

WHO Health Emergencies
Programme

Addressing HEALTH EMERGENCIES

in the Eastern Mediterranean
Region



World Health
Organization

Eastern Mediterranean Region



419

بيانات جميع

الرياض

41 غير ملتمه 54 ملتمه 1 كرج النجحه

القصيم

1 غير ملتمه 20 ملتمه 0 كرج النجحه

تبوك

1 غير ملتمه 12 ملتمه 0 كرج النجحه

الدرن

Health Center	Percentage	Value	Value	Value	Value
Qumayh RHD	4.80%	102.16	425	100.0%	100.0%
Qumayh Health Center (Qumayh)	4.76%	101.8	425	100.0%	100.0%
Riyadh First Health Center (Riyadh1)	3.40%	72.4	213	100.0%	100.0%
Jubbah RHD	3.30%	70.0	213	100.0%	100.0%
Al Ahsa Health Center (Hail)	2.80%	59.2	213	100.0%	100.0%
Baha RHD	2.80%	59.2	213	100.0%	100.0%
Riyadh Third Health Center (Riyadh3)	2.50%	52.5	213	100.0%	100.0%
Hail Health Center (Hail)	2.40%	50.4	213	100.0%	100.0%
Eastern Health Center (East)	2.30%	48.6	213	100.0%	100.0%
Najran RHD	2.10%	44.1	213	100.0%	100.0%
Tahla RHD	2.00%	42.4	213	100.0%	100.0%
Riyadh Second Health Center (Riyadh2)	1.90%	40.6	213	100.0%	100.0%
Al Bahra RHD	1.80%	38.8	213	100.0%	100.0%
Makkah Health Center (Makkah)	1.80%	38.8	213	100.0%	100.0%
Northern Border RHD	0.80%	16.8	213	100.0%	100.0%
Jima RHD	0.80%	16.8	213	100.0%	100.0%
Al Jouf RHD	1.80%	38.8	213	100.0%	100.0%

Ticketing Status New: 22 Overdue:

Ada'a OPD Weekly Report

NHCC Last refresh: Oct 14, 2023

Department (group)	Percentage of appointments with special appointments	Percentage of patients with special appointments	Specialty with the highest waiting time	Calculated days until 3rd available appointment	Total volume of cases booked appointments	Average calculated days until 3rd available appointment
Makkah Health Center (Makkah)	3%	57%	Nephrology	181	58,819	19
Eastern Health Center (East)	0%	49%	Pulmonology	180	97,947	15
Riyadh First Health Center (Riyadh1)	0%	53%	Orthopedics	157	11,654	11
Jubbah RHD	1%	32%		106	46,703	14
Tafel RHD	0%	41%		91	14,100	15
Hail Health Center (Hail)	0%	28%		81	14,100	15
Qumayh Health Center (Qumayh)	4%			78	14,100	15
Makkah Health Center (Makkah)	0%			77	14,100	15
Riyadh Third Health Center (Riyadh3)	0%			77	14,100	15
Al Jouf RHD	0%			77	14,100	15
Al Ahsa Health Center (Alahsa)	0%			77	14,100	15
Qumayh RHD	0%			77	14,100	15



The Eastern Mediterranean Region at a glance¹



The WHO Eastern Mediterranean Region faces emergencies from multiple hazards – outbreaks, conflict, natural disasters and technological disasters – increasing in scale and frequency, resulting in enormous health needs and risks.

Home to

767



million people

an estimated

9%



of the world's population.

The Region hosts

107



million people in need of humanitarian assistance

which represents

35%



of the global total.

The Region is also the source of

55%



of the world's refugees

and hosts

47%



of the global burden of internally displaced people.

32



million people are forcibly displaced in the Region

13




countries in the Region are directly or indirectly affected by conflict.

Attacks on health care are among the most concerning features of modern-day conflicts and are, unfortunately, very prevalent across the Region. 929 instances of such attacks were recorded in eight countries and territories of the Region in 2023, a fourfold increase compared to 2022. These attacks led to 673 deaths and over 1000 injuries.


¹ As of 31 August 2024.

