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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 THE REGION – JULY TO SEPTEMBER 2024*

Member State/territory	Event	WHO grade**
Djibouti	Acute watery diarrhoea (AWD)	Ungraded event
Lebanon	Cholera	G3 cholera-multi-regional emergency
Syrian Arab Republic	Brucellosis	P3 Syria complex emergencies
Syrian Arab Republic	Armed conflict	G3 Syrian Arab Republic escalation of hostilities
Yemen	Armed conflict	G3 Lebanon (and neighbouring countries) hostilities
Lebanon and neighbouring countries (YEM, IRQ, IRN, SYR, JOR, EGY)	Armed conflict	G3 Lebanon hostilities

*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.

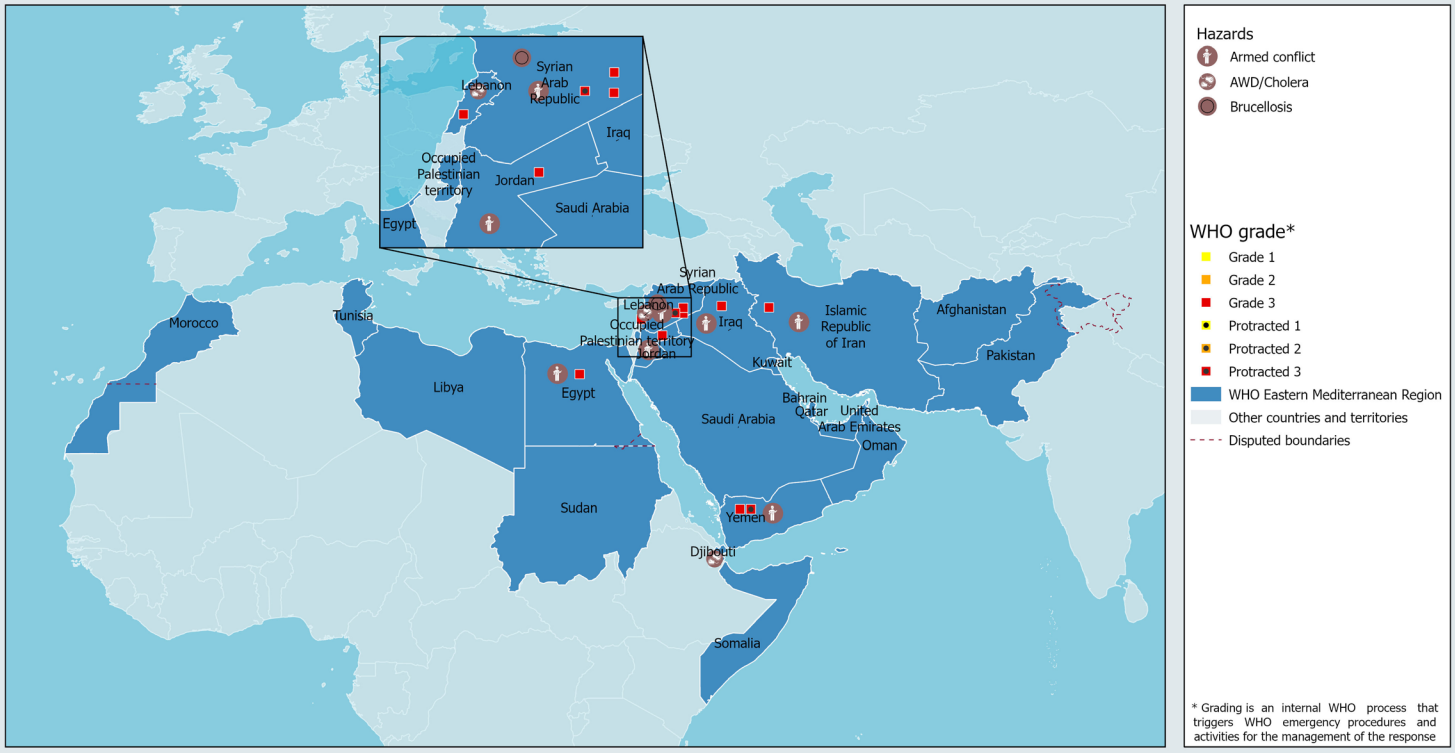
*** These events started and closed between July and September 2024.

