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Eastern Mediterranean Region

WHO Regional Office for the Eastern Mediterranean

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Contents

Health emergencies new events and map

NEW EVENTS IN EASTERN MEDITERRANEAN REGION – JANUARY TO MARCH 2024*

Member State/territory	Event	WHO grade**
Afghanistan	Dengue	Grade 3
Pakistan	Floods	Ungraded
Qatar	Dengue	Grade 3
Somalia	Diphtheria	Protracted 3
Yemen	Dengue	Grade 3
Yemen	Diphtheria	Protracted 3

*This table only includes new events that started between January and March 2024.

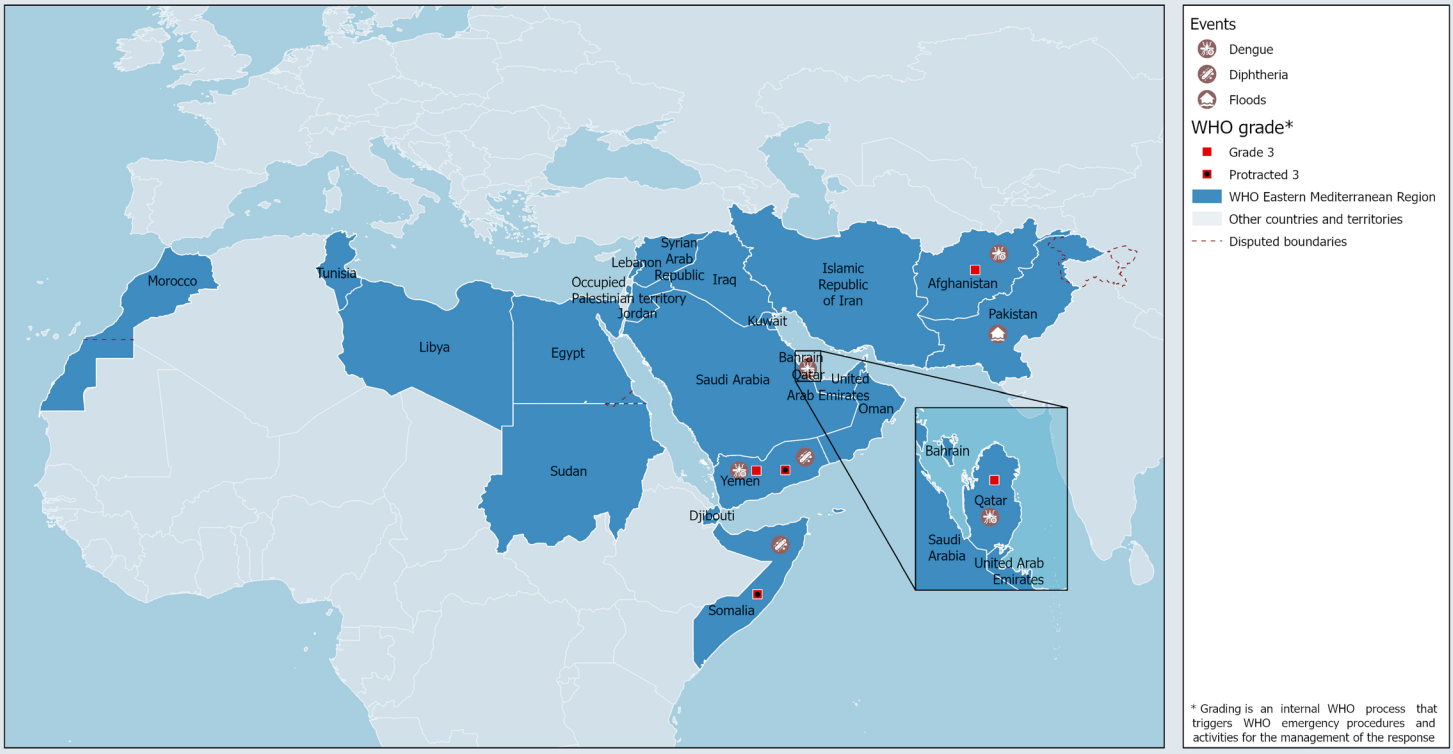
**Grading is an internal WHO process that triggers WHO emergency procedures and activities for the management of the response.