Of the Region's 
22 countries and territories


9 are classified by the World Bank as **fragile or conflict-affected situations**

6 
rank the lowest globally on the World Bank **political stability** and absence of violence index

8 recorded **> 1000** 
deaths due to violent conflict in 2023.

5/10 
of the world's deadliest natural disasters affected the Region in 2022-2023.

Frequent natural disasters
such as floods, drought and earthquakes represent additional hazards to health



Disease outbreaks in the Eastern Mediterranean Region in 2024²

In the Eastern Mediterranean Region, disease outbreaks are on the rise, driven by climate change, state fragility, urbanization and environmental degradation, among other factors.

In 2024, WHO has already responded to

69 

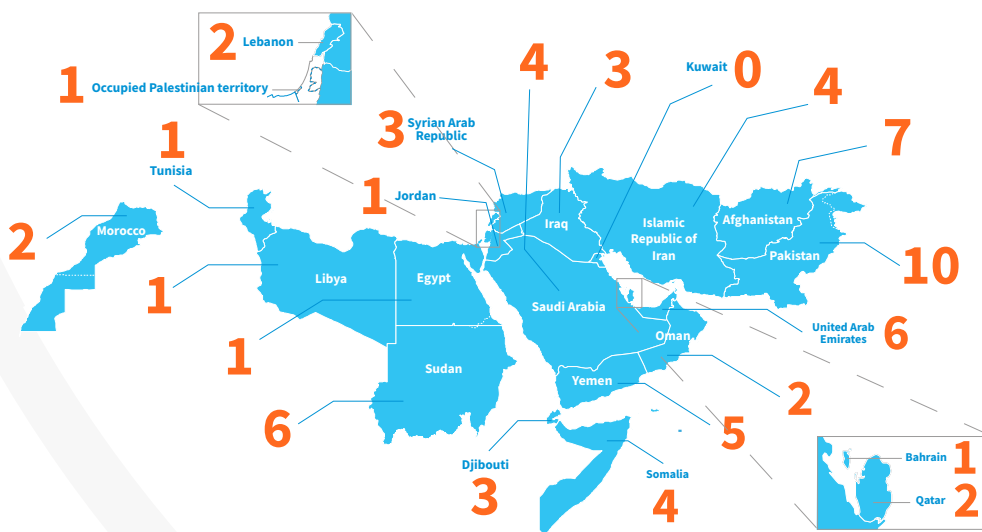
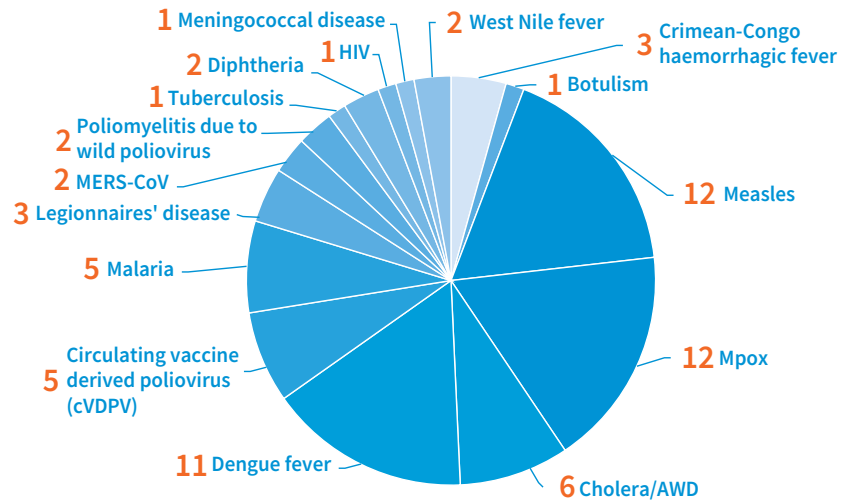
disease outbreaks across the Region, excluding the COVID-19 pandemic

up from

31 

outbreaks for the whole of 2021.

21 
countries and territories in the Region experienced an outbreak in 2024.



