



**World Health
Organization**

Eastern Mediterranean Region

WHO Regional Office for the Eastern Mediterranean **Health emergencies quarterly bulletin**

Third quarter 2024 – July to September 2024

ISSUE 3

WHO-EM/CSR/799/E

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Health emergencies new events and map

NEW EVENTS IN THE REGION – JULY TO SEPTEMBER 2024*

Member State/territory	Event	WHO grade**
Afghanistan	Malaria	Ungraded
Djibouti	Dengue	Grade 3
Egypt	Gastroenteritis	Ungraded
Jordan	Mpox	Grade 3
Jordan	West Nile fever***	Ungraded
Lebanon	Armed conflict/Hostilities	Grade 3
Libya	Floods***	Ungraded
Morocco	Travel-associated Legionnaires' disease	Ungraded
Occupied Palestinian territory	Circulating vaccine-derived poliovirus type 2	Grade 2
Occupied Palestinian territory	West Nile fever	Ungraded
Sudan	Floods	Ungraded
Yemen	Floods	Ungraded

*This table only includes new events that started between July and September 2024.

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

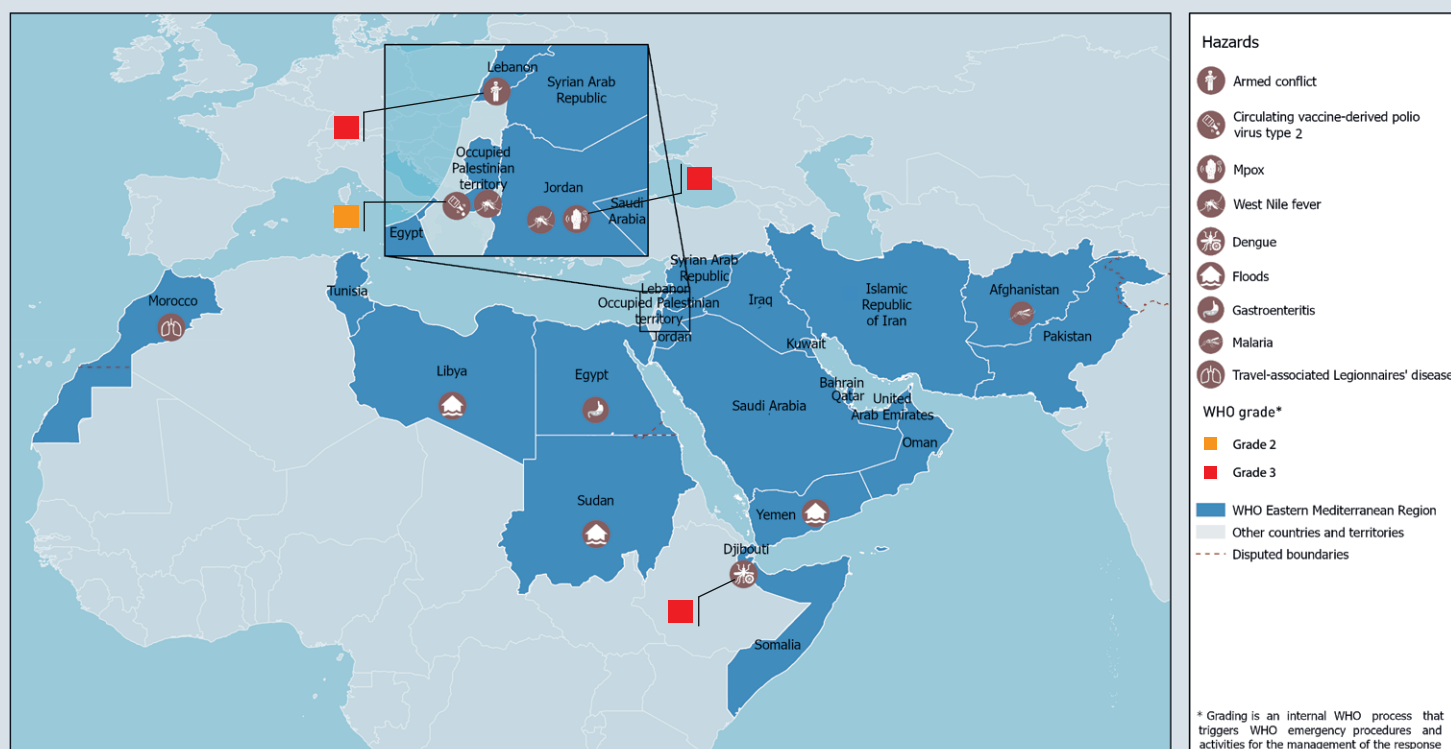
*** These events started and closed between July and September 2024.

[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 July to 30 September 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.