More information on WHO grading according to the Emergency Response Framework

HEALTH EMERGENCIES MAP

Geographical distribution of new events in the Eastern Mediterranean Region

1 January to 31 March 2024



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Occupied Palestinian territory:
the war's toll on health

SITUATION AS AT 31 MARCH 2024

33 000 deaths

80 000 injured

1.7 million displaced

BACKGROUND

The first six months of the ongoing war in the occupied Palestinian territory resulted in tremendous death and destruction, huge numbers of injured and missing people, and displacement of most of the population. Between 7 October 2023 and 31 March 2024, at least 33 000 people were killed in the Gaza Strip and at least 80 000 people were injured. It is estimated that about 1.7 million people had been internally displaced by the same date.

In addition to the casualties and displacements, the current humanitarian crisis involves a lack of food and safe water, putting people at higher risk of malnutrition. According to the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Classification, between 15 February and 15 March 2024, about 2.13 million Gazans experienced high levels of acute food insecurity (IPC Acute Food Insecurity Phase 3 or above), nearly 677 000 of them at catastrophic levels (Phase 5). As at 27 March 2024, 31 people – 27 children and 4 adults – had died of complications due to malnutrition and dehydration, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

Further, a lack of medicines, water and sanitation, and the extensive damage to health infrastructure are heavily affecting the health of the population. Attacks on health care have surged, with 417 attacks on health care in the Gaza Strip (Fig. 1) between 7 October 2023 and 25 March 2024, compared with 294 attacks between 7 October and 29 December 2023. In the same recent period, there have been 412 attacks in the West Bank, including East Jerusalem (Fig. 2), up from 276 attacks between 7 October and 29 December 2023.

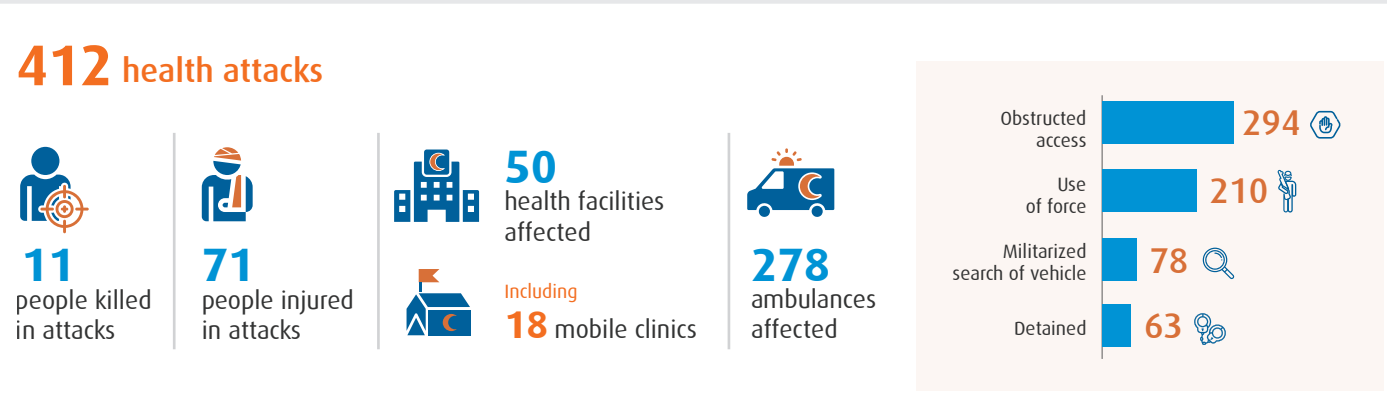
Of the Gaza Strip's 39 hospitals, 25 are nonfunctional. Just two hospitals are fully functioning, while 10 others are partially functioning and two are minimally functioning.

Destruction to roads, caused by the ongoing war, hinders health access in the Gaza Strip.
Photo credit: WHO/C. Black

Occupied Palestinian territory: the war's toll on health

Fig. 1. Attacks on health care in the Gaza Strip, 7 October 2023–25 March 2024

Fig. 2. Attacks on health care in the West Bank, including East Jerusalem, 7 October 2003–25 March 2024



Syndromic disease is also an alarming health risk to the deteriorating health situation, as cases continue to rise on a weekly basis. The four syndromic diseases commonly detected in the occupied Palestinian territory, as at 31 March 2024, are acute respiratory infections, acute watery diarrhoea, bloody diarrhoea and acute jaundice syndrome. Chickenpox, scabies and suspected pediculosis have also been reported.