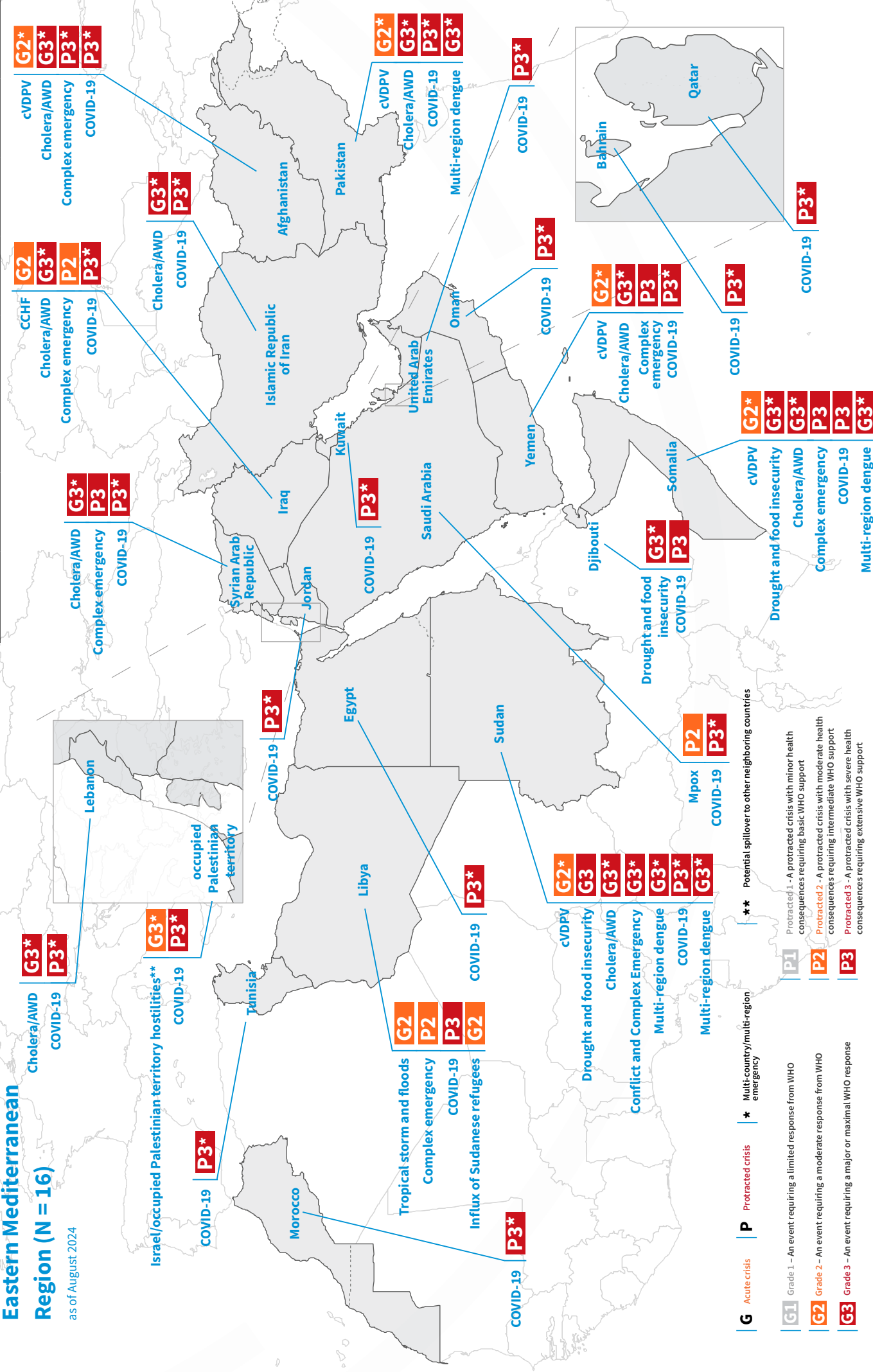
More frequent outbreaks of cholera/acute watery diarrhoea (AWD), measles and dengue fever are markers of weakening health systems. Countries in the Region are vulnerable to emerging infectious disease threats including chikungunya, Crimean-Congo haemorrhagic fever (CCHF), dengue, diphtheria and Rift Valley fever. Middle East respiratory syndrome coronavirus (MERS-CoV) first emerged in the Eastern Mediterranean Region.

