WHO Situation Report

Health emergencies in the Eastern Mediterranean Region

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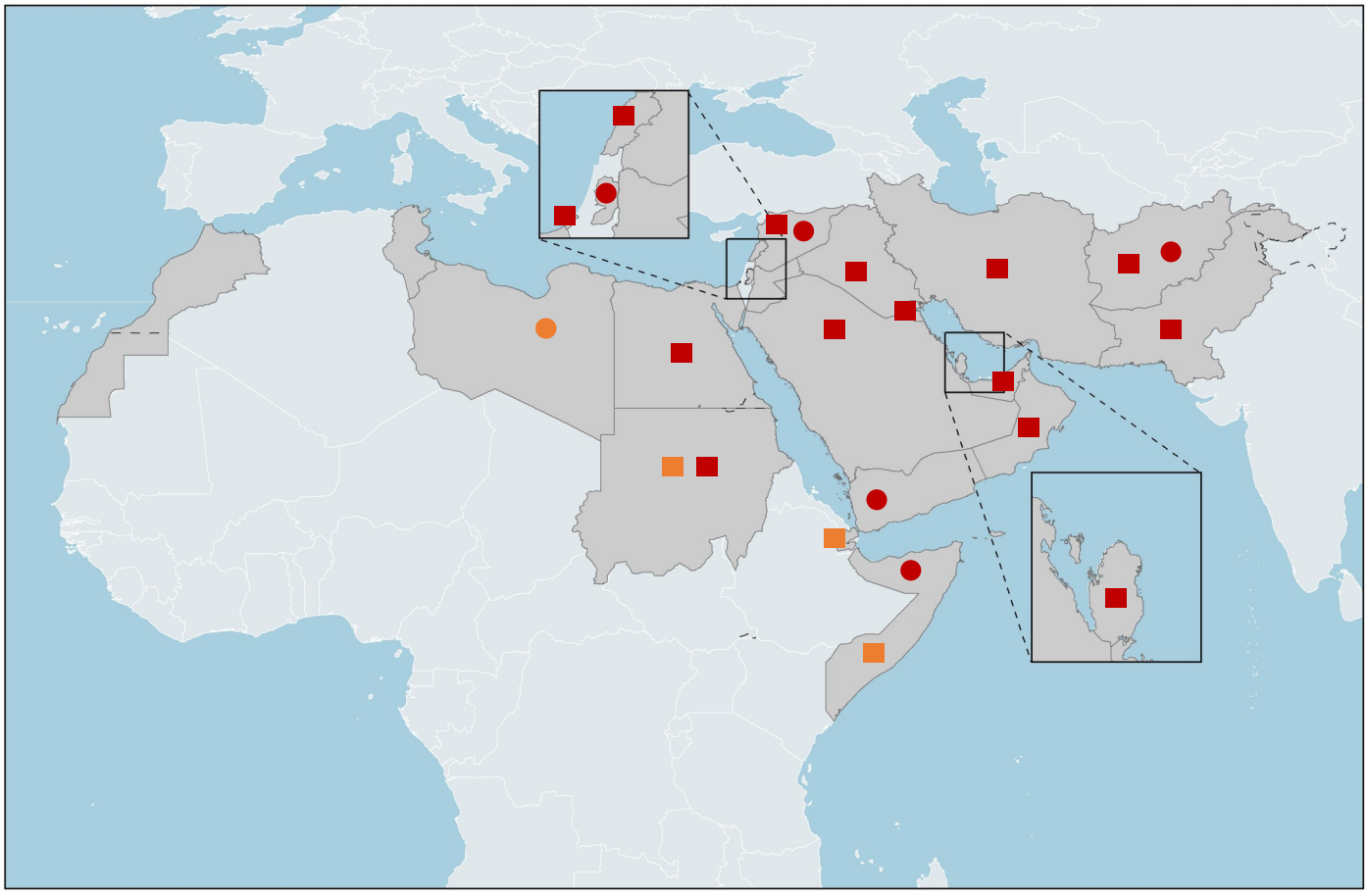
World Health Organization
Eastern Mediterranean Region

Regional overview

WHO's Eastern Mediterranean Region is home to just 8-9% of the world's population, yet accounts for nearly half (49%) of all people in need of humanitarian aid globally.