Laboratory verification of syndromic diseases remains challenging due to poor infection prevention and control measures as well as inadequate water, sanitation and hygiene (WASH) standards. Additionally, the Gaza Strip faces challenges in outbreak control, including lack of laboratory capacity and human resources to conduct surveillance activities. The causes of the syndromic diseases are therefore unknown.

As at 25 March 2024, the following syndromic diseases had been reported since mid-October 2023: 586 402 acute respiratory infections; 318 926 cases of diarrhoea, including 99 581 children aged under 5 years; 81 259 cases of scabies and lice; 46 195 cases of skin rashes; 19 117 cases of jaundice, which is presumed to be hepatitis A after samples tested positive; and 7037 cases of chickenpox (Fig. 3).

Occupied Palestinian territory:
the war's toll on health

Fig. 3. Syndromic diseases reported in the Gaza Strip, mid-October 2023–25 March 2024

586 402
cases of acute respiratory infections

318 926
cases of diarrhoea, including 99 581 cases aged <5 years

81 259
cases of scabies and lice

46 195
cases of skin rashes

19 117
cases of jaundice§

7037
cases of chickenpox

§ Presumed to be hepatitis A after samples tested positive

Challenges

- **Demolishment of the health system:** The continued destruction of the health system in the Gaza Strip jeopardizes health care access and delivery, which further strains the capacity of the health system to cater for the needs of the vulnerable population.
- **Rafah incursion, amplifying the humanitarian crisis and health system pressure:** At the time of writing, it was anticipated that the impending Rafah incursion would inflict a catastrophic blow to the already dire humanitarian crisis in the Gaza Strip. The expected surge of casualties will exert overwhelming strain on the health system, necessitating meticulous contingency planning to ensure an adequate and effective response for their care.
- **Insecurity and lack of access:** Increasing insecurity, destroyed roads and lack of proper facilitation of humanitarian missions hinder health access in the Gaza Strip. A sustained and functional deconfliction mechanism is needed to ensure the safe delivery of humanitarian aid across the territory in line with international humanitarian law.
- **Environmental and public health catastrophe:** The accumulation of about 270 000 tonnes of solid waste across the Gaza Strip, made worse by the rubble of damaged houses and the presence of dead bodies, poses a significant environmental and public health risk, as warned by the Union of Gaza Strip Municipalities.
- **Medical evacuation and critical patients:** According to estimates, at least 9000 critical patients, including many with trauma-related injuries and serious chronic conditions, need to be medically evacuated out of the Gaza Strip. Ensuring timely and safe medical evacuation for these patients is crucial.
- **Disruption of partner operations:** Partner operations in the Gaza Strip are negatively affected by the displacement of staff, operational challenges and disrupted telecommunications. In turn, this further affects the delivery of essential health services.
- **Limited access to WASH facilities:** Limited access to proper WASH facilities contributes to the rise in infectious diseases, including diarrhoeal diseases and hepatitis A.

These challenges highlight the urgent need for an immediate ceasefire and active protection of civilians and health care, as well as expanded humanitarian access, the establishment of medical evacuation processes, and adequate funding to address the health and humanitarian crises in the occupied Palestinian territory.

Piles of garbage around Nasser Medical Complex.
Photo credit: WHO

Occupied Palestinian territory:
the war's toll on health

RESPONSE ACTIVITIES

WHO and its partners have been actively responding to the health impacts of the ongoing war since the escalation of hostilities began on 7 October 2023. The following are response activities carried out from January to March 2024.

