



**World Health  
Organization**

Eastern Mediterranean Region

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# Health emergencies new events and map

## NEW EVENTS IN EASTERN MEDITERRANEAN REGION – APRIL TO JUNE 2024\*

Member State/territory	Event	WHO grade**
Iran (Islamic Republic of)	Dengue	Grade 3
Libya	Refugee influx from Sudan	Ungraded

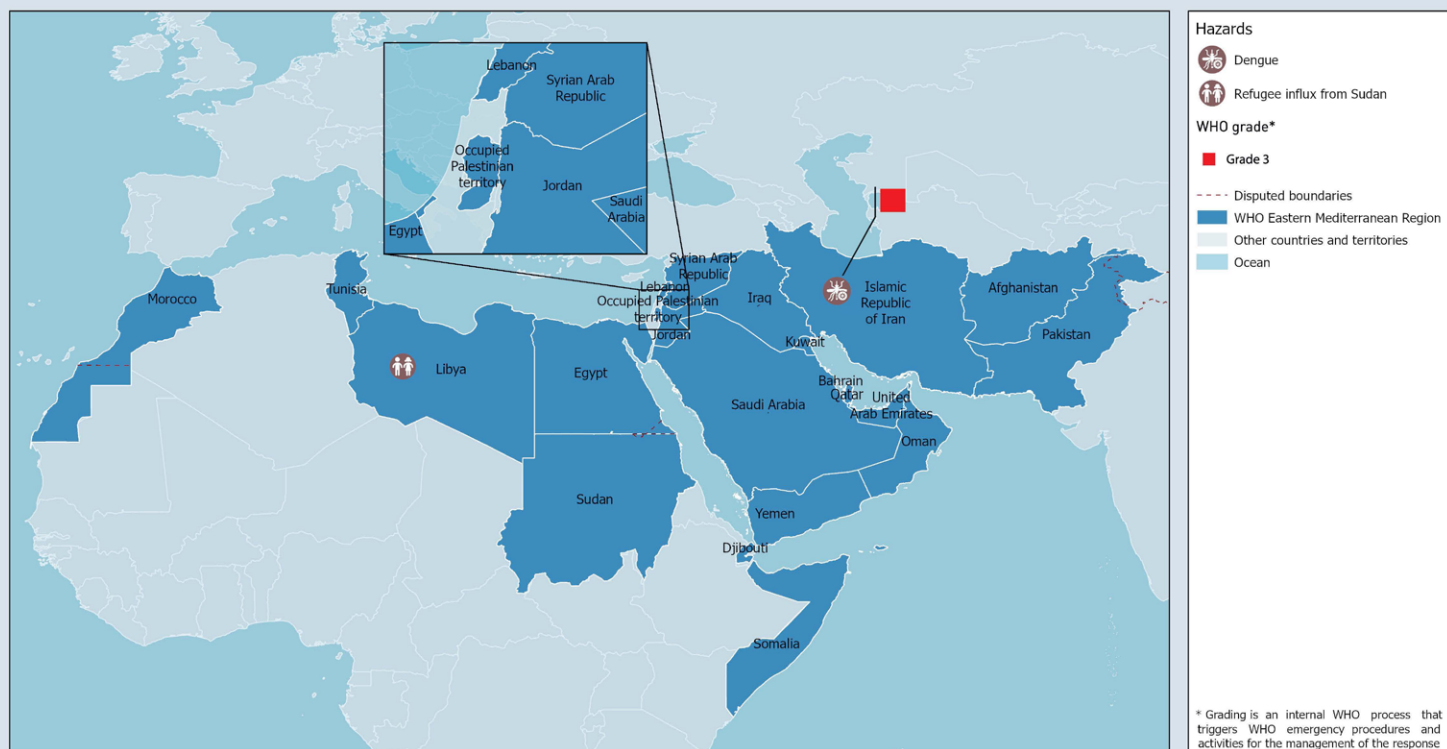
\*This table only includes new events that started between April and June 2024.