117 million people in need of humanitarian aid	**80 million** people at crisis levels of acute food insecurity	**60.4 million** displaced persons of concern
13 acute and protracted health emergencies	**19** attacks on health care 1 to 31 July 2026	**48** active disease outbreaks across the Region

WHO Eastern Mediterranean Region



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Map Production:
Information Systems and Digital Health
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Emergency type	WHO-graded emergencies
Acute Grade 3	Sudan crisis; Middle East Escalation of Violence (affecting 14 countries)
Acute Grade 2	Greater Horn of Africa food insecurity and health crisis (affecting 3 countries)
Protracted Grade 3	Afghanistan; occupied Palestinian territory (oPt); Somalia; Syrian Arab Republic (Syria); Yemen
Protracted Grade 2	Lybia

EXECUTIVE SUMMARY

- **Monsoon rains and flash floods affected Afghanistan and Pakistan**, causing 184 deaths and 597 injuries. Damage to homes, water and sanitation infrastructure and health facilities increased public health risks and constrained access in parts of Afghanistan. WHO deployed surge and mobile health teams and emergency supplies in Afghanistan and supported preparedness in Pakistan, where supplies for more than 380 000 people had been pre-positioned.
- **Lebanon** reported 4 335 deaths and 12 281 injuries since 2 March; attacks in the **Islamic Republic of Iran (Iran)** between 27 June and 24 July caused 59 deaths and more than 666 injuries; and airstrikes in **Iraq** on 29 July reportedly caused around 20 deaths and 32 injuries. Localized violence, displacement and access constraints continued in southern **Syria**. **Qatar** reported three injuries from falling debris, while **Kuwait** experienced impacts on energy and water infrastructure. WHO strengthened trauma readiness, including training 5 400 hospital staff in Lebanon and providing trauma supplies in **Iran**, **Iraq** and **Syria**. Mental health and psychosocial support interventions reached around 15 000 health workers in **Iran**.
- **Nineteen attacks on health care were documented across four countries in the Region in July**, representing more than half of the 36 incidents reported globally. They caused three deaths and 15 injuries and affected health personnel, patients, facilities, transport, supplies and warehouses.
- WHO strengthened **Ebola preparedness** in high-risk countries. An assessment in **Somalia** identified existing preparedness and some laboratory and cross-border capacity, alongside gaps in operational readiness, coordination and testing. Laboratory supplies were delivered for **Somalia, Sudan and Djibouti**. In **Iraq**, Arbaeen preparedness included Ebola control guidance, strengthened points of entry and orientation of 50 focal points.
- In July, **WHO's Hub for Global Health Emergencies Logistics** delivered nearly US$625 400 of medicines and health supplies to 10 countries. Despite regional conflict, the Hub maintained 60–70% of pre-crisis operational volume using overland corridors through Oman, Saudi Arabia, Jordan, Syria and Türkiye.

Disease outbreaks and surveillance

- **Sudan** faced concurrent cholera, dengue, malaria, measles, diphtheria and polio outbreaks, with cholera a major concern in Kordofan. **Somalia** reported approximately 15 800 cholera/acute watery diarrhoea cases during Weeks 1–30, with cases increasing from approximately 200 in Week 27 to 817 in Week 30. Approximately 2 200 diphtheria cases were reported, with a case fatality ratio of 3.0%; 67% occurred among unvaccinated people and 18% among incompletely vaccinated people.
- **Iraq** remained affected by seasonal Crimean-Congo haemorrhagic fever transmission. In **Syria**, suspected measles cases declined by 53% from Week 29 to Week 30. Phase I of the measles-rubella vaccination campaign began on 26 July in eight priority districts, reaching approximately 199 000 children (77% coverage); surveillance gaps persisted. The Masyaf acute gastroenteritis/acute watery diarrhoea outbreak also declined following response measures.

Displacement, climate change and water, sanitation and hygiene

- **Sudan** floods affected 11 837 people across seven states and damaged homes, water and sanitation infrastructure and health facilities. **Somalia** recorded 146 447 new displacements (latest update by the end of June), mainly linked to conflict (68%) and drought (28%) [missing data 4%].
- **Lebanon**: As of 29 July, **360 132** people remained internally displaced, including **27 177 in 262 collective sites**, while **821 077** had begun returning to their communities. In **Iraq**, extreme temperatures and population movement during Arbaeen increased heat-related and communicable-disease risks.