² As of 31 August 2024.

Current graded emergencies in the Eastern Mediterranean Region (N = 16)

as of August 2024

Grade	G1	G2	G3	P1	P2	P3	Total
Number of emergencies	0	4	5	0	2	5	16



G Acute crisis | **P** Protracted crisis | ****** Potential spillover to other neighboring countries

G1 Grade 1 - An event requiring a limited response from WHO
G2 Grade 2 - An event requiring a moderate response from WHO
G3 Grade 3 - An event requiring a major or maximal WHO response

P1 Protracted 1 - A protracted crisis with minor health consequences requiring basic WHO support
P2 Protracted 2 - A protracted crisis with moderate health consequences requiring intermediate WHO support
P3 Protracted 3 - A protracted crisis with severe health consequences requiring extensive WHO support

****** Multi-country/multi-region emergency

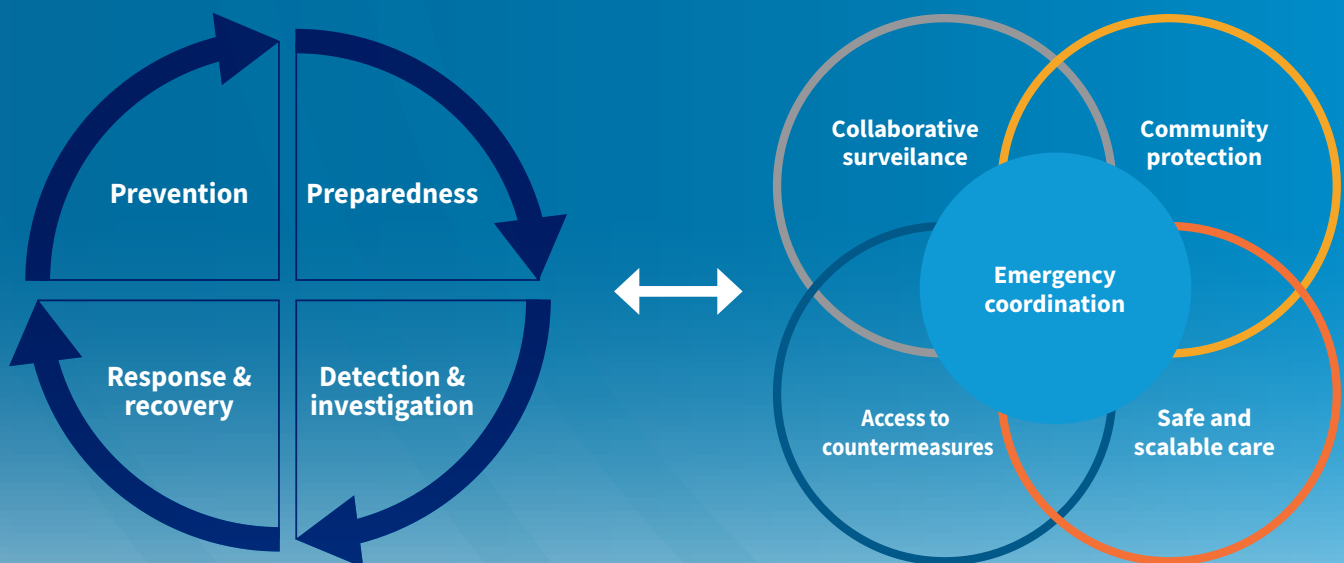
What we do

The WHO Health Emergencies Programme (WHE) is committed to saving lives, minimizing suffering and providing relief during times of crisis.

Our work in the Region

is governed by WHO's General Programme of Work (GPW) and WHO regional strategic operational plan 2025–2028, and is aligned with the Global Health Emergency Preparedness and Response (HEPR) Framework.

WHO employs a comprehensive all-hazards approach to emergency management, building the capacities of Member States and the Organization to better prevent, mitigate, prepare for, detect, respond to and recover from health emergencies. We follow the core principles of: whole-of-society and whole-of-government engagement; prepared and informed communities; One Health; and cross-sectoral collaboration.