Health care aid and assessment

- WHO and partners conducted 28 missions to the north of Wadi Gaza and 149 missions to the south of Wadi Gaza to support patient transfers, conduct needs assessments and deliver food, water and medical supplies to health facilities across the Gaza Strip. These missions were facilitated through joint efforts between the United Nations and local partners.
- WHO supported the nutrition stabilization centres in the Gaza Strip, admitted cases with medical complications and provided necessary supplies. Further, WHO supported comprehensive nutrition surveillance efforts and offered technical guidance to enhance the activities of partner organizations.
- WHO assessed the medical points in western Rafah and the mental health services in Rafah. This assessment aimed to identify facilities ready to provide urgent delivery services, and to inform future interventions.
- WHO assisted in re-establishing health services in Nasser Medical Complex following the suspension of its services.
- WHO collaborated with partners to revive hospitals affected by the war, such as Al-Shifa Hospital and Nasser Medical Complex. Following these efforts, however, Al-Shifa Hospital was completely destroyed by the end of March 2024.
- In contributing to outbreak preparedness and response, WHO led the Surveillance Working Group and developed wound management protocols to prevent multidrug resistance.
- WHO collaborated with partners such as the Health Cluster, the United Nations Population Fund (UNFPA) and the International Medical Corps (IMC) to strengthen health service delivery, deploy emergency medical teams and provide essential supplies and support. About 18 emergency medical teams were dispersed across the Gaza Strip. They were equipped with the essential medical equipment and skills to stabilize patients, administer life-saving interventions and ensure patients' safe transfer to appropriate medical facilities for further treatment.
- WHO aims to enhance its operational effectiveness, improve partner coordination and resource mobilization. Moreover, it optimizes health service delivery to adapt to evolving crisis scenarios and address the long-term impact on the affected population, particularly in the Gaza Strip.

WHO and partners during their mission to health facilities in the north of the Gaza Strip.
Photo credit: WHO

Occupied Palestinian territory:
the war's toll on health

Supplies

- WHO procured health commodities worth US$ 24.5 million, including trauma emergency supply kits, noncommunicable diseases kits and severe acute malnutrition kits, as well as critical medications and supplies for essential mental health, oncology and haemodialysis services.
- WHO successfully provided the first convoy to supply medicine and fuel to Al-Shifa Hospital in the north of Gaza.
- WHO provided essential supplies for infection prevention and control, including ethanol and povidone-iodine. These supplies covered the needs of Ministry of Health facilities for about two months.
- WHO delivered essential psychotropic medications, including as part of mental health and psychosocial support kits, to the Gaza Community Mental Health Programme and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). WHO also procured dignity kits to serve the needs of vulnerable women and girls.

Despite the challenges and danger – due to violence and restricted access to areas in need – involved in delivering health services into the occupied Palestinian territory, WHO's efforts to meet health needs amid the war have been crucial. These efforts ensure the continuation of essential health services and support the resilience of health infrastructure. WHO remains committed to enhancing health service delivery and ensuring effective support under the extremely difficult and challenging conditions.

WHO and partners provided fuel and medicine to Al-Shifa Hospital.
Photo credit: WHO

Sudan: malnutrition

SITUATION AS AT 31 MARCH 2024

Acute food insecurity	**17.7 million**
Acute malnutrition (children <5 years)	**>3.7 million**
Severe acute malnutrition (children <5 years)	**>729 000**
Severe acute malnutrition with complications	**>109 000**
Acute malnutrition (pregnant and breastfeeding women)	**1.2 million**

BACKGROUND

As the war escalates and continues in Sudan, the humanitarian crisis worsens, posing health risks. Increasing numbers of fatalities, injuries and internally displaced people are being reported, with displacements compounded by poor agricultural seasons affecting food production. The war has further triggered disease outbreaks, with the risk of diseases increasing due to malfunctioning health systems, inadequate humanitarian support, and medical staff fleeing to seek safety.

Before the current war began in April 2023, Sudan already had serious nutrition problems. As the war continues, the acute malnutrition situation deteriorates, with significant impacts on child morbidity and mortality.

As at 31 March 2024, 25 million people (nearly 50% of Sudan's population) need humanitarian assistance. Of this number, 17.7 million people (37% of the population) are experiencing acute food insecurity and 1.2 million pregnant and breastfeeding women are experiencing acute malnutrition.

More than 3.7 million children aged under 5 years suffer from acute malnutrition. Over 729 000 children aged under 5 years have severe acute malnutrition (SAM). Of this number, over 109 000 children suffer from medical complications that require inpatient care at nutrition stabilization centres. In certain locations, like North Darfur's Zamzam camp, acute malnutrition rates among children aged under 5 years have reached 29%. Malnutrition among pregnant and breastfeeding women has escalated: in places such as Zamzam camp, over 33% of such women are malnourished.