Eastern Mediterranean Region: preparations for mass gathering events

BACKGROUND

Mass gathering events bring large numbers of people to a specific location for a set purpose over a fixed time period. Such events have the potential to overwhelm the planning and response resources of host countries and communities. Mass gatherings, like sports, religious, cultural, entertainment, business and political events, may be planned. Others, such as celebrations following major sports victories, are spontaneous. Unplanned and unforeseen, they can be more challenging to manage.

The Eastern Mediterranean Region hosts some of the world's largest mass gatherings, including religious, sports, cultural and political events. Planning for them requires complex collaboration and risk assessment to identify potential health threats and prevent, minimize and respond to possible health emergencies.

Health challenges will in part be determined by attendee demographics and the purpose and type of the mass gathering. Combined with external conditions, these can contribute to the complexity of the health situation.

During mass gatherings there is a heightened risk of infectious disease transmission resulting from close contact in crowded venues and accommodation. Noncommunicable diseases and other health threats may arise due to environmental and host-related risk factors. Given the increasingly international nature of attendance at these gatherings it is critical to address the possibility of cross-border spread of infectious diseases when planning such events.

While the WHO Regional Office for the Eastern Mediterranean and member countries and territories collaborate to enhance public health readiness, capacities vary significantly between countries. The visibility of mass gatherings, and the political commitment required to organize them, can be used to improve the emergency readiness of health systems, including core capacities under [the International Health Regulations \(2005\) \(IHR\)](#). Strengthening the public health system for a specific event can create a positive legacy, especially if it involves investment in capacity building and health technology and infrastructure.



Hajj in Saudi Arabia is one of the major mass gathering events in the Region.

Photo credit: WHO

Eastern Mediterranean Region: preparations for mass gathering events

RESPONSE ACTIVITIES

The IHR mandate WHO to work with countries and territories to develop core capacities, policies, measures, guidelines and instruments to control potential public health threats, including hazards posed by mass gatherings, and prevent the cross-border spread of diseases.

In October 2023, the 70th session of the WHO Regional Committee for the Eastern Mediterranean endorsed a regional framework to strengthen public health readiness for mass gatherings, 2023–2028. The resolution aims to boost efforts to enhance public health readiness for mass gathering events, minimize public health risks and ensure the safety of the events, and to integrate capacities developed during these events into longer-term health system strengthening activities.

A technical working group composed of participants from various WHO units has been established to provide holistic support while preparing for mass gathering events in the Region.

Regional support

- To ensure that mass gatherings are safely organized and free from public health risks, WHO advocates a risk-based approach to the planning, modifying, postponing and cancelling of mass gatherings. A risk-assessment tool, developed during the COVID-19 pandemic in February 2020, has since been expanded to cover all-hazards and is used for event risk-assessment.
- The Global Center for Mass Gatherings Medicine (GCMGM) in Saudi Arabia collaborates with WHO on risk assessment and preparations for Hajj and shares its experience with other event organizers in the Region. GCMGM is a WHO collaborating centre.

Country support

- WHO supports risk assessment for major gatherings such as the annual Arba'een in Iraq and Hajj in Saudi Arabia. Based on the findings, WHO helps in the development of mitigation strategies and risk communication messaging, and the conduct of training programmes and simulation exercises to test capacities.



Pilgrims gather during Hajj in Saudi Arabia.

Photo credit: WHO/F. Chaib

- WHO conducted a two-level technical mission to Saudi Arabia during the 2024 Hajj season. The mission aimed to update risk assessment throughout the event, provide technical support in preparation for Hajj and support in conducting a capacity assessment. Additionally, WHO enhanced daily event-based surveillance (EBS) to monitor media and social media channels from official and nonofficial sources and detect, verify, assess and respond to health threats associated with Hajj.
- In preparation for Arba'een in August 2024, WHO supported updating risk assessment for the event, developing multi-hazard risk communication messages for the safety of attendees. Daily event-based surveillance (EBS) reporting was conducted throughout the event to ensure timely detection and verification of potential public health threats and a weekly joint meeting was organized during Arba'een between Iraq, the Islamic Republic of Iran, Pakistan and the WHO technical team to facilitate information sharing, joint preparation and response to potential cross-border public health threats.

Eastern Mediterranean Region: preparations for mass gathering events

Challenges

Despite advances in supporting risk assessments, planning, surveillance and other preparatory measures, challenges remain, highlighting the need for further enhancement.