\*\*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 April to 30 June 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: trauma care initiatives during health emergencies

## BACKGROUND

Conflicts, natural disasters and public health crises are among the humanitarian emergencies the Eastern Mediterranean Region faces. The challenges they pose underscore the urgent need for effective trauma care interventions across the Region.

Ongoing wars in the occupied Palestinian territory and Sudan and protracted conflicts in Libya, Somalia and the Syrian Arab Republic have resulted in widespread displacement, destruction of infrastructure and a complete collapse or lack of access to essential health care services, and have caused significant physical and psychological trauma-related injuries among affected populations. Ongoing violence and instability worsen the challenges in delivering timely and effective trauma care, highlighting the urgent need for intervention.

This special edition is dedicated to trauma care, with a focus on the occupied Palestinian territory and Sudan. It underscores the importance of sustained efforts to enhance

trauma care capacity to address health emergencies in the Region. Through targeted interventions and collaboration with local partners and stakeholders, WHO aims to strengthen trauma care systems, reduce morbidity and mortality and improve health outcomes.



Natural disasters, such as the drought in Somalia, displace people and worsen health crises.

Photo credit: WHO/M. Sudani

## RESPONSE ACTIVITIES

### Regional Trauma Initiative overview

The Regional Trauma Initiative, a concerted effort by WHO to address escalating trauma needs driven by ongoing conflicts and disasters in the Region, was launched in 2022. The initiative is prioritizing Afghanistan, Iraq, Libya, occupied Palestinian territory, Somalia, Sudan, the Syrian Arab Republic, Lebanon and Yemen, all of which face ongoing humanitarian emergencies.

With the support of USAID, the Regional Trauma Initiative at the Health Emergencies Programme has worked towards developing a regional framework that can be adopted by countries and territories with humanitarian trauma needs. The framework, built on an holistic approach to trauma, aims to improve patient outcomes from the point of injury through surgery to complete physical and mental rehabilitation.

The Initiative aims to reduce avoidable trauma-associated mortality and disability during humanitarian emergencies by:

- Establishing sustainable trauma care pathways in chronic humanitarian emergencies to ensure timely and appropriate care based on international standards and best practices.

- Reducing the impact of acute disasters and mass casualty incidents on civilian populations by building a sustainable trauma response system that can be upscaled to meet any sudden increase in demand.
- Driving operational research, disseminating best practices, advocacy and facilitating knowledge exchange regionally and globally.



With hospitals such as Al-Shifa hospital in the Gaza Strip devastated by wars, immediate trauma care intervention is urgently needed to save lives and manage injuries effectively.

Photo credit: WHO

# Eastern Mediterranean Region: trauma care initiatives during health emergencies

## Trauma Operational and Advisory Team

- The Trauma Operational and Advisory Team (TOPAT) is at the heart of the Initiative. The permanent regional core team provides both remote technical guidance and hands-on support where necessary.
- Recognizing that many problems confronting civilian populations in need are common across humanitarian emergencies, TOPAT is developing response templates that can be locally adapted.
- TOPAT addresses trauma needs from injury to arrival at the emergency department. Between 60%–80% of all trauma deaths in humanitarian emergencies in the Region occur before reaching hospital. Although regional data on trauma is scarce, surveys and focus groups conducted by TOPAT reveal that community volunteers and other frontline workers lack training and supplies for basic lifesaving interventions such as haemorrhage control. Extrapolation from the military literature reveals that at least 27% of deaths could be avoided with the application of simple, immediate lifesaving techniques. It follows, then, that by focusing on immediate and early trauma care as the first phase of the Regional Trauma Initiative, a significant number of deaths can be avoided.
- The Initiative recognizes that health care professionals' skills and knowledge must be matched with material supplies to implement change. The didactic teaching of health care standards that cannot be put into practice is a significant source of frustration for health workers. It adversely affects staff retention, a problem throughout the Region. The converse – when supplies are provided in bulk but divorced from training – is also true. To strengthen trauma care capacities, efforts will be made to ensure that supplies are tailored to the health care workforce.
- With access and security issues hampering humanitarian agencies' efforts to provide care, interventions have often focused on accessible communities rather than those with the greatest needs. Trauma leaders from across the Region are being trained and empowered with the goal of cascading the training at country level, including in remote areas where needs are greatest. By delivering centralized training at a regional site, the aim is to build a cadre of local trauma leaders who can cascade the framework to the most remote communities and facilities. This approach will be supplemented by remote mentorship and virtual reality training.