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 October to 31 December 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:
Integrated disease surveillance

BACKGROUND

At a time when ongoing humanitarian crises, including natural disasters and conflicts, reinforce the need for robust data and evidence to inform and prioritize policy decisions, the COVID-19 pandemic exposed the weaknesses in existing disease surveillance systems. They are often fragmented, uncoordinated, paper-based and donor-driven, leading to inefficiencies and gaps in early detection and response.

To address these challenges, WHO Regional Office for the Eastern Mediterranean continues to advocate for an integrated disease surveillance (IDS) approach. In October 2021, the Sixty-eighth session of the WHO Regional Committee for the Eastern Mediterranean endorsed a regional strategy for integrated disease surveillance. The strategy includes key actions covering governance, technical guidance, laboratories, funding, infrastructure, human resources, data analysis and quality assurance, with a focus on using a consolidated electronic platform to enhance the effectiveness of surveillance systems, overcome data fragmentation and improve surveillance and public health intelligence.

The IDS approach involves a process of coordinated progressive convergence of data sources for effective, efficient and rapid decision-making. By aligning data streams, it reduces redundancies, enhances data accuracy and provides a comprehensive overview of the situation, supporting rapid and informed responses in dynamic and complex scenarios.

Effective public health surveillance relies on collaborative multisectoral and transdisciplinary efforts. To support the implementation of the IDS strategy, the WHO Regional Office for the Eastern Mediterranean has established a structured coordination mechanism, ensuring alignment between regional and national efforts. The IDS Technical Working Group (IDS TWG), composed of key departments including the Health Emergencies Programme (WHE), Polio Eradication, the Science, Information and Dissemination Department (SID), the Communicable Disease Control Department (DCD) and the Noncommunicable Diseases Department (NCD), serves as the primary governing body at the regional level. The group provides strategic guidance, oversees IDS implementation and ensures harmonized support across Member States. Additionally, technical sub-committees have been established to provide expertise in governance and advocacy, digital health solutions, laboratory integration and resource mobilization. At the country level, WHO country office IDS focal points liaise with national IDS governing bodies to facilitate effective surveillance integration and operationalization. This structured approach enhances timely information exchange, coordinated outbreak response and capacity-building initiatives, ensuring a stronger, more resilient regional disease surveillance system.

Challenges

The absence of national governance structures to support IDS results in fragmented and uncoordinated efforts and represents a major obstacle to implementing an effective IDS system. The leadership gap is further aggravated by the lack of a clear vision and policy when it comes to national integrated surveillance systems.

Even when systems exist, they often have poor data quality and lack completeness, making them suboptimal for decision-making, and many countries lack the technical and operational capacity to harmonize data from surveillance sources.

Financial constraints pose a major challenge. Funding is often inadequate, and vertical programmes tend to be prioritized over integrated approaches. Donor-driven surveillance systems compound the problem by focusing on short-term goals rather than sustainable, long-term solutions embedded in health systems.

Lack of collaboration among surveillance actors weakens the ability to address health threats comprehensively. Without strong coordination across sectors and levels efforts to integrate surveillance systems will remain fragmented.

Eastern Mediterranean Region:
Integrated disease surveillance

Next steps

The Regional Office for the Eastern Mediterranean aims to develop consolidated guidance for IDS implementation, covering both indicator-based and event-based surveillance, alongside training programmes and technical reference materials.

Enhancing coordination among disease surveillance stakeholders and strengthening partnerships are priorities. Stakeholders and partners play a vital role in supporting IDS implementation. Resource partners are encouraged to fund national surveillance systems. Technical partners, academia, national public health institutes, NGOs and UN agencies are encouraged to actively contribute to capacity-building, operational research and implementation.

