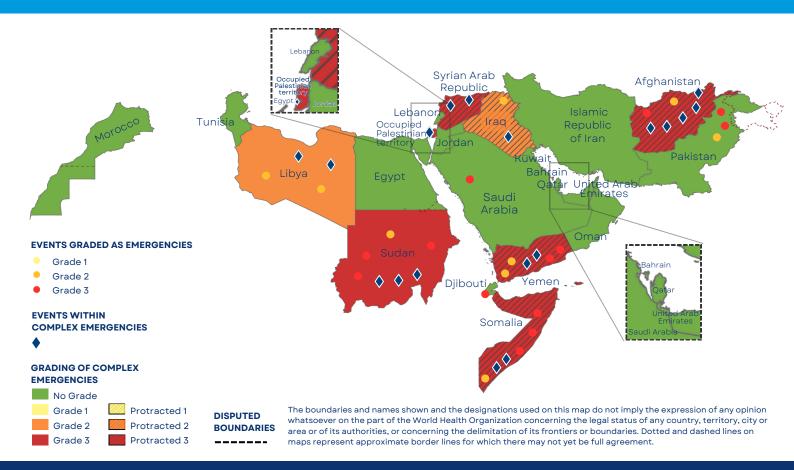


As of August 2024, there were a total of 16 graded emergencies in the WHO Eastern Mediterranean Region, including complex emergencies in Afghanistan, Somalia, Sudan, the Syrian Arab Republic and Yemen; the food insecurity crisis in the greater Horn of Africa; and the recent escalation of hostilities in the occupied Palestinian territory.

THE REGION IS HOME TO 38% OF ALL PEOPLE IN NEED OF HUMANITARIAN AID GLOBALLY



CHALLENGES IN ACCESS TO DIAGNOSTICS AND ANTIBIOTICS, EFFECTIVE INFECTION CONTROL AND PREVENTION (IPC), AND WATER, SANITATION AND HYGIENE (WASH) IN EMERGENCIES IN THE REGION

The main challenges in access to diagnostics, antibiotics and IPC and WASH are:

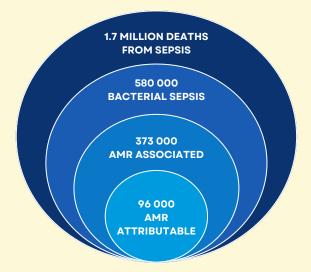
- Supply chain disruptions affecting the availability of essential equipment and consumables.
- Partially or fully destroyed health infrastructure.
- Lack of qualified health workers due to migration or security issues.
- Equipment, medications and consumables in medicine kits or packages not being those most required or not those included in national protocols.
- Available guidelines and protocols from WHO not encompassing all conditions, such as complex war injuries and war-related infections.
- **Sanctions** on some countries preventing the procurement and supply of essential medications and equipment.
- Deteriorating security conditions hindering the establishment of secure supply corridors.

DRUG RESISTANCE IS INCREASING IN THE WHO EASTERN MEDITERRANEAN REGION

In 2021, there were **1.7 million deaths** from sepsis in the Eastern Mediterranean Region. Of these **373 000 were associated with bacterial antimicrobial resistance (AMR)**.

The Eastern Mediterranean Region consumes more antibiotics than any other WHO region.

In 2018, the Eastern Mediterranean Region consumed antibiotics at a higher rate per capita (21.8 defined daily doses per 1000 inhabitants per day) than the global average (14.3) and than any other WHO region. Consumption is greatest in high-income countries, while middle-income countries reported the greatest increase in consumption between 2000 and 2018.



Burden of sepsis and bacterial AMR in the Eastern Mediterranean Region, 2021

Source: Based on data from: GBD 2021 Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050. Lancet. 2024 Sep 28;404(10459):1199–226.

KEY CONSIDERATIONS REGARDING AMR AND IPC IN THE CONTEXT OF EMERGENCIES

It is essential to build on existing opportunities and streamlining AMR and IPC activities across various health programmes. This includes:



Collaboration with health cluster partners



Emphasizing AMR within the International Health Regulations



Adopting the Humanitarian-Development-Peace Nexus



Utilizing funding opportunities (The Global Fund to Fight AIDS, Tuberculosis and Malaria, The Pandemic Fund)



Adhering to basic IPC standards and strengthening WASH infrastructure



Inclusion of first-line antibiotics and all IPC supplies in emergency kits



Development of treatment protocols for trauma-related infections

KEY MEASURES UNDERTAKEN TO IMPROVE THE CLINICAL CASE MANAGEMENT OF INFECTIONS IN EMERGENCIES IN THE REGION



Online training of physicians.



Introduction and training on the WHO AWaRe antibiotic book and mobile application.



Working closely with laboratories to strengthen diagnostic capacity.



Improving availability of rapid diagnostic tests, equipment and antibiotics.



Creating mobile clinics to reach isolated and vulnerable groups and displaced populations.



Development of syndromic management protocols for priority infectious diseases where no laboratory testing is required and national guidelines for first and second choice antimicrobials for the empirical treatment of infectious diseases.

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