Health-system functionality and access

- **Sudan** faced shortages of medicines, emergency kits, laboratory reagents and medical consumables, alongside electricity, water and communications constraints. **Somalia's** health-sector appeal was 21% funded (US$17 million of US$80 million), contributing to facility closures, including approximately 33% of facilities in South-West State, and workforce attrition. **Syria** continued to face gaps in referral transport, workforce and laboratory capacity, sample transport and surveillance data completeness.

WHO response and preparedness actions

- In **Sudan**, WHO supported coordination and health services through 14 hospitals, four primary health care facilities, 18 mobile clinics and 27 stabilization centres. Temporary mobile clinics across eight states recorded 113 849 consultations in July. Two hospitals and four primary health care facilities provided services to 6 590 people, while quality-of-care activities in 10 hospitals reached 85 467 people. WHO also delivered 20.93 metric tonnes of emergency supplies valued at US$258 161 to 16 states and supported treatment for 2 631 children under 5 years with severe acute malnutrition and medical complications.
- In **Lebanon**, the coordinated response reached an estimated 1.2 million people by end-July, including more than 485 000 through health interventions and over 1.3 million through water, sanitation and hygiene support. In **Iran**, WHO procured trauma supplies and hospital power equipment, while mental health and psychosocial support interventions reached approximately 15 000 health workers. In **Syria**, WHO dispatched 695.2 metric tonnes of medical, laboratory and water, sanitation and hygiene supplies and launched Phase I of the measles-rubella vaccination campaign in eight priority districts.
- In **Somalia**, WHO sustained primary care through 33 facilities across 18 districts and reinforced 41 stabilization centres with 69 paediatric severe acute malnutrition kits. In **Iraq**, WHO provided 65 trauma backpacks to strengthen pre-hospital response and supported Arbaeen preparedness. In **Jordan**, WHO continued emergency readiness and support for continuity of essential health services.

Regional priorities for the coming period

01 **Strengthen preparedness and supply readiness** for conflict escalation and seasonal hazards, including pre-positioning supplies.

02 **Sustain essential health services** and emergency, trauma and referral capacity in high-risk and underserved areas.

03 **Control priority outbreaks** through vaccination, strengthened surveillance, laboratory capacity and rapid response.

04 **Strengthen coordination, humanitarian access and resource mobilization** to address response gaps and maintain continuity of care.

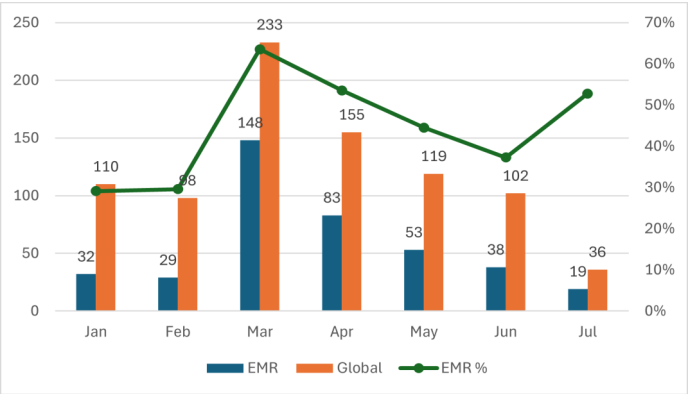
Funding and resource mobilization

- WHO requires **US$30.3 million** under its **Middle East conflict flash appeal**; **US$10.5 million (35%)** had been received, leaving nearly **US$20 million** unfunded.
- **Somalia:** The **$80 million** Health Humanitarian Needs and Response Plan is **21% funded**; WHO's **$16.1 million** appeal is **47.3% funded**. **500+ facilities** have closed, including **one third** in South-West State.
- **Iran:** Of **$7.2 million** required, the funding gap is **$3 million (42%)**, threatening services, supplies and preparedness.
- **Sudan:** Of **$97.7 million** required, **$13.8 million (14.1%)** has been received, leaving **85.9% unfunded**.
- **Syria:** The **$292 million** health requirement is **21% funded** and WHO's appeal **35% funded**; **117 facilities/services** are affected, **28% fully suspended and 72% operating at reduced capacity**.