The Regional Office is establishing a regional surveillance coordination platform to provide streamlined and comprehensive support to countries. The Regional Office will continue to foster collaboration among countries and partners and create opportunities for countries to share their experiences, and support countries as they digitalize surveillance systems, improve laboratory surveillance and strengthen event-based surveillance. Regional meetings and exchange visits enable countries to learn from one another and develop country-specific IDS roadmaps.

Strengthening national governance structures for IDS, developing national IDS strategies and roadmaps, and implementing them with support from WHO and partners will create a solid foundation for IDS.

Countries and territories across the Region are showing increased willingness and political commitment to adopt an IDS approach.

Health Security Partnership to Strengthen Disease Surveillance in Africa (HSPA) Project Closeout Meeting 4-5 September 2024, Cairo, Egypt
Photo credit: WHO EMRO

Egypt's integrated surveillance system: a model for synergistic public health intelligence

BACKGROUND

Egypt has pioneered surveillance integration by harmonizing event-based surveillance (EBS) with its existing indicator-based surveillance (IBS), creating a comprehensive early warning system for detecting and responding to public health threats. This integrated approach strengthens real-time threat detection, improves response coordination and ensures a proactive public health system.

Historically, Egypt's IBS has played a vital role in structured, routine data collection from health care facilities, providing a stable foundation for disease trend analysis and outbreak detection. However, IBS alone has limitations in capturing unexpected or emerging health threats outside of formal reporting systems. Recognizing this gap, Egypt's Ministry of Health and Population (MoHP) launched an EBS system in 2015, designed to detect threats from unstructured sources, including media reports, community observations, emergency call centres and cross-sectoral notifications.

Initially dependent on manual reporting and media scanning, EBS quickly demonstrated its value in providing timely alerts that IBS could not capture. To enhance efficiency and strengthen integration, Egypt transitioned to a national electronic EBS system in 2018. The digitalization of EBS, coupled with its integration into WHO's Epidemic Intelligence from Open Sources (EIOS), significantly improved the system's ability to identify, analyse and validate public health threats in real-time.

Creating an integrated surveillance system

The integration of EBS and IBS allows for a dual-stream surveillance system, one in which IBS provides structured, verified data on disease trends and EBS acts as an early warning layer, identifying unusual health events before they escalate into outbreaks. The two systems complement each other, ensuring a faster, more coordinated public health response.

To further strengthen integration, in September 2023 MoHP expanded EBS reporting to multiple sectors beyond public health, including curative health care, private hospitals, the Egyptian Ambulance Organization and the Egypt Healthcare Authority. Collaboration extended to the Ministries of Agriculture and Land Reclamation, Environment and Local Development, the Egyptian Drug Authority, the National Food Safety Authority and key NGOs. This multisectoral expansion ensures health threats are detected at multiple levels, aligning with the One Health approach to capture signals across human, animal and environmental health. Figure 1 depicts the increase in the number of signals reported in 2023 and 2024 after multisectoral expansion.

The synergistic effect of integrating IBS, EBS and multisectoral reporting has resulted in a stronger, faster and more agile public health system. Now, IBS validates and quantifies emerging threats detected by EBS, while EBS enhances IBS by capturing early warning signals that traditional surveillance might miss.

Building capacity for a fully integrated system

To support this integration, WHO, in partnership with Africa Centres for Disease Control and Prevention, the United States Centers for Disease Control and Prevention (US CDC) and the Food and Agriculture Organization (FAO), has provided comprehensive training to focal points across all sectors. These efforts focus on harmonizing workflows, enhancing cross-sectoral data sharing and improving risk assessment methodologies to ensure a seamless, collaborative response.

