

EASTERN MEDITERRANEAN REGION

Requirements
US\$ 977.1 million

Context

The Eastern Mediterranean Region is profoundly impacted by emergencies resulting from a wide range of hazards. Nine countries and territories are experiencing large-scale, protracted humanitarian crises almost entirely driven by conflict. Over 101 million people require humanitarian assistance, representing 37% of the global humanitarian burden and 15% of the Region's total population. Moreover, the Region is the source of 64% of the world's refugees while 18.7 million people living in the Region are internally displaced. Weak national health systems greatly diminish resilience and capacity to effectively detect and respond to emergencies.

In addition to COVID-19, serious outbreaks of other emerging infectious diseases are also common across the Region, including respiratory diseases, waterborne diseases, and arboviral and zoonotic diseases. Twenty-one significant outbreaks occurred across the region in 2021, often driven by the health system disruptions associated with conflict and state fragility. Recurrent outbreaks of cholera dengue fever, chikungunya, Congo-Crimean haemorrhagic fever, and Rift Valley fever continue to take their toll on public health, communities and economies in many countries and territories across the Region. Repeated outbreaks of vaccine-preventable diseases (including measles and diphtheria) are considered as markers of weak health systems and continue to recur in several countries of the Region.

Endemic transmission of wild poliovirus

Afghanistan and Pakistan have endemic transmission of wild poliovirus. These are not graded but have standalone emergency standard operating procedures under which WHO operates and supports the countries.

Since 2012 the Region has accounted for 92% of all global cases of Middle East respiratory syndrome. The world's largest cholera epidemic for over a century commenced in Yemen since 2016, with 2.5 million cases and 3999 deaths having occurred as of 30 April 2021. The Region also has the only two countries in which wild poliovirus remains endemic (Afghanistan and Pakistan) while five countries are experiencing outbreaks of vaccine-derived polio. In recent years, significant outbreaks of malaria, HIV, hepatitis A, typhoid fever, leishmaniasis and other diseases have also occurred.

Natural and technological disasters also take a large and recurrent toll on the people living in countries and territories of the Region. In addition, the effects of climate change are becoming increasingly evident, including more frequent severe weather events such as droughts (for example, in Afghanistan), floods (Sudan) and tropical storms (Yemen). These events are often associated with outbreaks of waterborne diseases, malaria and arboviral diseases. Droughts can lead to the high levels of food insecurity, malnutrition, and increased vulnerability to infectious diseases, as is currently evident in Afghanistan and Somalia. Technological emergencies have included chemical attacks in the Syrian Arab Republic and the massive port explosion in Beirut, Lebanon in 2020.

COVID-19 has revealed the enormous disparities in the capacities of countries and territories across the Region to respond to a pandemic. In addition to the wide variations in vaccination coverage noted above, major discrepancies also exist in relation to all other aspects of the response, such as surveillance, testing, access to oxygen and good quality clinical care, etc.



On 20 November 2021, Kabul resident Najiba*, 22, comforts her baby son Roshan*, who is 43 days old and suffering from malnutrition, at the city's Ataturk Children's Hospital. With support from the European Civil Protection and Humanitarian Aid Operations (ECHO) and the European Union, WHO is covering three months of full operational costs to Ataturk National Children's Hospital in Kabul. This includes payment of salaries for all staff, food for patients, fuel for heating and ambulances, and essential medicines, medical supplies and laboratory diagnostics. Additional medicines and medical supplies were also provided to fill gaps at the hospital. © UNHCR / Andrew McConnell