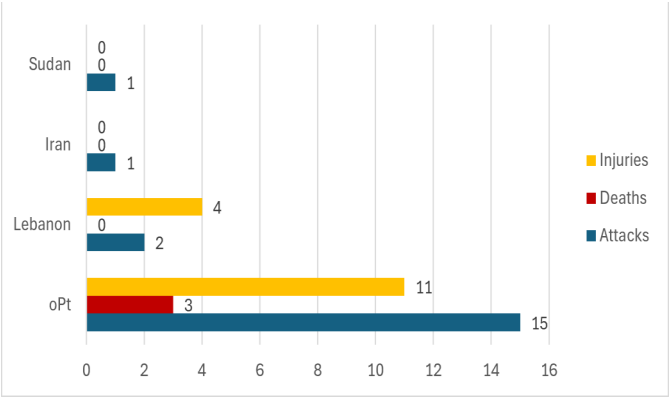
ATTACKS ON HEALTH CARE

- **19 attacks on health care were documented across the Eastern Mediterranean Region** in July, representing over half of the 36 incidents reported globally during the month. These attacks resulted in a total of **three deaths and 15 injuries**, and impacted health personnel, patients, health facilities, transport, supplies, and warehouses. This represents a decrease compared with previous months, coinciding with a reduction in attacks associated with the Middle East crisis following ceasefire agreements. However, attacks on health care continued to be reported despite the ceasefires.
- As mandated by Member States, following the adoption of the WHA Resolution 65.20, WHO continues to monitor and verify attacks through its Surveillance System for Attacks on Health Care (SSA) and advocate for the protection of health care under International Human Rights Law, International Humanitarian Law (IHL) and the Geneva Conventions. WHO also supports Member States with evidence generation to inform evidence-based recommendations, coordination, and operational measures needed to safeguard health services and maintain continuity of care.

Attacks on health care, Eastern Mediterranean Region (EMR) and globally 1 January – 31 July 2026



Attacks on health care in the Eastern Mediterranean Region (EMR) in July 2026



Source: WHO Surveillance System for Attacks on Health

MONSOON FLOODS IN AFGHANISTAN AND PAKISTAN

- **Afghanistan:** Heavy rainfall and flash floods affected eastern, southeastern and central Afghanistan. As of 30 July, 29 deaths, 129 injuries and four missing people were reported, with at least 300 households affected in the east. Flooding damaged homes, roads, water infrastructure and agricultural land and disrupted access to essential services. Health service capacity remained limited; one private facility was destroyed, while medicine shortages, power outages and access constraints affected response operations. Damage to water infrastructure increased waterborne disease risks.
- **Pakistan:** From 26 June to 14 August, monsoon-related rain and windstorms affected northern and eastern areas. A total of 155 deaths and 468 injuries were reported, including 73 child deaths and 156 children injured; 1 345 houses were damaged, including 913 fully. Thirty-seven health facilities sustained partial damage, but all remained functional and essential services continued. In Khyber Pakhtunkhwa, 595 suspected AWD cases were reported cumulatively, including four laboratory-confirmed cholera cases.

WHO response:

- In **Afghanistan**, WHO deployed a multidisciplinary surge team and mobile teams, dispatched health supplies and coordinated three mobile health teams.
- In **Pakistan**, WHO supported the Health Sector Monsoon Contingency Plan, coordination and preparedness, and pre-positioned supplies for more than 380 000 people.