According to the Sudan Nutrition Cluster and Famine Prevention Plan, 93 of Sudan's 190 localities are categorized as priority 1, 46 localities as priority 2 and 51 localities as priority 3. The prioritization takes into account the high rates of global acute malnutrition (GAM), high level on the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Classification, and density of internally displaced people. These categorizations indicate a strong need for a scaled-up nutrition response. Accordingly, WHO and other United Nations agencies have developed the nutrition scale-up response plan.

The Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey, conducted between December 2023 and March 2024 in eight localities, illustrates that the nutrition situation in Sudan is deteriorating. The SMART survey is used in the nutrition and public health sectors to assess the severity of humanitarian crises by providing data on the nutrition status of children aged under 5 years and the mortality rates within the population. Further, GAM rates in various localities of Sudan exceed WHO's emergency threshold of 15% (Table 1).

People in Sudan are experiencing acute malnutrition as the war intensifies.
Photo credit: WHO/A. Khair

Sudan: malnutrition

Table 1. Global acute malnutrition rates in Sudan, by state and locality, December 2023–March 2024

State	Locality	Global acute malnutrition rate (%)
Kassala	Telkok	27.7
Gedaref	El Quresha	18
Blue Nile	Geisan	17.3
Central Darfur	Zalingei	15.6
Kassala	North Delta	15.3
Gedaref	East Galabat	15.2
Kassala	Wad El Helew	14.5
Blue Nile	Bau	14.3

Based on the GAM rates, Integrated Food Security Phase Classification and the density of internally displaced people, the health risks in Gezira, Greater Darfur, Greater Kordofan and Khartoum states are increasingly alarming. Concerns will escalate if the conflict intensifies further and if long-term displacements and lack of humanitarian access continue. Of highest concern are North Darfur and Khartoum states, including the Omdurman locality, as well as areas in Greater Darfur due to intense conflict and overcrowded camps hosting internally displaced people. These areas require immediate attention to mitigate the health risks presented by the worsening conditions.

RESPONSE ACTIVITIES

WHO, alongside its partners, is addressing malnutrition in Sudan in line with its mandate and responsibilities to serve the vulnerable. Despite the major challenges caused by the ongoing war, WHO and partners have carried out the following various activities, focusing their targeted efforts on improving nutrition and health in Sudan.

Coordination

- Coordinated with Nutrition Cluster partners to ensure a unified response.
- WHO has 10 nutrition specialists on the ground supporting the emergency nutrition response and providing technical support to the community health workers specialized in nutrition. Between January and March 2024, WHO trained 1942 nutrition cadres in stabilization centres in collaboration with government counterparts and Health and Nutrition cluster partners.

A child's mid-upper arm circumference is measured to screen for malnutrition at a nutrition stabilization centre.
Photo credit: WHO/A. Khair

Information management, need assessment, and surveillance

- Supported in strengthening the nutrition information and surveillance system in seven states, including at subnational level.
- Jointly conducted, with the World Food Programme (WFP) and Ministry of Health, a SMART survey in Kassala state, covering three localities, to assess nutrition needs.
- Distributed information, education and communication materials on nutrition interventions in Red Sea state. The materials were disseminated to stabilization centres, primary health care centres, the facilities participating in the Baby-Friendly Hospital Initiative (a programme promoting breastfeeding in hospitals), and gathering points for internally displaced people.

Supplies

- Delivered over 2300 SAM modules during 2023, to help treat more than 29 000 children with SAM with medical complications, and more than 750 SAM modules in the first quarter of 2024.
- Procured anthropometric equipment which will be distributed to health facilities to support growth monitoring, early detection and treatment of malnutrition.

Sudan: cholera resurgence

Case management

- From January to March 2024, 57 000 children were admitted to outpatient therapeutic programmes, which provided outpatient treatment for malnutrition, with the support of the United Nations Children's Fund (UNICEF), Ministry of Health and partners.
- More than 42 000 children were admitted to the Targeted Supplementary Feeding Program, with the support of WFP, the Ministry of Health and partners.
- More than 5700 children with SAM with medical complications were admitted and treated at nutrition stabilization centres, with a 93% recovery rate achieved.
- Over the same period, more than 80 000 pregnant and lactating women were admitted to the Targeted Supplementary Feeding Program, with the support of WFP, the Ministry of Health and partners.
- Supported 81 state-run stabilization centres with medical supplies and technical assistance. In addition, WHO provided operational support to 11 stabilization centres, covering meals for caregivers, cleaning materials and staff incentives.
- Provided training to health workers on SAM case management, infant and young child feeding counselling, and child growth monitoring.