Results achieved in 2021

- **COVID-19 response**
 - Enhanced laboratory detection and confirmation of COVID-19 by supporting expansion of PCR capacities to over 600 labs and sequencing capacity to 15 Member States.
 - Strengthened clinical and critical care capacities by training of over 10 000 health care workers.
 - Expanded oxygen supply in 10 countries.
 - Supported vaccine roll-out in most vulnerable and hard-to-reach communities within fragile and conflict-affected countries.
- **Advanced public health intelligence** at regional level, including capturing 10 856 signals with 26 new events detected and 15 risk assessments conducted.
- Supported eight countries in applying **the Early Warning, Alert, and Response Network**.
- **Managed 520 shipments of medical supplies and equipment** to 129 Member States across all six WHO regions from the Dubai Logistics Hub.
- **Supported timely responses to 21 outbreaks** across the Region.
- **Advanced trauma care in conflict settings** in five countries through the new Regional Trauma Initiative.
- Stepped in to sustain the **delivery of essential health services across Afghanistan** in over 2300 health facilities, in collaboration with UNICEF.
- **Achieved cure rate of >90% for severe acute malnutrition** in Yemen.
- **Documented >95% facility-based deliveries** in Palestine.
- **Investigated 89% of public health alerts within 72 hours** in Syria.

Response strategy

WHO's approach in humanitarian settings emphasizes:

- Delivery of an essential quality package of health services.
- Strengthening the resilience of the health system to withstand other shocks, e.g. outbreaks, displacement.
- Supporting and strengthening vital elements of the health system, e.g. health workforce, supply chain, surveillance, other elements of health information.
- Accelerating early recovery and laying foundation for longer-term health system development recovery.

This is based on a comprehensive approach to emergency management: prevention of, preparedness for, detection of, response to, and early recovery from emergencies due to all hazards. Advancing operational readiness of WHO and Member States to ensure a timely and effective response to acute emergencies is central to that strategy.

Regional priorities

WHO regional priorities in humanitarian settings include:

- Ending the acute phase of the COVID-19 pandemic – rolling out vaccinations, PHSM etc.
- Reinforcing prevention of and preparedness for other epidemic/pandemic-prone diseases.
- Operationalizing the humanitarian-development-peace nexus.
- Strengthening predictability of medical supply chain with support of Dubai Logistics Hub.
- Improving the monitoring of the effectiveness of humanitarian health response through our Regional Response Monitoring Framework (rolling out in 5 countries).
- Tackling the expanding burden of violent injury in conflict through expanding our Regional Trauma Initiative (currently implemented in 5 countries).
- Addressing public health dimensions of food insecurity crises.

- Expanding health for peace initiatives.
- Integrating prevention of sexual exploitation and abuse in all elements of work.

COVID-19 response

COVID-19 priorities at the regional level include:

- Maintaining the engagement and ownership of senior government leadership.
- Accelerating scale-up of COVID-19 vaccinations, especially in humanitarian settings.
- Promoting and refining evidence-based public health and social measures.
- Empowering communities and promoting behaviour change.
- Strengthening surveillance and other data-management measures.
- Improving the coverage and quality of clinical care, and expanding access to medical oxygen.
- Expanding testing and sequencing.
- Strengthening capacities at points of entry.
- Advancing research and innovation.
- Refining guidance on living with COVID-19.

Key activities envisaged include: playing a central role in the new COVID 19 Vaccine Country-Readiness and Delivery Partnership; refining the approach to community engagement through expanded social listening and community response measures; introducing sequencing capacities in the remaining seven countries without this resource; scaling up seroprevalence surveys; expanding regional vaccine production, following the recent commitment of technology transfers; enhancing capacity building in critical/ICU care and life-saving skills among health care workers; rolling-out fit-for-purpose oxygen supply solutions in humanitarian settings.