WHO's Egypt Country Office has played a pivotal role in developing national EBS guidelines, strengthening data-sharing mechanisms between IBS and EBS and providing ongoing technical support. This has resulted in a significant increase in validated health signals, demonstrating the effectiveness of an integrated surveillance approach in detecting and controlling public health threats more efficiently.

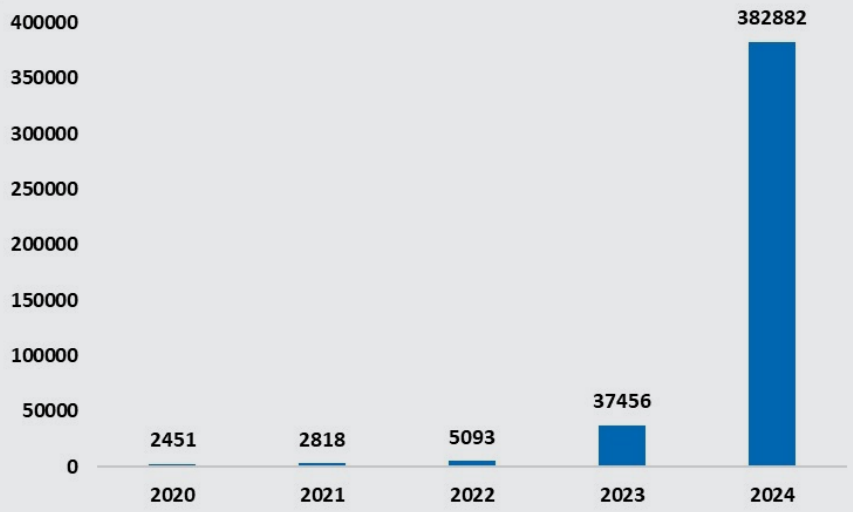
Egypt's integrated surveillance system:
a model for synergistic public health intelligence

The future of integrated surveillance in Egypt

With strong momentum behind IBS-EBS integration, MoHP, in collaboration with WHO, is expanding EBS to community-based surveillance, ensuring real-time reporting at the grassroots level, particularly among migrants, refugees and underserved populations. Plans are also underway to upgrade the electronic EBS system to handle higher data volumes, enhance system interoperability and develop a mobile application to facilitate real-time reporting and multisectoral engagement.

By fully integrating EBS and IBS, Egypt is creating a powerful, unified surveillance system that leverages structured data with real-time intelligence, allowing for rapid risk assessment, faster outbreak response and improved public health security. This model not only strengthens Egypt's preparedness for emerging and re-emerging health threats but also serves as a blueprint for surveillance integration in the Region.

Figure Number of reported health signals in Egypt (2020–2024). Source: MoHP



EBS multisectoral working group workshop to review Egypt EBS guidelines (2023).
Photo credit: WHO Egypt

Strengthening disease surveillance in Somalia: a transformative journey

BACKGROUND

In Somalia, persistent threats posed by communicable diseases such as polio, cholera and respiratory infections have been compounded by fragmented surveillance systems. While parallel, donor-driven systems focused on specific diseases were in place, they resulted in duplicated efforts, conflicting data and inefficient resource allocation. A 2016 Joint External Evaluation (JEE) revealed critical gaps, including limited capacity for disease surveillance and no systems for diseases like diphtheria. These systemic inefficiencies hindered Somalia's ability to detect and respond effectively to outbreaks.

In 2017, Somalia embarked on a transformative journey to overhaul its health surveillance systems. With support from WHO, the Federal Ministry of Health (FMoH) adopted an integrated disease surveillance and response (IDSR) approach which had been identified as a core solution in its National Action Plan for Health Security. A workshop in 2021 brought together over 60 stakeholders, including national and state health officials, international partners and neighbouring countries. This collaborative effort resulted in the design of an IDSR system tailored to Somalia's needs, identifying over 40 priority diseases for surveillance, and using DHIS2 as a data platform.