We contribute to improved emergency management across the Eastern Mediterranean Region by:

- Assessing and addressing gaps in national preparedness, with special emphasis on implementation of the International Health Regulations, 2005 (IHR)
- Enhancing local capacities for early detection of health emergencies, especially diseases of epidemic and pandemic potential
- Strengthening country capacities to prevent, prepare for, detect and respond to acute and protracted emergencies
- Supporting a robust national response to emergencies and assisting with early recovery efforts.

Tackling high-threat pathogens

Epidemic and pandemic prevention and preparedness

WHO works in an integrated manner with countries to tackle risks from diseases with epidemic and pandemic potential. This requires disease risk profiling, surveillance and laboratory networks, hot spot mapping, clinical management, vaccination programmes, multisectoral coordination and collaboration, risk communications, engaged communities, and reliable logistics.

A backbone of this system is a strong country-level and regional laboratory network. By 2023, all 22 national reference laboratories and over 300 other laboratories had passed external quality control review. Three regional reference laboratories have been established for genomic sequencing.

Strengthening public health intelligence and surveillance

Public health intelligence functions are vital for strengthening national, regional and global health security. WHO monitors open sources 24/7 to identify public health events early and respond rapidly. As part of this effort, in 2023, 2500 signals were captured, 41 public health events were created in the Event Management System, and 23 rapid risk assessments/public health situation analyses were conducted, 19 Event Information Site entries submitted and 19 Disease Outbreak News reports were posted and disseminated. A regional integrated disease surveillance strategy has been designed to assist countries in strengthening their national surveillance systems.

Key achievements

- All 22 countries and territories are equipped with real-time reverse transcription-polymerase chain reaction capacity for detecting influenza viruses in over 2500 laboratories;
- 22 countries and territories have trained functional rapid response teams at national and subnational level;
- 21 countries have functioning national genome sequencing capacities;
- 9 emergency-affected countries are implementing functional real-time surveillance systems;
- 5 countries have adopted the DHIS2 as a centralized data solution to facilitate the integration of data from different systems;
- 11 countries are now implementing event-based surveillance and 12 have deployed Epidemic Intelligence from Open Sources (EIOS) to strengthen capacity for the early detection of public health events.



Strengthening country health emergency preparedness



Enhancing preparedness and operational readiness for all hazards is essential for effective emergency response.

The IHR Monitoring and Evaluation Framework, with its four components of State Party Self-Assessment Annual Reporting (SPAR), Joint External Evaluation (JEE), intra/after-action reviews (IAR/AAR) and simulation exercises, continues to be widely accepted and used by countries in the Region.

Members States are regularly briefed and consulted on IHR Amendments and the Intergovernmental Negotiating Body on the pandemic agreement.

Key achievements

- All 22 countries and territories in the Region have completed the 2022 and 2023 SPAR on the achievement of IHR-related core capacities.
- 21 have completed JEEs and have developed a National Action Plan for Health Security.
- Public Health Emergency Operations Centres (PHEOCs) have been established in all 22 countries and territories, and the innovative electronic Public Health Emergency Management (ePHEM) software – developed by the WHO Regional Office – has been rolled out in 16 countries in the WHO Eastern Mediterranean and African regions.
- One Health national frameworks and operational plans have been developed for nine countries and territories and a regional Quadripartite coordination platform has been established.
- Eight countries have used the AAR tool in different health emergency events, including three in 2024 (Libya, Pakistan, Saudi Arabia); 16 have completed at least one round of IARs.
- Two countries entered the 7-1-7 alliance and have started applying the Early Action Review approach.
- An emergency, critical and operative (ECO) care framework has been rolled out to ensure a continuum of care, regardless of an emergency, in 14 countries.

Responding effectively to acute and protracted emergencies



Meeting international standards

The Eastern Mediterranean Region is confronted with the most complex emergencies among all WHO regions. Operating environments can be extremely difficult due to insecurity, poor access to populations, bureaucratic impediments by authorities, lack of local capacities and limited resources. Despite these challenges, WHO's operations regularly meet or exceed international standards.



