

The Eastern Mediterranean Region saw continued deterioration of the humanitarian and health situation in 2016. By December, more than 62 million people were in need of urgent, life-saving and effective health care across the Region. Despite many challenges and setbacks, WHO and its partners managed to deliver much needed assistance to the most vulnerable and in need.

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Credit: WHO

Syria: More than 5 years of conflict have taken a toll on the health of the Syrian people and the health system that serves them, with almost 13.5 million people requiring humanitarian assistance. More than half of the country's public hospitals and primary health care centres have either closed or are only partially functioning, hundreds of thousands of children under 5 have missed out on routine vaccination, and thousands of patients have been deprived of treatment for trauma injuries and chronic conditions. Almost two thirds of all health professionals have fled the country and those who remain are at constant risk.

Despite the hostilities inside Syria, WHO was able to:

[support the medical evacuation of besieged populations](#) from Eastern Aleppo City

[gain humanitarian access to previously inaccessible areas to deliver life-saving medicines](#)

[strengthen the capacity of health care workers](#)

support chronic diseases care, including for [kidney](#) , and [insulin-dependent](#) patients

conduct a [national multi-antigen vaccination campaign](#) in hard-to-reach and besieged areas.

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Credit: WHO

Iraq: The new exodus of displacements and the movement of returnees in Iraq in 2016 continue to challenge health response operations due to shortages of medical personnel, supplies and funding resources. In 4 of the most severely affected areas in the country – Anbar, Ninewa, Salah Aldeen and Diyala – 14 hospitals and more than 170 health facilities have been damaged or destroyed. The escalating crises in Falluja and Mosul have further impacted an already over-stretched health sector. Compounding the situation, the fiscal collapse in the country has led to shortages in salaries for public servants, including health staff. WHO, working closely with national health authorities, provided mobile medical clinics and health supplies, trained health teams, set up camp health services and ensured availability of emergency life-saving health services for people with war-related trauma injuries.

Accomplishments in Iraq included:

[scaling up trauma care services for injured people displaced from Mosul](#) and ensure health services for people [posed to toxic sulfur and oil fumes](#) [ex](#)

scaling up health services for displaced populations in [Anbar](#) , [Kirkuk](#) , Salaheddin and Dohuk

[expanding the communicable disease early warning system](#)

conducting [emergency vaccination campaigns](#) and [introducing the inactivated polio vaccine](#)

[developing cholera contingency plans.](#)

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Credit: WHO

Yemen: At the start of 2016, the conflict in Yemen had already caused damage and destruction to health infrastructure and led to a severe reduction in health care delivery. Coupled with the spread of malaria, dengue fever and alarming levels of malnutrition among children, WHO faced compounded challenges in the war-ravaged country. Blocked access to major cities, such as Taiz, left health facilities with severe shortages of the most basic medical supplies. In October, a confirmed cholera outbreak signified a further deterioration of the health situation. The health system suffered additional setbacks in September 2016 as a result of the government's decision to suspend the operational budget for the Ministry of Public Health and Population, leaving health facilities across the country without financial support to cover operational costs and staff salaries.

Despite the challenges in Yemen, WHO was able to:

[support the health system with essential medicines and medical supplies and more than 2 million litres of fuel](#)

[conduct 2 polio immunization campaigns](#) , reaching more than 4.5 million children

scale up the [electronic disease early warning system](#)

[release emergency funds to support the cholera outbreak response](#) and revise the [cholera response plan](#) with the Ministry of Public Health and Population.

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Credit: WHO

Libya: Libya's health system has been severely affected by years of conflict. The departure of foreign specialized health care providers who comprised a significant percentage of the

workforce negatively affected the country's capacity to treat and manage patients. Ongoing violence and repeated attacks on health facilities has further exacerbated the problem, leaving the country vulnerable to various health risks. WHO has been working relentlessly to reinstate disrupted health services and develop a national health system strengthening strategy.

Accomplishments in Libya in 2016 included:

[completing the first 2 polio campaign since 2014](#)

[developing a national health sector strategy for emergency preparedness and response](#) , including establishing an early warning alert and response system

[delivering life-saving HIV medicines to Benghazi, Libya.](#)

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Credit: © Kate Holt/IRIN

Somalia: Populations in Somalia are at increased risk of acute watery diarrhoea/cholera and malaria due to water contamination as a result of flooding. The year 2016 witnessed a 5-fold increase in acute watery diarrhoea/cholera cases compared to 2015, to which WHO scaled up the health response, including enhancing health cluster coordination and establishing the Water and Vector-Borne Diseases Working Group to ensure a more effective and efficient intersectoral response. Low rainfall during the Deyr rainy season also led to drought conditions in parts of the country.

Health achievements in Somalia included:

launching a [comprehensive assessment of 1074 public health facilities](#) across Somalia to identify capacities and gaps

[marking 2 years of polio-free status](#)

[supporting training of Somali health workers to scale up the cholera outbreak response.](#)

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Credit: WHO

Afghanistan: Ongoing violence continues to severely impact the lives of 6.3 million Afghans who rely on a weakened and overstretched health care system. The recent return of over 600 000 Afghan refugees from Pakistan created additional challenges and increased the risk of disease outbreaks. Shortages of medicines, medical supplies and health staff, especially female doctors, is further exacerbating the problem. Afghanistan remains among the 3 polio-endemic countries, and WHO continues to conduct regular vaccination campaigns to ensure that all children, including those crossing the border into Afghanistan, are vaccinated.

Some of WHO's biggest achievements in Afghanistan in 2016 included:

[massive polio vaccination campaign targeting over 9.5 million children](#)

[WHO and partners strengthening trauma care to save lives in conflict-ridden Kunduz province](#)

[WHO supporting overstretched health services as the number of Afghan returnees increases](#)

[a million Afghans on the move: vaccinating every child.](#)

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Credit: WHO

Sudan: Years of internal conflict have significantly weakened Sudan's health care system, leaving its population exposed to diseases and epidemics. Dubbed the "forgotten emergency", underfunding in Sudan is creating a serious risk of closure for many of the health facilities supported by WHO. Funding is also crucial in ensuring uninterrupted health care services, including vaccination campaigns, health facility assessments and rapid response activities.

In Sudan in 2016, WHO was able to:

support the introduction of [life-saving meningitis A vaccine](#) into routine immunization

launch a [subnational measles campaign](#) targeting more than 4 million children in 6 states throughout the country

support a training course for cold chain officers, physicians and epidemiologists on [correct handling techniques for vaccines](#), in order to preserve vaccine efficacy and minimize waste.

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