Focus countries

Afghanistan Grade 3 Emergency



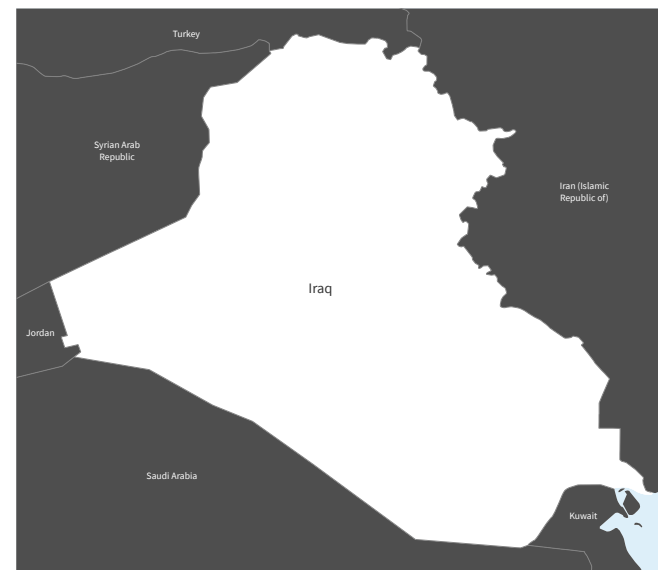
- People in need: 24.4 million
- People targeted: 22.1 million
- Requirements (US\$): 147.61 million

The fall of the Afghan Government and subsequent loss of humanitarian funding has placed more than 90% of health facilities at risk of closure, severely affecting the availability and accessibility of essential health care and nutrition services. Efforts to contain COVID-19 have been hampered as transmission

continues to rise. Other infectious disease outbreaks have increased due to population displacement, disruption of public health services and other factors. All these factors combined render the country one of the world's most complex humanitarian emergencies, and urgent action is needed to prevent collapse of the Afghan health system.



Iraq



- People in need: 2.5 million
- People targeted: 1 million
- Requirements (US\$): 37.82 million

Iraq's public health system has been severely impacted by years of conflict, loss of specialists and shortages of salaries. This has limited the ability to maintain regular programmes and services, such as immunization and maternal and child health, amid rising COVID-19 cases. According to the UN Humanitarian

Needs Overview for 2022, 1.7 million people are in acute need of health assistance. Across the country, millions of internally displaced persons, and secondary displaced persons, continue to face humanitarian needs for their physical and mental well-being, living standards and coping capacities. Social, ethnic and sectarian tensions persist on multiple fronts, causing a very high-risk humanitarian crisis. Therefore, the country needs support to ensure health coverage for its vulnerable populations and mitigate the impact of years of conflict on the public health system.

© WHO / Lindsay Mackenzie

Lebanon



- People in need: 1.9 million
- People targeted: 600 000
- Requirements (US\$): 48.14 million

Lebanon is grappling with the continued impact of the Syrian refugee crisis which has been intensified over the past 24 months by a financial and fiscal crisis, the COVID-19 pandemic and the explosions in the port of Beirut. These concurrent emergencies have culminated in the current political crisis. Poverty levels are rising

rapidly and health gains are increasingly being lost. The impact on the health sector is devastating. The political paralysis makes it difficult to effectively implement public health interventions. The economic deterioration is leading to decreases and delays in the importation of critical medical and health goods and acute shortages in medicines and medical supplies. Social instability results in the migration of health care workers.

Moreover, the infrastructure collapse has caused a decline in operational capacity, safe services, and the sustainability of health facilities (fuel and electricity, water and sanitation, and transportation). The financial crisis has also decreased the purchasing capacity for health services, increased out-of-pocket health expenses, reduced the financial viability of health service delivery outlets and delayed hospital reimbursement schemes.

18 March 2021. A COVID-19 patient is treated at the isolation centre in Misrata Medical Centre, Misrata, Libya. In response to COVID-19 in Libya, the Ministry of Health has established and equipped a new isolation centre in Misrata. WHO has supported the COVID-19 response in the country by providing technical guidance and delivering personal protective equipment (PPE) and other COVID-19 supplies. © WHO / Nada Harib