## Activities in the Region

The Regional Trauma Initiative has implemented the following activities:

### Establishment of trauma working groups

Since the inception of the initiative, trauma working groups have been formed and technically supported in targeted countries, including Somalia, Sudan and the Syrian Arab Republic. These groups serve as platforms for multisectoral collaboration, information sharing and strategic planning to address trauma care needs in humanitarian emergencies.

### Data collection and needs assessment

A comprehensive data collection effort has been undertaken to assess the scope and magnitude of trauma-related needs in the Region. Key gaps and challenges in trauma care delivery have been identified through surveys, interviews and health facility assessments, which then inform evidence-based decision-making and resource allocation.

### Development of trauma care frameworks

Based on the findings of needs assessments, trauma care frameworks have been developed to guide the planning, implementation and evaluation of trauma care interventions in targeted countries. These frameworks outline standards of care, clinical protocols and referral pathways, ensuring a systematic approach to trauma care.

### Capacity-building and training programmes

Significant progress has been made in enhancing the capacity of frontline health care providers and emergency responders through training programmes. Hands-on workshops, simulation exercises and e-learning modules have strengthened skills in mass casualty management, trauma assessment, resuscitation and emergency medical procedures.

# Focused trauma care efforts

In addition to ongoing response activities across the Region, WHO has concentrated trauma care efforts on countries and territories severely impacted by conflicts and war. Below are the key activities carried out between April and June 2024, demonstrating WHO's commitment to addressing urgent trauma care needs in these challenging environments.

## Occupied Palestinian territory

### BACKGROUND

In the occupied Palestinian territory, the Gaza Strip's health system, already critically under-resourced, faces further challenges due to the escalating hostilities that started on 7 October 2023. Since 7 October 2023, continued airstrikes and siege have restricted the entry of essential supplies into the Gaza Strip, including water, food, fuel, non-food items, essential medical and trauma supplies and medicines.

Between 7 October 2023 and 30 June 2024, at least 38 000 people were killed and 87 000 people injured in the Gaza Strip. Approximately 1.9 million people have been displaced to 41 km<sup>2</sup> – only 11% of the Gaza Strip –

designated as a “humanitarian area”. In addition, ongoing military operations and evacuation directives continue to severely disrupt health service provision.



A destroyed ambulance in the Gaza Strip, October 2023.

Photo credit: WHO

### RESPONSE ACTIVITIES

WHO and its partners have been responding to and addressing the critical needs of the health care system, including trauma care. The following initiatives have been carried out to mitigate the impact of the humanitarian crisis on the health of affected populations.

#### Field activities

- WHO and partners continue to carry out missions, support patient transfers, conduct needs assessments, support the deployment of [Emergency Medical Teams](#) (EMTs) and field hospitals, and deliver fuel, water, medical supplies and drugs to health facilities across the Gaza Strip. As at 30 June 2024, 146 missions had been conducted to the north of Wadi Gaza. Of these, 71 missions were facilitated, 39 were denied, 15 were cancelled and 21 were impeded.
- WHO, in collaboration with the Palestinian Ministry of Health, assessed 19 medical points across the southern governorates to evaluate their capacities to incorporate urgent delivery services.
- As at 30 April 2024, WHO, partners and hospital staff have made significant progress restoring the Nasser Medical Complex. Key areas such as the emergency room, nine operating theatres, the intensive care unit, maternity ward, neonatal intensive care unit and outpatient department are now partially operational. These facilities are critical for delivering effective trauma care, allowing medical teams to respond swiftly to severe injuries. National staff and emergency medical teams are actively working on-site to provide essential care and services.