Responding to cholera effectively: case fatality rates (CFR) for six out of eight cholera outbreaks kept at less than 1% (median CFR of 0.18%, range 0.01–2.78%) in 2023.



Treating acute malnutrition successfully: cure rates for severe acute malnutrition in WHO-supported stabilization centres in five countries consistently exceeded 85% (international standard is 75%) in 2023.



Averting excess mortality in the toughest camp settings: in Al Hol camp in Syria, crude and under-5 mortality rates were consistently kept within international standards.

Responding to the COVID-19 pandemic in the Eastern Mediterranean Region

In 2023, a study by WHO demonstrated that Member States built impressive public health capacities during the COVID-19 response, with extensive support from WHO.

Key achievements

- Over 90% of countries expanded their intensive care, oxygen-generating capacities and adapted their health systems to respond to the pandemic.
- The average number of sentinel sites per country increased from 51 to 81 (59%).
- Laboratories with public health capacities increased from 25 to 110 (340%).
- Public health emergency operations centres increased from 12 to 21.

WHO supported:

- 130 countries across all six WHO regions from its logistics hub in Dubai, fulfilling 887 orders and delivering over US\$ 100 million in health commodities;
- the training of over 50 000 health workers on intensive and critical care;
- the roll-out of COVID-19 vaccines across all 22 countries and territories, with 318 million COVID-19 vaccine doses allocated to the Region through the COVAX mechanism (average vaccination coverage is 50%, range 2%–98%);
- the scaling up of medical oxygen and biomedical equipment access in 16 countries;
- predictive modelling studies in 11 countries to inform public health and social measures.



Case studies



Responding to acute emergencies

Gaza Strip

The major Israeli military operation in the Gaza Strip following the Hamas attacks in Israel on 7 October 2023 resulted in catastrophic humanitarian needs, leading to 41 254 deaths and 99 525 injuries in the Gaza Strip by 30 August 2024. Up to 56% of deaths were among women and children. The conflict also spilled over to neighbouring countries, including Lebanon, exacerbating tensions and necessitating humanitarian aid. In response, WHO supported the delivery of essential medical supplies, supplied fuel to hospitals, led multiple medical evacuation missions, relocated severely ill patients, including premature infants and health care workers, coordinated the health response, including the deployment of international emergency medical teams and strengthened disease surveillance, all in extremely challenging circumstances.

Sudan

The escalating conflict in Sudan triggered a massive displacement crisis, with over 10.7 million individuals seeking refuge within the country and 2.3 million crossing borders to neighbouring Chad, Egypt, Libya and South Sudan, intensifying health risks in remote areas with limited health care access. Health facilities in conflict-affected areas were critically impacted, with 60–80% either non-functional or partially functional. In 2024, 53 primary health care facilities, 19 hospitals and nine comprehensive emergency obstetric and newborn care facilities were supported to provide life-saving health services reaching over 150 000 beneficiaries each month. WHO provided supplies worth US\$ 12 million, through both cross-line and cross-border operations. Over 13 000 severely acutely malnourished children with complications received treatment at 122 WHO-supported stabilization centres, blood transfusion services were supported with diagnostic kits, 20 000 blood bags, equipment and blood donation campaigns in four states, 6.7 million children were vaccinated against measles and rubella, and polio vaccines were administered to 3.3 million children. Critical health assistance was also extended to Sudanese refugees in neighbouring countries, including the Central African Republic, Egypt, Ethiopia and South Sudan.

Responding to natural disasters

Turkiye-Syria and Afghanistan earthquakes, 2023

In the immediate aftermath of a devastating 7.8 magnitude earthquake that affected north-west Syria, WHO, through an all-modalities approach including recently opened border crossing points, delivered over 350 metric tons of emergency supplies and essential medicines to more than 200 health facilities and deployed 29 mobile medical teams to earthquake-affected areas.

In response to the 6.3 magnitude earthquakes in western Afghanistan in 2023, WHO and its Health Cluster partners swiftly mobilized to provide critical health care services to those affected. Through coordinated efforts, over 42 000 people received vital assistance, including emergency health kits, trauma care and mental health support.

