024, WHO documented nearly 2000 attacks on healthcare across 7 EMR countries (5). Delivering lifesaving services in this context is extremely challenging. The insecurity, logistics challenges, degraded health systems, limited capacities, bureaucratic constraints, and dwindling donor support all place limitations on service provision and care quality.

Despite these challenges, WHO remains resolute in its commitment to stay and deliver. For example, WHO's presence in the occupied Palestinian territory (oPt) dates back to 1994, following the Oslo Accords and the establishment of the Palestinian Authority (6). Since then WHO has been supporting the Palestinian Ministry of Health to improve health services and work towards achieving Universal Health Coverage in the territory (7). Our efforts have expanded over time, focusing on building resilient health systems, strengthening emergency preparedness and response capacities, and protecting the right to health under occupation. WHO staff remain on ground, working with courageous Palestinian health workers and partners such as the United Nations Relief and Works Agency for Palestine

Refugees in the Near East (UNRWA) to ensure that essential health services continue amid constant threats of violence and insecurity. WHO has loudly advocated for the opening of border crossings to allow the entry of critical medical supplies and evacuation of critically ill patients – although these calls are not always successful (8,9). This is crucial in addressing the needs of the most vulnerable populations, including newborns, pregnant women, the elderly, trauma patients, and those requiring mental health support.

Before the current crisis started in October 2023, the occupied Palestinian territory, including Gaza, had achieved significant public health gains, despite the unique challenges. Maternal mortality ratio in the West Bank and Gaza had decreased from 38 per 100 000 live births in 2009 to around 19.9 in 2019, but it increased to 28.5 in 2020 and 47.7 in 2021 due to the COVID-19 pandemic (10). Infant mortality in the West Bank and Gaza was among the lowest in the EMR as of 2018, with 17 deaths per 1000 live births, as access to primary health care was enhanced and vaccination coverage consistently increased beyond 95% (11). Chronic disease management improved with the training of over 1200 health care providers and mental health services were expanded to more than 50 primary health care centres. More than 30 health facilities were constructed or rehabilitated, ensuring that over 90% of Gaza's population had access to primary care.

It is however unfortunate that this progress has been tragically reversed by the current conflict, which has severely disrupted or halted service provision in most parts of Gaza. Power shortages, limited access to medical supplies and extremely limited capacities have made the few surviving hospitals in Gaza to operate partially, resulting in over 44 000 trauma-related deaths, widespread mental health problems, and increasing cases of infectious diseases including polio, acute hepatitis and diarrhoea (12). Malnutrition has worsened, with 3 in 10 children under 2 years of age suffering from acute malnutrition.

WHO's commitment to resuscitating the health system and saving lives in Gaza is part of a broader strategy to improve health outcomes significantly across

the EMR despite the extremely challenging operating environment.

In Sudan, where the conflict continues to escalate and parts of the country remain inaccessible to humanitarian partners, WHO has maintained its commitment to staying and delivering by relocating its country office to Port Sudan. From there, WHO continues to deliver lifesaving supplies to affected states that are accessible while actively advocating for access to populations in Darfur and other inaccessible locations. Since January 2024, WHO has delivered and distributed more than 900 metric tons of medical supplies to 17 states in Sudan through air, land and sea operations (13).

WHO continues to maintain its presence in Afghanistan, advocating for continued delivery of aid into the country. WHO was the first United Nations agency to deliver humanitarian supplies to Afghanistan immediately after the Taliban takeover in August 2021, thus demonstrating our commitment to staying and delivering even in the most challenging circumstances (14). Health diplomacy has been very crucial in Afghanistan, 1 of only 2 countries in the world where polio remains endemic, to ensure continuation of polio vaccination campaigns and safeguard the health of millions of children (15,16).

In Yemen, health diplomacy by WHO and partners enabled one of the largest cholera vaccination campaigns in history, particularly during 2018 and 2019, to take place during a 6-day humanitarian pause (17). These “Days of Tranquillity” allowed WHO and partners to significantly contain the largest cholera outbreak recorded in modern history. The response adhered to international protocols for epidemic management and was praised for its effectiveness despite the challenging conditions. WHO efforts to treat severe acute malnutrition in Yemen have resulted in cure rates that well exceed international standards (18).

Amid the ongoing conflict and instability in Libya and Somalia, WHO reestablished its in-country presence in 2018 and 2019, respectively. In Somalia, WHO's contributions to prevent famine during the drought across the Greater Horn of Africa included the provision of essential health services, nutrition support and disease prevention measures (19). There has been a focus on mental health and psychosocial support in Somalia, particularly for young people, in compliance with international guidelines on mental health care in emergencies (20).

In Syria, WHO's cross-border health operations under the UN Security Council Resolution 2165 have ensured that life-saving medical supplies, vaccines and essential medicines reached besieged and hard-to-reach areas. In 2013, when Syria faced a polio outbreak for the first time in 14 years, WHO and partners launched emergency immunization campaigns, successfully vaccinating millions of children across the country, including those in hard-to-reach areas (21). Our collective work soon brought the outbreak under control. Similar collaborations have helped boost cholera response in Syria and Lebanon in more recent years.

During health emergencies triggered by conflicts or disasters, the WHO Office for the Eastern Mediterranean Region continues to stay and serve. This is our commitment to the millions of vulnerable people across the EMR who rely on our support for their health and wellbeing. However, a lot more is needed to improve health outcomes across the region. Greater support from Member States and the international community is crucial to sustain and expand WHO operations addressing the growing health and humanitarian crises in the EMR. Ultimately, lasting peace and stability are key to resolving the health challenges in the region and building resilient health systems that will meet the needs of its people (22).

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