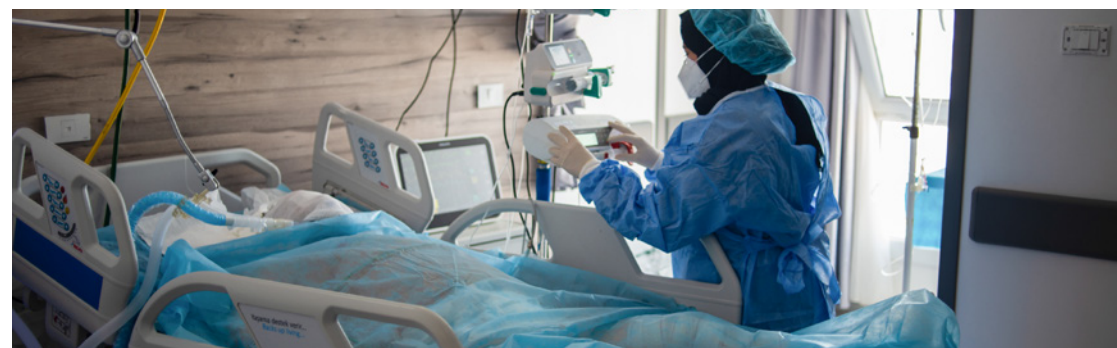
Libya



- People in need: 800 000
- People targeted: 200 000
- Requirements (US\$): 42.61 million

The fragile health system in Libya has struggled to cope with the demands brought by the COVID-19 pandemic. Many people in Libya – particularly non-Libyans, migrants and refugees – lack sustained access to primary and secondary health care, including for chronic and infectious diseases, obstetric complications, and mental health conditions. WHO's outbreak and crisis

response involve delivering and supporting health services and capacity-building; working with health partners; facilitating outreach activities; monitoring activities; as well as building health information systems.



occupied Palestinian territory



- People in need: 2.5 million
- People targeted: 1.6 million
- Requirements (US\$): 23.59 million

The COVID-19 outbreak in the occupied Palestinian territory has further strained the already challenged health system, with scarce resources being reallocated to respond to the outbreak. The situation remains particularly vulnerable in the Gaza Strip – where more than 15 years of blockade, coupled with the intra-

Palestinian political divide, continue to degrade the infrastructure and deteriorate the living conditions of the Gazan population. Recurrent bouts of conflict in both Gaza and the West Bank, including the recent escalation in May 2021, have required prioritization of trauma-related interventions at the expense of other vulnerable groups.

Somalia Grade 3 Emergency



- People in need: 7 714 943
- People targeted: 5 546 553
- Requirements (US\$): 53.76 million

Multiple hazards, including drought, floods, cyclones and conflict, have weakened Somalia's health system, and this decline has been exacerbated by the COVID-19 pandemic. The provision of essential health services has been severely affected. Child mortality has increased by 13%, while measles vaccination among

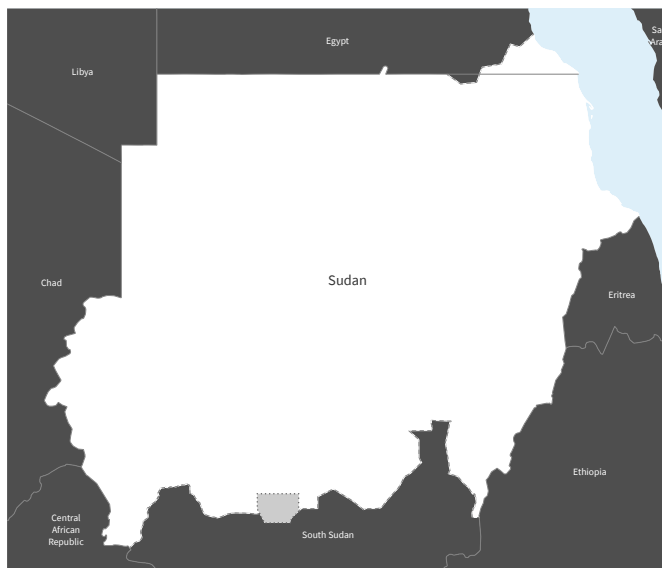
children under age 5 has decreased by 20%. Since June 2021, epidemic-prone diseases reported from districts affected by drought and floods have increased: cholera cases by 20%, acute diarrhoeal cases by 15%, and malaria cases by 38%. The cases are expected to increase as a result of further floods and drought expected in 2022. This will negatively impact access to safe water and sanitation services among displaced communities. Somalia

has a very limited capacity to manage trauma cases and, since September 2020, there has been a 33% increase in the number of these cases. Additionally, medical waste management is close to nonexistent and, as such, imposes significant biohazard risks.