- While WHO has advocated and supported a risk-based approach to managing mass gatherings, gaps remain when it comes to deciding on whether to host, postpone or cancel mass gathering events, and in applying public health measures.
- Systems lack proper governance and multisectoral coordination structures to organize and coordinate mass gathering events, and the role of the health sector and its linkage with other sectors remains fragmented.
- There is a lack of clear operational plans, guidelines and standard operating procedures for addressing potential emergencies that may arise during mass gathering events.
- More work is needed to enhance surveillance systems – including event-based, syndromic and indicator-based systems – and international contact tracing.
- Misinformation and disinformation have led to an overload of false information that shapes perceptions and reactions to mass gathering events.
- Health care systems face increased pressure on their capacities, resources, trained personnel, and access to essential commodities, supplies and other logistical needs during mass gathering events.
- While WHO supports countries in the Region enhance their readiness for mass gatherings, pre-existing disparities in readiness levels across countries lead to sub-optimal preparation.
- There is no existing platform or network for sharing or documenting the legacy of mass gathering events for host countries.

Next steps

- Country level support to Member States to develop, adapt, implement and monitor the regional framework to enhance readiness for mass gatherings.
- Provision of holistic technical support to Member States to implement risk-based approaches and strengthen their capacity to manage public health risks during mass gatherings.
- Facilitate the documentation of legacy and the exchange of experience between Member States on hosting safe mass gathering events.

Eastern Mediterranean Region: infection prevention and control in emergencies

BACKGROUND

Historically, the Eastern Mediterranean Region has been susceptible to the emergence and reemergence of infectious diseases, including Middle East respiratory syndrome, avian influenza A, cholera, Crimean-Congo haemorrhagic fever, dengue and others. Humanitarian emergencies, fragile health systems, population dynamics, climate change and socioeconomic conditions all contribute to the rapid spread of epidemic diseases.

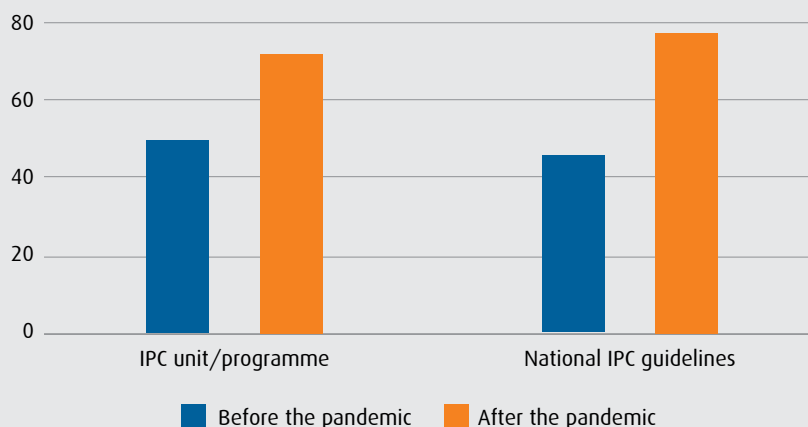
The Region includes nine countries identified as fragile, vulnerable and conflict-affected. Among these, the occupied Palestinian territory and Sudan are experiencing major humanitarian crises due to ongoing wars. These conditions compound existing health challenges.

Effective infection prevention and control (IPC) is crucial in mitigating the impacts of ongoing conflicts and humanitarian crises.

The COVID-19 pandemic acted as a catalyst for countries and territories in the Region to enhance IPC measures. Before the pandemic, half (11 out of 22) had established an IPC unit or programme, and fewer than half (10 out of 22) had developed national IPC guidelines. Since the onset of the pandemic there has been a significant increase in the number of countries with a dedicated IPC unit or programme (up to 16 out of 22) and an increase in the number of countries that have developed national IPC guidelines (17 out of 22).



Figure 1. Implementation of IPC measures across the Region before and after the COVID-19 pandemic



The Region stands at a crossroads in terms of capitalizing on the momentum from COVID-19. By supporting Member States develop and implement IPC measures during health emergencies and non-emergencies, gains achieved during COVID-19 can be sustained across the Region, strengthening health security and health systems.

Eastern Mediterranean Region: infection prevention and control in emergencies

RESPONSE ACTIVITIES

WHO and its partners have been actively scaling up IPC emergency preparedness and response to mitigate the impacts of ongoing infection outbreaks and conflicts on health systems in priority countries. Key IPC response activities carried out from April to September 2024 to tackle infection outbreaks include regional IPC and water, sanitation and hygiene (WASH) training.

- WHO collaborated with the ministries of health in Oman, Pakistan, Sudan and the Syrian Arab Republic to develop and endorse targeted IPC training modules in response to ongoing outbreaks of typhoid, cholera, meningitis, hepatitis A, dengue and mpox. The training encompassed comprehensive skills and practices empowering the frontline workforce to respond in a safe and timely way to infectious disease outbreaks.
- WHO and the United Nations Children’s Fund (UNICEF) conducted a five-day training of trainers workshop in Amman, Jordan. The workshop brought together participants from 15 countries in the Region – Afghanistan, Djibouti, Egypt, the Islamic Republic of Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Pakistan, Somalia, Sudan, the Syrian Arab Republic, Tunisia and Yemen. The workshop aimed to enhance participants’ skills in evaluating WASH and IPC-related activities using the [Water and sanitation for health facility improvement tool](#) (WASH-FIT) and to plan for realistic and actionable interventions in emergency and non-emergency settings.