Gaps and needs

Despite the response efforts to combat malnutrition in Sudan, challenges persist and several needs remain unmet. The following points outline these ongoing issues, highlighting areas where additional resources, improved strategies or increased collaboration may be needed to enhance the effectiveness of current response efforts and ensure lasting improvements to health in Sudan.

- Insecurity and operational hurdles have delayed the timely delivery of supplies to affected areas.
- The ongoing war and administrative barriers have posed significant challenges to the maintenance of an uninterrupted supply chain.
- The war has disrupted communication channels, making coordination more difficult.
- Insecurity and high turnover of staff have hindered the timely collection and dissemination of data.
- There is a need for better quality data and improved reporting rates to effectively monitor and respond to nutrition needs.
- High levels of SAM across many states necessitate improved referral.
- Functionality of stabilization centres is limited because of the war, with only 103 of 161 centres fully operational as per the latest functionality mapping conducted in February 2024.
- Ensuring the availability of nutrition supplies is critical.
- Supporting nutrition interventions in priority localities is essential.
- There is an urgent need to scale up life-saving nutrition services as part of the *Sudan: famine prevention plan 2024.*

Immediate action points

In the immediate term, WHO will continue to combat malnutrition in Sudan via the following action points.

- Support the management of SAM with medical complications at hospitals, focusing on inpatient care.
- Procure and distribute supplies and equipment, such as SAM kits, medical and kitchen equipment, and anthropometric tools.
- Strengthen the nutrition information and surveillance system in Sudan.
- Support the operating costs of stabilization centres.
- Build capacities of health and nutrition workers on nutrition interventions.
- Support prevention and promotion activities, including infant and young child feeding counselling, the Baby-friendly Hospital Initiative, implementation of the International Code of Marketing of Breast-milk Substitutes, and growth monitoring and promotion.
- Support resource mobilization for life-saving nutrition and prevention intervention under the famine prevention plan.

Despite the challenges and massive needs, WHO remains committed to its mission to combat malnutrition in Sudan. WHO is dedicated to paving the way towards a healthier future for Sudan by mitigating human suffering and improving the quality of life in affected areas.

Somalia: cholera outbreak

SITUATION FROM 1 JANUARY TO 31 MARCH 2024

6816 cases

76 deaths

BACKGROUND

Cholera is an acute diarrhoeal disease caused by the bacterium *Vibrio cholerae*, which most often infects people through the ingestion of contaminated water or food.

This disease has the potential to be fatal within hours if not treated promptly. It mainly affects individuals who lack access to safe water and sanitation. Factors such as conflict, unplanned urbanization and climate change impacts increase the risk of infection in vulnerable populations.

In Somalia, cholera is endemic. The country has been experiencing uninterrupted cholera transmission in the Banaadir region since 2017. The ongoing cholera outbreak in Somalia can largely be attributed to a growing number of people who lack access to safe water and proper sanitation.

In addition to the ongoing cholera outbreak, Somalia experienced El Niño floods in October 2023, which affected more than 2.5 million people, displaced 1.2 million individuals from their homes and caused 118 fatalities. The floods also damaged 48 health facilities, along with water and sanitation facilities that had already been weakened, prior to the El Niño floods, through conflict, unplanned urbanization and climate change. All these factors contributed to the worsening of the overall cholera situation in early 2024.

From 1 January to 31 March 2024, Somalia reported 6816 suspected cholera cases, with 76 associated deaths, giving a case fatality ratio of 1.1%. Cholera deaths in the first three months of 2024 alone are significantly higher than for the whole of 2023. Of the 6816 suspected cases reported to end March 2024, 934 tested positive using rapid diagnostic kits. Children aged under 5 years account for 53% of the total suspected cases reported; over half of all cases (51%) were females.