On 22 March 2020, WHO Head of Office for the occupied Palestinian territory with Interim Head of WHO Gaza sub-office speak to a colleague as they deliver additional lab testing supplies and personal protective equipment to local health authorities in the Gaza Strip. © WHO / Ain Media

Sudan



- People in need: 9.1 million
- People targeted: 6.4 million
- Requirements (US\$): 48.74 million

The main drivers of Sudan's severe humanitarian health crisis are civil unrest and conflict; population displacement; disease outbreaks; and natural disasters. More than 1.1 million refugees and 3 million internally displaced persons live in Sudan, and displacements continue due to the internal conflict in

Ethiopia and intercommunal conflicts. The public health system has been severely affected by years of underfunding, resulting in a lack of qualified health staff and basic services. Disease surveillance capacities are limited in the entire country, and the fragile health system is inadequate to respond to the rapidly increasing number of COVID-19 cases. Every year, recurring disease outbreaks affect the most vulnerable. These could be prevented but are fueled by low water sanitation and hygiene capacity and limited vaccination coverage. Support is needed to secure access to essential health services for 6.4 million people.

Qatar Red Crescent Society supports the Syria humanitarian response. © WHO

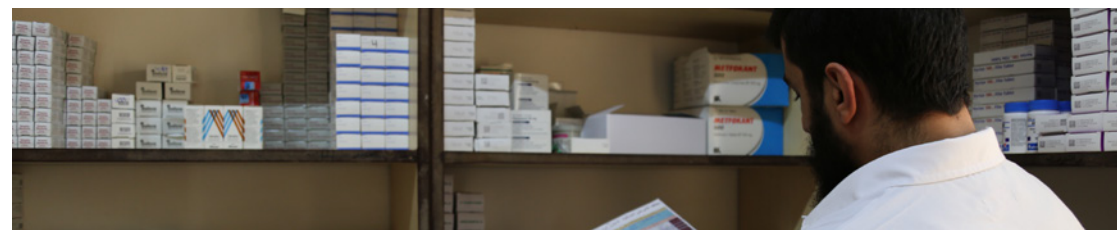
Syrian Arab Republic Grade 3 Emergency



- People in need: 13.4 million
- People targeted: 12.2 million
- Requirements (US\$): 239.64 million

Syria's fragile health system is under severe strain due to multiple concurrent emergencies, a debilitating socioeconomic crisis, the COVID-19 pandemic and chronic challenges. All this continues to affect the availability and quality of health services across the country and the physical and mental well-being

of the entire population. Approximately 12.2 million people in Syria are in need of health services. Constraints in resource mobilization have hindered emergency response activities and threatened the continuity of established health care delivery. Early recovery and resilience interventions that bridge humanitarian action and development also remain constrained due to challenges in international procurement and conditional funding. This has resulted in chronic shortages within the health workforce, which in turn has translated into health facilities with limited services. These factors combined make the humanitarian crisis in Syria among the most complex in the world.