Capacity building session on environmental cleaning best practices in health care settings.
Photo credit: WHO/M. Eid

Enhancing IPC and WASH in the Gaza Strip

Outbreak control and response capacities remain a pressing concern in the Gaza Strip where there is a lack of basic WASH services, lack of confirmatory testing, case isolation and contact tracing, very high population density, the complete destruction of health infrastructure and a shortage of human resources. As a result, high numbers of acute respiratory infections, acute jaundice syndrome and waterborne disease cases are being reported.

Given the urgent need to improve IPC and WASH services in health care facilities, shelters and congregate settings, a team from the WHO’s Health Emergency, IPC and WASH programmes, from the Regional Office and headquarters, is working closely with the WHO Country Office in the occupied Palestinian territory, the Palestinian Ministry of Health, key partners including UNICEF and the United Nations Relief and Works Agency (UNRWA), and implementing partners within the WASH cluster. The team provides strategic guidance on coordination and priority areas for intervention.

To support these efforts, WHO, in collaboration with UNICEF and technical experts from IPC and WASH networks, published a [context-specific technical note](#) which outlines minimum WASH and IPC requirements and offers alternative approaches where space, capacity and resources are limited.

WHO has supported the establishment of a three-level – country, Region, headquarters – technical working group on WASH and IPC within the health cluster in the occupied Palestinian territory. It provides remote support to implement IPC and WASH interventions, and operational guidance based on findings from field visits.

The WHO IPC and WASH team has also adapted tools like [WASH FIT](#) and the [IPC Rapid Assessment Tool](#) to the local context to support the scale up of IPC and WASH services in health care facilities and ongoing monitoring and improvement efforts.

Eastern Mediterranean Region: infection prevention and control in emergencies

Since April 2024, WHO has worked to support partners and the Ministry of Health to bridge gaps in IPC and WASH supplies in health care facilities and medical points. Logistical challenges have severely hampered the delivery of essential IPC supplies to the Gaza Strip. Despite the challenges, WHO successfully distributed over 42 000 essential IPC and WASH supplies to 37 health care facilities. Between July and August 2024, WHO conducted a regional IPC technical mission to enhance IPC implementation across health care facilities in the Gaza Strip. The mission supported the Ministry of Health and partners establish key milestones to improve IPC implementation in health care settings, including improved coordination on IPC between health and WASH clusters.

The mission visited 10 health care facilities in the north and south of the Gaza Strip – affiliated with the Ministry of Health, Red Crescent Society, Medical Aid for Palestinians (MAP-UK), International Medical Corps and UNRWA – to assess the implementation of critical IPC measures and identify areas where WHO could provide additional support.

A technical working group for WASH and IPC in public health emergencies was established to streamline IPC and WASH interventions and strengthen partner engagement. The group comprises 60 partner focal points from both clusters.

Training of trainers on practical knowledge and tools for implementing minimum environmental cleaning, waste management and linen handling in health care facilities was provided for 35 national and facility-level IPC and WASH focal points. The training addressed current challenges in providing safe environmental services in health care facilities, including on the dual use of cleaning supplies, and provided guidance on alternatives to address supply shortages.

Additional support includes developing a standardized essential WASH and IPC supplies list tailored to Gaza's health care service delivery package. Quantities and frequencies were calculated using dispatch history and current capacity to streamline practices, facilitate training and improve supervision activities across all health care facilities and partners.



WHO team visiting a hospital in the north of Gaza, delivering IPC essential supplies and providing technical guidance.

Photo credit: WHO

Challenges

Despite efforts to enhance IPC and WASH services in the Region challenges remain, many of them linked to ongoing conflicts and humanitarian crises.

- There are gaps in the availability of IPC supplies for maintaining basic hygiene and environmental cleanliness within health care settings.
- Safe health care waste treatment and disposal systems are often unavailable.
- It can be difficult to implement screening protocols, triage procedures and appropriate isolation measures for patients with priority infections.
- There are limited microbiology laboratory capacities to process priority bacterial cultures and gaps in the detection of high-priority health care-associated infections.
- Overcrowded camps and shelters often have poor hygienic and sanitation measures.
- There is a shortage of trained health care workers, including environmental cleaners, to implement effective IPC practices.

Next steps

- WHO will continue supporting countries as they ensure that IPC is properly integrated into national strategies for preparedness, readiness and response to public health emergencies and review and update their national IPC plans for preparedness, readiness and response.
- WHO will support Member States in implementing IPC contingency plans, offering technical guidance on resource mobilization, capacity building and stockpiling of essential IPC supplies for emergency response efforts.



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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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