District Surveillance Officers training on sample collection, packaging and shipment for priority conditions listed in IDSR on 8 January 2025, in Mogadishu, Somalia

Photo credit: WHO/WHO Somalia

Strengthening disease surveillance in Somalia: a transformative journey

IDSR governance structure and implementation

Training on developing weekly IDSR Epidemiological bulletins, 29 October 2024, in Mogadishu, Somalia
Photo credit: WHO/WHO Somalia

To implement the IDSR framework effectively, the Federal Ministry of Health (FMoH) of Somalia established a Technical Working Group (TWG) tasked with overseeing implementation, mobilizing resources and developing standardized surveillance guidelines and training materials. The TWG brought together national and state-level health authorities, international partners and experts to drive integration efforts.

A critical component of this transition was the harmonization of data systems, ensuring interoperability between indicator-based surveillance (IBS) and event-based surveillance (EBS). This effort streamlined data collection, analysis and reporting processes by consolidating multiple fragmented systems into a centralized national surveillance platform built on DHIS2. This platform enabled real-time disease trend monitoring, risk assessment and outbreak forecasting.

To strengthen laboratory networks, Somalia expanded its public health laboratory infrastructure, improving diagnostic capabilities for high-priority diseases such as cholera, measles and diphtheria. This facilitated faster sample testing and genomic sequencing, significantly enhancing early outbreak detection and epidemic response efficiency.

Investing in workforce capacity was a cornerstone of the strategy. The FMoH expanded the workforce by deploying district surveillance officers and implementing frontline field epidemiology training programmes (FETP) to equip health personnel with the necessary skills for case detection, risk assessment and outbreak response coordination. Multisectoral engagement was prioritized, fostering stronger collaboration between the health, agriculture, environment and security sectors, ensuring One Health integration across surveillance efforts.

By 2024, Somalia had achieved remarkable progress in strengthening surveillance capacity. The IDSR system, now integrated into over 400 health facilities, provides real-time data collection and analysis for 28 priority diseases. Improved data quality and harmonized reporting have streamlined outbreak detection and response, allowing officials to identify and address health threats more effectively. The system detected diphtheria cases for the first time in over 50 years, prompting moves to build testing capacity for the disease and discussions on expanding laboratory capabilities.

The IDSR system's multisectoral approach has fostered greater collaboration among health stakeholders, reducing costs through integrated training and supervision. Enhanced data visibility and decision-making capabilities have improved resource allocation and outbreak management, helping solidify progress in building a resilient health surveillance infrastructure.

Way forward

Somalia is committed to further strengthening its IDSR system. Plans include expanding coverage to over 1000 facilities, integrating EBS and developing systems for antimicrobial resistance and maternal and perinatal health surveillance. Upgrading the electronic platform and creating mobile reporting applications will ensure more efficient data management, particularly at the community level.

WHO and Ministry of Health personnel check for IDSR priority conditions during a joint support supervision visit to a health centre in Beledweyne district, Hirshabelle State, Somalia.
Photo credit: WHO/WHO Somalia

Libya's path to integrated disease surveillance: strengthening early detection and response

BACKGROUND

Libya has faced persistent challenges in disease surveillance, compounded by conflict, political instability and a fragmented health system. The ability to detect and respond to public health threats was severely weakened due to the closure of health facilities and disrupted reporting structures. In response, Libya, with support from WHO, embarked on a transformation journey to strengthen its national surveillance system and align it with the Integrated Disease Surveillance (IDS) Strategy adopted by the Eastern Mediterranean Region.

In 2016, Libya introduced the Early Warning, Alert, and Response Network (EWARN) as an emergency measure to detect outbreaks in conflict-affected areas. While effective in crisis settings, the system had limited geographical coverage and was not fully integrated with national surveillance efforts. Disease surveillance remained largely vertical and fragmented, with separate reporting structures for diseases such as measles, tuberculosis, malaria and acute respiratory infections.