# Occupied Palestinian territory

## Supplies

- WHO has procured health commodities valued at US\$ 28.6 million, with 53% – totalling approximately 745 metric tonnes – delivered to the Gaza Strip. Deliveries include essential trauma emergency supply kits (TESK), noncommunicable diseases emergency kits, severe acute malnutrition (SAM) kits and critical medications and supplies needed to maintain essential health services.
- WHO continues to support partners in northern and southern governorates by delivering essential trauma-related medical supplies. These include medications, consumables and equipment delivered to medical partners.
- A large WHO warehouse has been established in Deir al Balah and a sizable volume of medical supplies relocated there from WHO warehouses in Rafah after they became unreachable after the incursion. These measures help to ensure the rapid movement of trauma care supplies to Khan Younis, Middle Area and northern Gaza when needed.
- To strengthen health partners' response, WHO provided Interagency Emergency Health Kits (IEHK) 2017 Basic Renewable and Equipment Module, Supplementary Module Medicines, and IEHK 2017 Supplementary Module Equipment, including medicines for mental health and noncommunicable diseases.



A partially destroyed health facility in the Gaza Strip.

Photo credit: WHO

# Occupied Palestinian territory

## Challenges

The war, and attacks on health, compound the difficulties of providing trauma care. Challenges include:

- **Health system breakdown**  
The ongoing dismantling of the health system has significantly reduced the availability of health services, threatening the right to health of over 2.2 million people in the Gaza Strip.
- **Emergency Medical Teams (EMTs) hindrance**  
Due to the deteriorating security situation, there are no EMTs or functional health facilities in Rafah and Northern Gaza Valley. This absence affects the delivery of trauma care and emergency services.
- **Hospital functionality**  
Out of 23 hospitals, 13 are partially functional. Due to insecurity and damage to surrounding roads, of these 13, only 11 are partially accessible, limiting the provision of essential health care, including for trauma care patients.
- **Closure of Rafah crossing**  
The closure of the Rafah crossing with Egypt has completely halted the medical evacuation of patients, including for trauma care. As at 7 May, approximately 1500 patients (50 patients per day on average) have been unable to evacuate. Out of 12 760 cases requested for medical evacuation, only 4895 (38%) had been evacuated by the same date. An estimated 14 000 patients require medical evacuation, with the figure expected to increase given the diminishing capacity of the health system and ongoing escalation. The closure also poses a challenge to the rotation of humanitarian workers in and out of the Gaza Strip, hindering the delivery of humanitarian interventions.
- **Supply restrictions**  
Following the Rafah incursion and closure of the crossing, entry restrictions on medical supplies, medications, tents and building equipment have impacted the setting up and operating temporary health facilities. By hindering supplies and the establishment of facilities critical for emergency medical responses, the restrictions affect patients, including trauma care patients.
- **Health care provision**  
Evacuation orders, deteriorating security conditions and population displacement undermine health care provision due to staff displacement and partners being forced to evacuate and relocate their services.
- **Fuel shortages**  
Fuel shortages threaten the continuity of humanitarian interventions, including health care provision, impacting the functionality of hospitals, primary health care centres and ambulance services.
- **Telecommunications disruption**  
Disrupted telecommunication negatively affects partners' operations and coordination and weakens referral mechanisms for trauma care patients, including community to health facility referrals, and referrals between health facilities.



## BACKGROUND

In Sudan, the ongoing intense armed conflict that erupted on 15 April 2023 has resulted in a series of humanitarian crises. As at 21 January 2024, 7.6 million people had been displaced inside and outside Sudan, more than 13 000 people had been killed according to the Armed Conflict Location & Event Data Project (ACLED), and 26 000 injured according to Federal Ministry of Health figures.

The war has severely strained Sudan's health care system. Challenges include the devastation of health facility infrastructure, limits on access, critical shortages of medicines and supplies, overwhelmed health personnel with limited training, and disease outbreaks.