Yemen Grade 3 Emergency

- People in need: 20.7 million
- People targeted: 16 million
- Requirements (US\$): 132.23 million

Escalating violence since October 2021 has had a devastating effect on the people of Yemen. The number of people requiring life-saving assistance has increased, with the latest eruption of heavy bombings in Marib and other governorates witnessing increased military operations in the

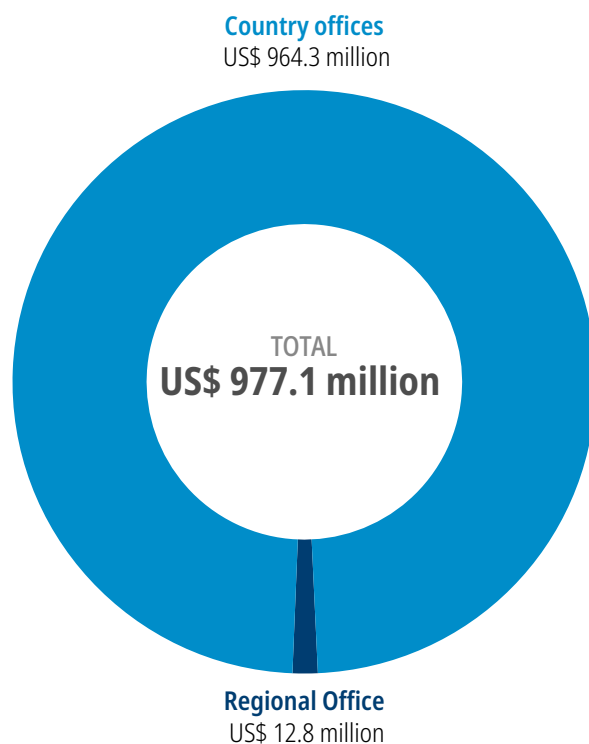
south of the country. Essential public services – including health care, water and sanitation – have sharply deteriorated in conflict-affected areas. At least one child dies every 10 minutes in Yemen. WHO's response seeks to broadly expand health services, enabling access to essential and critical assistance to reduce the prevalence of infectious diseases and ensure a protective environment for Yemen's most vulnerable populations. Support is urgently needed from the international community to ensure the continuity of life-saving activities.

WHO and partners work to expand health services, enabling access to essential and critical services. This will help reduce the prevalence of infectious diseases and ensure a protective environment for Yemen's most vulnerable populations. © WHO / Lorenzo Pezzoli

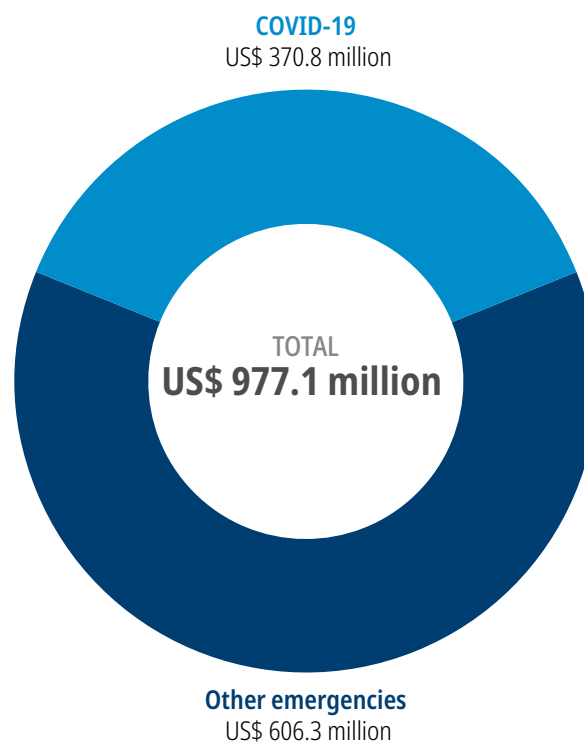


Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	18.6
P2. Risk communication and community engagement	16.0
P3. Surveillance case investigation and contact tracing	45.7
P4. Travel, trade, points of entry and mass gatherings	11.6
P5. Diagnostics and testing	124.5
P6. Infection prevention and control	52.7
P7. Case management and therapeutics	240.9
P8. Operational support and logistics	49.4
P9. Essential health systems and services	226.2
P10. Vaccination	182.8
P11. Research innovation and evidence	8.7
Total	977.1

For more information

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