Recognizing the need for a more resilient, comprehensive and integrated surveillance system, Libya's health authorities, in collaboration with WHO, committed to adopting IDS as a national strategy in 2023. The objective was to enhance disease detection, response coordination and data utilization and ensure that all health threats – whether endemic, epidemic or emerging – were captured in a single surveillance framework.

Strengthening governance and multisectoral collaboration

Governance is a key pillar of the regional IDS strategy, and Libya has made strides in establishing a national IDS coordinating body. This entity oversees the integration process, ensuring collaboration across various health sectors and aligning efforts with national health security priorities. A national IDS steering committee was formed, bringing together epidemiologists, digital health experts, laboratory specialists and policy-makers to guide decision-making and implementation. This governance mechanism ensures sustainability, accountability and a multisectoral approach, particularly in integrating human, animal and environmental health surveillance under the One Health framework.

IDS implementation and digital transformation

A critical step in Libya's IDS implementation was the digitalization of surveillance systems to improve real-time data reporting, analysis and response. With technical support from WHO, the RASED digital platform was developed to replace paper-based reporting. The platform was piloted in select municipalities before its gradual expansion nationwide.

Key milestones achieved in Libya's IDS transition include:

- expansion of surveillance coverage – the number of reporting sites increased from 125 in 2016 to 326 facilities by 2024;
- enhanced disease monitoring – the surveillance system now covers 47 priority diseases and conditions, enabling weekly and immediate event-based reporting;
- improved data integration – RASED ensures real-time data flow between national and regional health authorities, strengthening early warning mechanisms; and
- updated national surveillance guidelines – Libya revised its surveillance protocols to align with IDS principles, ensuring harmonization between event-based (EBS) and indicator-based surveillance (IBS).

Consultative meeting on the implementation of integrated disease surveillance in Libya. December 2023
Photo credit: WHO Libya

Libya's path to integrated disease surveillance: strengthening early detection and response

Capacity-building and workforce development

To ensure the sustainability of IDS, workforce development has been a priority. WHO has provided training for surveillance officers, focusing on:

- digital data management using the RASED platform;
- rapid risk assessment and outbreak response coordination; and
- field epidemiology training to strengthen frontline surveillance capacity.
- These efforts have empowered local health professionals, improving the overall efficiency of disease surveillance and response.

Way forward: strengthening surveillance for a resilient health system

Libya remains committed to expanding IDS coverage and enhancing its digital capabilities. The next steps include:

- scaling up indicator-based surveillance and event-based surveillance to all municipalities;
- developing national SOPs for all 47 priority diseases under IDS;
- further integrating laboratory networks with epidemiological surveillance to improve early outbreak detection; and
- enhancing cross-border collaboration to strengthen regional health security.

Through continued investment in digital transformation, governance and workforce capacity, Libya is solidifying its surveillance infrastructure, ensuring timely detection and effective response to public health threats. This progress marks a significant milestone in Libya's public health resilience, demonstrating that even in challenging settings a unified and well-integrated disease surveillance system can transform national health security and preparedness.

Consultative meeting on updating the Libyan notifiable communicable diseases list. January 2024
Photo credit: WHO Libya

World Health Organization

Eastern Mediterranean Region

WHO Health Emergencies Programme
WHO Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street
Extension of Abdel Razak
El Sanhouri Street
P.O. Box 7608
Nasr City, Cairo, 11371, Egypt

Country office contributors

Rmadhan Mohamed Osman
M Joan Karanja
Amira Ahmed

Regional Office contributors

Osman M ElMahal
Mohammad Nadir Sahak
Muzhgan Habibi
Mai Abdalla

Geographical information system
Hanem Mohamed Basha
Ji Yeong Sung

Design
Zena Harb

Editing
Nigel Ryan

Editorial advisory group

Aura Corpuz
Sarah Eissa
Mona ElBarbary
Osman M ElMahal
Farida Mahgoub
Thomas Mollet
Abdihamid Warsame

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.

For more information and queries, email:
emrgowhebulletins@who.int