As at 21 January 2024, over two-thirds of main hospitals in affected areas were out of service, and more than 11 million people in urgent need of health care. Attacks on health care

facilities, shortages of medical staff, supplies and electricity and disrupted disease surveillance pose serious challenges to the delivery of care and detection of disease outbreaks.



Hospitals are severely affected by to the ongoing war in Sudan.

Photo credit: Ivor Prickett/The New York Times

## RESPONSE ACTIVITIES

In response to the humanitarian crises caused by the war in Sudan, the following efforts have been made to address people's needs:

### Technical Working Groups

Since the outbreak of the war, the Technical Working Groups platform has been activated to share information about trauma-related activities and the current situation. Initially activated on a weekly basis, it has transitioned to a monthly schedule.

### Capacity building

In May 2024, a five-day training course on rehabilitation in conflict settings was organized for the first time in the Region by WHO, in collaboration with the Federal Ministry of Health and the Ministry of Social Development. The training course was held in Port Sudan.

A total of 29 participants attended the training, representing both ministries and various specialized authorities, including the National Authority for Prosthetics and Orthotics and the Sudan Medical Specialization Board.

Participants engaged in practical sessions on prioritizing patients, clinical scenarios and the managing of complex cases, such as burns and spinal cord injuries, in low-resource settings.



Simulation exercise during the rehabilitation training in Port Sudan in May 2024.

Photo credit: WHO/WHO Sudan

## Emergency Medicine and Trauma Taskforce

In June 2024, WHO initiated the second phase of the Emergency Medicine and Trauma Taskforce by deploying specialists to support service provision.

Activities included the implementation of the [Emergency Care Toolkit](#), on-the-job capacity building for core staff in emergency departments and redesigning patient flow at Dongola Specialized Hospital in Northern State. The initiative also supported the management of an emergency room that handles 4500 patients a month and provided capacity-building training to over 50 core medical staff working there.

## Support for Emergency Medical Teams (EMTs) deployment

In June 2024, the Federal Ministry of Health requested the deployment of EMTs to enhance trauma care capabilities. Finalization of the deployment process is in progress.

## Challenges

Health response interventions since the outbreak of the war in Sudan continue to face challenges. They include:

- **Security constraints**  
Some states are inaccessible due to ongoing security concerns, hindering the ability to conduct training and limiting participant travel to other regions to attend training. Even when travel is possible, there is a significant risk of health service disruption during participants' absence to attend training sessions.
- **High turnover**  
The more than 75% turnover rate among emergency and trauma specialized doctors impacts the continuity of care and training efforts.
- **Training materials shortage**  
There is a shortage of training materials for basic emergency care and mass casualty management and the WHO Country Office in Sudan is facing significant expenses due to the high costs of renting these materials.
- **Shortage of facilitators**  
A limited number of facilitators are available to conduct training sessions.

## Next steps

- **Capacity building**  
WHO will conduct trainings on mass casualty management and basic emergency care in August 2024 in collaboration with the Federal Ministry of Health in Port Sudan. Basic emergency care and mass casualty management sessions targeting 60 participants will also be conducted in Kassala and Gedarif states in late October and November 2024.
- **Trauma supplies**  
Between April and June 2024, WHO provided 232 Trauma Emergency Supply Kits (TESKs) to Ministry of Health hospitals and partners across various states. The kits contain essential supplies for trauma and emergency care and are crucial in supporting health care systems during crises such as natural disasters, conflict and public health emergencies.
- **Deployment of specialists**  
Twelve emergency and trauma specialists will be deployed across various states in Sudan to support service provision and implement the Emergency Care Toolkit in hospitals.

WHO is dedicated to addressing and enhancing urgent trauma care needs in the Eastern Mediterranean Region, particularly in countries affected by conflicts and emergencies. Building on the trauma care efforts outlined in this special edition, and with the continued support of partners and stakeholders, WHO aims to create sustainable improvements in health services, ensuring the most vulnerable populations receive the care they urgently need.



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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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