Middle East Escalation of Violence (Acute Grade 3 emergency)

- Conflict continued to cause casualties, displacement and pressure on health systems. **Lebanon** reported 4 335 deaths and 12 281 injuries since 2 March, with 352 793 people internally displaced as of 6 August and 22 800 in collective shelters as of 10 August; 834 651 had returned to areas of origin. Three hospitals and 24 PHCCs remained closed.
- In **Iran**, attacks between 27 June and 24 July caused 59 deaths and more than 666 injuries. Shahid Baqaei Hospital in Ahvaz was temporarily evacuated on 15 July due to insecurity in the vicinity; all 211 patients were transferred and services resumed after six hours. **Iraq** reported approximately 20 deaths and 32 injuries from airstrikes on 29 July and zero national stocks of several critical medicines.
- In **Syria**, localized violence, explosive hazards and movement restrictions continued; approximately 15 000 people displaced from As-Sweida remained in sites and shelters in Daraa, while shortages of medicines and fuel, as well as gaps in diagnostics and referral transport persisted. Since December 2024, approximately 1.75 million Syrian refugees and 1.97 million IDPs had returned by 23 July. Economic hardship, displacement and returns continued to pressure health services.
- **Jordan** reported uninterrupted essential health services. In **Qatar**, three people, including a child, were injured by falling debris. In **Kuwait**, power generation and water desalination facilities were affected, causing fires and temporary shutdowns, while emergency measures maintained services.

WHO response:

- In **Lebanon**, WHO trained approximately 5 400 staff from 125 hospitals in mass-casualty management and trauma care, delivered trauma supplies and supported re-establishment of the Central Public Health Laboratory, including the National Reference Laboratory for Emerging and Re-emerging Diseases. WHO deployed three nurses to strengthen surveillance, early detection, infection prevention and control and implementation of the International Health Regulations (2005). WHO and the Ministry of Public Health disseminated shelter-based materials covering communicable disease prevention, safe water and food, diarrhoeal diseases, hepatitis A, respiratory infections, measles and rabies. Challenges included identifying returnees' health needs in hard-to-reach areas and capturing community concerns and public health signals.
- In **Iran**, 16 Trauma and Emergency Surgery Kits were procured, five of six power units had been delivered to re-establish hospital functionality, and mental health and psychosocial support interventions reached approximately 15 000 health workers.
- In **Iraq**, WHO provided 65 trauma backpacks and supported Arbaeen preparedness, including strengthened points of entry, Ebola guidance, orientation of 50 focal points, Iraq–Iran cross-border coordination, enhanced surveillance, and deployment of more than 1 000 ambulances and 2 000 support vehicles.
- In **Syria**, 45 Trauma and Emergency Surgery Kits were delivered to five hospitals and 695.2 metric tonnes of medical, laboratory and WASH supplies were dispatched. Further mass-casualty management training was prepared for 20 hospitals. Regionally, WHO EMRO drew on its experience in conflict and trauma response to support a conflict trauma coaching mission to **Ukraine** in July.

- **Regional:** WHO co-developed **Qatar**'s Risk Communication, Community Engagement and Infodemic Management Strategic Action Plan (2026–2030) and is developing a digital platform consolidating toolkits, messaging assets and intervention packages for the Middle East conflict response.

Regional readiness for Ebola disease outbreak caused by Bundibugyo virus

- WHO continued to support high-risk countries through the **regional Ebola Virus Disease operational matrix**, which guides country preparedness and readiness activities, including surveillance, laboratory capacity, case management, infection prevention and control, and points of entry.
- In **Somalia**, a readiness mission from 19 July to 3 August assessed existing preparedness plans, government commitment, laboratory capacity and selected cross-border collaboration. Some gaps in operationalizing response plans, coordination, Ebola testing strategy and capacities were identified and corrective measures identified. Follow-up of the mission includes IPC expertise to strengthen national capacities and simulation exercises to test response coordination mechanisms.
- Urgent Ebola laboratory supplies were delivered to **Somalia, Djibouti and Sudan** at a total cost of US$45 000. In **Iraq**, Arbaeen preparedness included Ebola control guidance, strengthened points of entry and orientation of 50 disease-control and emergency focal points. Enhanced event-based surveillance also covered Iraq, Iran, Pakistan and Afghanistan.

Health emergency updates

Disease Outbreaks and Surveillance

Cholera/Acute Watery Diarrhoea

- **Sudan:** From 8 May to 3 August, 2 399 cases and 215 deaths were reported (CFR: 8.9%) across 15 localities in six states, with Al Nuhud in West Kordofan the epicentre. Access constraints impeded community-based response. Gaps remained in rumour tracking, social listening, monitoring and evaluation, and community feedback.
- **Somalia:** Approximately 15 800 cases were reported during Weeks 1–30. Cases increased from approximately 200 in Week 27 to 817 in Week 30, with Banadir, Lower Shabelle and Lower Juba remaining the epicentres.
- **Syria:** An acute gastroenteritis/AWD outbreak in Masyaf District, Hama, resulted in 1 159 cases between 11 and 31 July. *E. coli* and *Salmonella* were identified and cholera ruled out; water contamination and inadequate chlorination were identified as contributing factors.