External review of WHO's emergency work

In 2023, three external reviews of WHO's emergency work in the Region were conducted and all resulted in very positive evaluations.

COVID-19 (2020–2022)

80% of external observers stated that WHO's response to the COVID-19 pandemic met or exceeded expectations, based on an external review by Dalberg Associates.

“WHO successfully provided an appropriately tailored response to each Member State's needs and ... WHO support frequently strengthened Member State's own response efforts while contributing towards long-term capacity building.”



Whole of Syria response (2016–2022)

WHO received an **"A" rating** from the UK government in the Programme Completion Review (PCR) report of its six-year Whole of Syria programme.

“WHO has consistently scored 'A's in Annual Reviews and an 'A' for the programme overall as they continued to meet targets against output indicators for year five of the programme.”

WHO has played an essential role in the delivery and coordination of the humanitarian health response amongst international actors, particularly on COVID-19 preparedness and response, and have contributed to better coordination of health services across Syria.”

Yemen Emergency Health and Nutrition Project (2017–2022)

WHO and UNICEF received a rating of **"Highly Satisfactory"** from the World Bank (highest score on a 6-point rating) at the completion of their joint 5-year health project in Yemen.

“The project was carried out in a high-risk environment but achieved its project development objectives by providing essential services to people in need and strengthening the national and local systems for improved and resilient service delivery.”

Driving innovation



Strengthening trauma care in fragile settings

The Eastern Mediterranean Region faces a significant burden of violent trauma due to conflict and natural disasters, with limited trauma care in areas that have the greatest needs. Founded in 2020, building on successful trauma programmes in Iraq and the occupied Palestinian territory, the Regional Trauma Initiative (RTI) has provided care to over 800,000 injured patients responding to 200+ mass casualty incidents across five priority fragile settings. The initiative is expanding globally, with a training programme that has already trained 400 health workers in mass casualty management and 200 in pre-hospital care.

Building the next generation of health emergency leaders

The Leadership Flagship is an innovative emergency health workforce initiative that is building the leadership, technical, programme management and health diplomacy skills of health emergency staff from WHO, Ministries of Health and partners. The programme was developed in collaboration with WHO headquarters, the Programme Management Centre of Excellence, and Johns Hopkins University. Using a blended learning approach, it has trained 546 emergency responders across six WHO regions. Over 90% of participants reported increased confidence in leading emergencies.

Optimizing global logistics and supply chains

The Dubai logistics hub has proven to be a gamechanger for WHO's response to emergencies globally. It has become essential in the effective response to both acute and protracted emergencies, serving as an indispensable global asset for WHO and its partners. In 2023–2024, the hub processed 610 orders worth US\$ 50.45 million for delivery to 90 countries, responding to emergencies like the Türkiye-Syria earthquakes, Afghanistan's complex emergency, Sudan's conflict, the Gaza Strip crisis, and the floods in Libya.



Monitoring emergency response in humanitarian settings

In partnership with Johns Hopkins University, WHO has developed a regional response monitoring framework to assess the effectiveness of humanitarian health action in emergencies. Piloted in four countries, the framework is now being expanded to all fragile and conflict-affected situations across the Region and integrated into global humanitarian response planning through collaboration with the Global Health Cluster. This framework enables WHO to better monitor response effectiveness, track progress, meet targets, mobilize resources and guide decision-making in humanitarian settings.

Advancing the science and practice of health emergency management

WHO is committed to playing a role in advancing the science and practice of public health in emergencies. In 2022–2023, WHE staff have contributed to more than 88 research papers, commentaries and editorials in journals such *The Lancet*, *British Medical Journal*, *International Journal of Infectious Diseases*, *Bulletin of the World Health Organization*, and *Eastern Mediterranean Health Journal*.

In early 2023, WHO convened the sixth meetings of the Eastern Mediterranean Acute Respiratory Infection Surveillance (EMARIS) network and the 3rd scientific conferences on acute respiratory infections that brought together experts from across the Region and the globe to present, debate and dialogue on some of the most pressing public health threats facing the Region.