Access to safe water is one of the most important factors in the prevention of cholera.
Photo credit: WHO/F. Thompson

Somalia: cholera outbreak

Challenges

- Somalia has been suffering from poor drinking water quality both before and after the El Niño floods, which makes it harder to control the spread of cholera.
- High densities of people with limited access to proper sanitation, especially in camps that shelter internally displaced populations.
- Continuous displacement, involving new parts of the population, which spreads the disease into new areas.
- Health systems are overwhelmed because of the need to respond to multiple emergencies. Additionally, there is limited access to primary health care services in remote areas.
- Delayed detection of cholera cases owing to limited surveillance activities in remote health facilities.
- Limited capacity among frontline health workers in cholera case management and to contribute to overall response efforts.

RESPONSE ACTIVITIES

The WHO Country Office in Somalia, in coordination with the Federal Ministry of Health of Somalia, conducted the following activities between January and March 2024.

- Established a national cholera task force with key stakeholders to enhance collaboration on the ground.
- Conducted trainings for health workers on cholera case management guidelines.
- Established new cholera treatment centres in newly affected areas.
- As at March 2024, 15 cholera treatment centres and units were operational in Afgoi, Baidoa, Balad, Banaadir, Beledweyne, Belethawo, Bosaso, Bulo Burti, Burhakaba, Jalalaqsi, Jowhar, Kismayo, Mahaday, Merka and Wajale.
- Implemented active case finding and daily reporting of cases to better combat the disease.
- Conducted water quality testing for 21 water sources: 11 were found to contain the bacterium *Vibrio cholerae*. In response, wells were chlorinated and hygiene kits distributed.
- Constructed standard latrines in camps for internally displaced people.
- Implemented reactive oral cholera vaccination campaigns in high-risk districts.

WHO and its partners will continue to address emerging challenges and sustain progress in combating the cholera outbreak in Somalia. The continued response efforts are crucial to safeguard public health in the affected areas.

Eastern Mediterranean Region: dengue operational preparedness and response plan for 2024–2025

BACKGROUND

The worldwide incidence of dengue has increased since 2000, with dengue becoming a growing public health risk globally. From 2000 to 2018, WHO recorded an eightfold increase in global dengue cases, which rose from 500 000 to 4.2 million reported cases. The number of cases then reached an all-time high in 2019, with 5.2 million cases reported across 129 countries.

Dengue is considered one of the most rapidly spreading mosquito-borne diseases, with increasing geographic expansion from urban to rural settings.

In 2023, the world experienced an upsurge in dengue transmission characterized by the number, size and concurrence of multiple outbreaks and the spread to areas previously free of dengue. Over 5 million cases and more than 5000 dengue-related deaths were reported across 80 countries and territories globally in 2023 alone, although this figure is likely an underestimate of the actual burden. From 1 January to 31 December 2023, nine countries of the Eastern Mediterranean Region reported dengue outbreaks.

Dengue outbreaks have traditionally been observed in fragile, conflict-affected and vulnerable settings owing to disruption of health services, fragile health systems, mass population movements, poor water and sanitation infrastructure, and natural disasters such as floods and earthquakes.

In recent years, however, dengue cases and outbreaks have been increasingly reported in middle- and high-income countries of the Region such as Egypt, Oman, Qatar and Saudi Arabia. This shift is attributed to factors such as the presence of dengue, construction sites, and climate change impacts that have led to unusual rainfall patterns and/or population movements. Since the start of 2024 and as at 31 March, at least six countries of the Region have been experiencing autochthonous dengue transmission.

Dengue response activities are vital to combat the disease, but various factors affect the response activities in the Region, including the following.

- Lack of detailed and timely information due to limited data sharing, insufficient capacities in detection and confirmation, and ongoing armed conflicts and other emergencies in the Region all complicate response measures.
- The shortage of robust dengue surveillance systems raises concerns about the potential for cases to go undetected, and about unrecorded travel movements that could contribute to unnoticed disease spread.
- Protracted and concurrent dengue outbreaks place a strain on public health response personnel and deplete global and local resources.
- Unmet needs for vector surveillance and control, laboratory confirmation, case management, and risk communication and community engagement, including for source reduction of *Aedes aegypti* mosquito, hinder response efforts.