Preventing and responding to sexual misconduct

WHO has zero tolerance for any form of sexual misconduct, for inaction and for retaliation against those who raise complaints or bear witness. The WHO Regional Office for the Eastern Mediterranean has ensured the robust implementation of the management response plan which aims to implement the recommendations of the Independent Commission on sexual abuse and exploitation and demonstrate WHO's commitment to zero tolerance for sexual misconduct.

The centrality of partnership

WHO takes a multisectoral approach to operational partnerships and works closely with multiple national and international health partners including the United Nations, nongovernmental organizations, the International Red Cross and Red Crescent Movement, civil society, academia and donors, as well as across other sectors, especially water, sanitation and hygiene, nutrition and protection.



WHE has three main operational partnerships worldwide, all of which are active in the Region: the Global Health Cluster (around 560 partners in six countries), the Global Outbreak Alert and Response Network (GOARN) with 29 partners in the Region, and the Emergency Medical Teams (EMT) Initiative. These partnerships are central to our work. For example, EMTs were mobilized to support response efforts in multiple crises, including COVID-19 in Tunisia, blasts in Lebanon and Somalia, floods in Libya, earthquakes in Morocco and Syria, and, more recently, the conflict in the occupied Palestinian territory, among others.



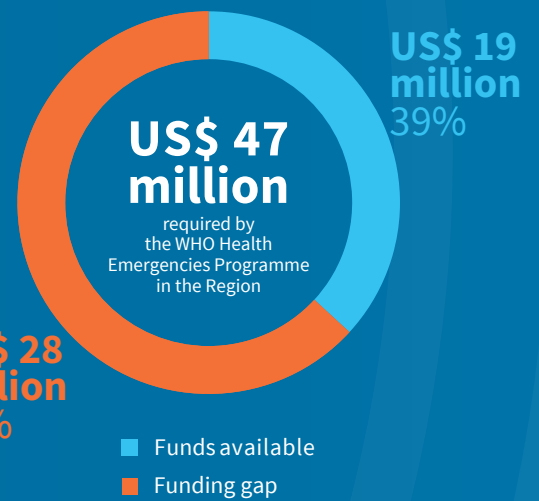
Funding Requirements 2024–2025



In 2024, WHO has responded to 16 graded emergencies and 69 infectious disease outbreaks (excluding COVID-19) in the Region, alongside ongoing protracted crises. These emergencies—stemming from disease outbreaks, conflict, climate shocks, and natural disasters—have severely impacted the health of millions across the Region.

The WHO Programme Budget, set by Member States, defines our priorities and funding needs. The WHO’s Health Emergencies Programme in the Region is facing a significant funding shortfall: only 39% of the required US\$ 47 million has been secured.

This 61% gap jeopardizes our capacity to protect the health of the more than 740 million people in the Region. Immediate investment is needed to bridge this gap and sustain our essential work.



How your support will drive change

With your support, WHO will strengthen the capacities of countries in the Region to prevent, prepare for, detect, respond to and recover from emergencies, particularly in one of the world's most challenging humanitarian crisis.

Funding will directly support:

- Strengthening preparedness and operational readiness using an all-hazards approach;
- Strengthening surveillance systems, predictive data analytics, and genomic sequencing;
- Strengthening supply chain management capacities for rapid and efficient operations;
- Mounting effective responses to ongoing and emerging emergencies, including epidemic-prone diseases and other high-threat pathogens;
- Building a stronger regional health emergency workforce and enhancing global health security through collaboration with WHO Regional Office for Africa and Africa Centres for Disease Control and Prevention.

This funding will also strengthen our Region's capacity to deliver life-saving assistance and help countries respond to sudden-onset disasters, such as earthquakes, floods, and climate-induced events, especially when local resources are stretched thin. Together, we can ensure that no community is left behind during crises and protect the most vulnerable from the devastating impacts of health emergencies.

Delivering impact for health

Investing in WHO yields significant returns: for every US\$ 1 invested, health gains valued at US\$ 35 are realized. We urgently need your support to protect health, prevent and mitigate risks, and sustain rapid response efforts to health emergencies.

US\$ **35**
worth of health gains
for each US\$ 1 invested.







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