An *Aedes aegypti* mosquito, one of the primary vectors for the transmission of dengue around the world.
Photo credit: Ian Jabobs

RESPONSE ACTIVITIES

To ensure that the Eastern Mediterranean Region is equipped with the core capacities to prevent, detect, control and respond in a timely, efficient and coordinated manner to dengue outbreaks – and to prevent complications and an additional burden on society – the WHO Regional Office for the Eastern Mediterranean has developed a dengue operational preparedness and response plan for 2024–2025.

Eastern Mediterranean Region: dengue operational preparedness and response plan for 2024–2025

Strategic goals and objectives of the plan

- **Immediate to long-term response:** Implement immediate, medium- and long-term priority activities for preparedness and response to the ongoing dengue outbreaks in the Region.
- **Strengthened coordination:** Strengthen multisectoral coordination and collaboration among stakeholders involved in dengue preparedness and response plans.
- **Efficient supply management:** Streamline and pilot a hub for centralized procurement in Dubai, United Arab Emirates, to ensure the timely distribution of dengue supplies to countries of the Region.
- **Enhanced surveillance and reporting:** Improve detection, reporting and confirmation of dengue cases by enhancing surveillance, laboratories and other relevant technical areas.
- **Reduced morbidity and mortality:** Reduce morbidity and mortality from dengue and other mosquito-borne diseases by enhancing vector control, risk communication and community engagement, case management and relevant technical areas.

To ensure that efforts are directed towards the most critical needs, priority interventions have been identified through 11 technical pillars. Further, within these pillars the following specific priority technical areas have been identified for urgent implementation by the Contingency Fund for Emergencies.

- Vector control
- Risk communication and community engagement
- Surveillance/epidemiology
- Laboratory
- Case management and clinical operations
- Operational support and logistics.

Financial gap

In February 2024, the WHO Regional Office for the Eastern Mediterranean distributed US$ 1 million of funding from the Contingency Fund for Emergencies to priority countries to aid their dengue response. These countries were identified based on a risk categorization exercise, the epidemiological situation, the presence of vectors and each country's response readiness capacities. The priority countries are: Afghanistan, Djibouti, Egypt, the Islamic Republic of Iran, Oman, Pakistan, Qatar, Somalia, Sudan and Yemen.

After the countries had developed and submitted their dengue response plans, which included budget requests, a financial gap was revealed. Consequently, the Regional Office has requested an additional sum from the Contingency Fund for Emergencies. This additional funding will ensure the implementation of the dengue response plan, priority activities currently pending due to the shortage of funds, and the medium- and long-term activities and procurement requirements.

Next steps

WHO will continue its support to countries moving to a case-based integrated disease surveillance system. This will enable health systems to better understand the epidemiology of dengue and other diseases and to act swiftly in the event of an outbreak.

- **Data integration and usage:** WHO will continue to assist countries in integrating clinical and laboratory data from patients, and in enhancing the capacity to use data from vector surveillance systems seamlessly.
- **Enhanced surveillance:** Active surveillance for at least the priority diseases is required in some countries of the Region that have a high burden of dengue. A regional initiative should be set up to support countries with the genotyping of viruses, as only a few countries regularly conduct this laboratory work. Countries should have a system in place to test samples from patients with fever of unknown origin, at least at some sentinel sites, to ensure early disease detection.
- **Capacity-building in preparedness and response:** WHO will continue to support the Member States of the Region in training health workers on disease surveillance, early detection and notification, case management and early treatment, vector surveillance and control, and community participation and mobilization. It is also vital that the capacity-building of existing health workers takes place alongside the identification and recruitment of additional staff for some key categories that have reported severe shortfalls in many countries. Those countries with a higher burden of arboviral diseases should also develop specific national programmes for arboviral disease surveillance, clinical guidelines, and a clear plan for community engagement, including through the effective use of social media.

WHO will continue to mitigate the health impacts of outbreaks of dengue and other diseases in the Region. Continued collaboration with Member States and strategic investments in health infrastructure and personnel are essential to ensure effective outbreak management and to safeguard public health. This holistic approach will empower countries to respond more effectively to disease outbreaks and improve health outcomes for their populations.

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Data and information are provided by Member States through WHO country offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic, therefore the figures stated herein are subject to change.

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