Measles

- **Somalia:** Approximately 18 500 suspected cases were reported, declining from 1 079 in Week 20 to 386–410 cases/week during Weeks 27–30.
- **Syria:** By Week 30, 1 439 suspected, 515 laboratory-confirmed and 39 epidemiologically linked cases and five deaths had been reported (CFR: 0.97%). Cases decreased by 53% from the previous week. Aleppo and Deir-ez-Zor remained most affected; possible under-detection and under-reporting were noted in Idleb.
- **Jordan:** More than 600 cases had been reported since February across 10 governorates, mostly mild to moderate, with no deaths.

Dengue Fever

- **Sudan:** From January to July, 22 442 cases and 42 deaths were reported (CFR: 0.1%) in six states.
- **Somalia:** Approximately 7 200 cases were reported, with cases increasing from approximately 200 to

256/week during Weeks 27–30, concentrated in Hargeisa, Lasanod and Burao.

- **Iran:** From 19 March to 1 August, 1 024 cases were identified, including 976 locally acquired and 20 imported cases from Pakistan in the Chabahar University of Medical Sciences area. In 2025, 1 227 cases were diagnosed nationally, including 1 124 locally acquired cases.

Crimean-Congo haemorrhagic fever.(**CCHF)**

- **Iraq:** By end-July, 284 laboratory-confirmed cases and 24 deaths had been reported (CFR: 8.5%). Thi-Qar accounted for 36% (103/284); 74% were male and adults aged 25–44 years were the largest affected age group. Cases declined from 114 in June to 65 in July, while seasonal transmission continued.

Diphtheria

- **Somalia:** Approximately 2 200 cases were reported, with a CFR of 3.0%; 67% occurred among unvaccinated and 18% among incompletely vaccinated individuals. WHO distributed 235 vials of diphtheria antitoxin and laboratory supplies to support outbreak response.

Other Disease Outbreaks

- **Somalia:** Approximately 5 900 bloody diarrhoea and 5 400 confirmed malaria cases were reported during Weeks 1–30, with stable to slightly increasing baselines.
- **Sudan:** Since January, 3 118 hepatitis E cases and 38 deaths were reported (CFR: 1.4%) across 10 states, with Blue Nile and Al Jazirah accounting for more than 96%. A total of 287 suspected meningitis cases and 25 deaths were reported (CFR: 8.7%); two of 10 CSF samples tested positive for *Streptococcus pneumoniae*.
- **Syria:** A localized cluster of 22 suspected hepatitis A cases, primarily among children, was reported in Deir-ez-Zor. Cutaneous leishmaniasis remained active, with increases in several areas.

WHO Response:

- **In Sudan,** WHO supported EWARS training and rapid response teams, with teams deployed to 15 localities reporting cholera alerts. Twenty-five microbiologists and 120 frontline health workers were trained, and 16 cholera treatment centres and 18 oral rehydration points were mapped. WHO supported risk communication and community engagement coordination with surveillance, case management and vaccination activities. Capacity-building covered mpox, cholera, dengue and hepatitis E, and committees were reactivated.
- **In Syria,** WHO supported surveillance, laboratory testing, case investigation, case management and rapid response. Phase I of the measles campaign targeted approximately 283 000 children aged 6 months–5 years in eight priority districts; approximately 199 000 were vaccinated (77% coverage). Phase II is planned for August. Risk communication and community engagement supported measles, acute gastroenteritis/AWD and hepatitis A responses, reaching an estimated 55 000 households, with messages covering vaccination, care-seeking, safe water, hygiene and food safety. Resource constraints and weak feedback and rumour-tracking mechanisms remained gaps.
- **In Iran,** 10 000 cholera RDTs arrived and were undergoing customs clearance. WHO is procuring 100 000 dengue RDTs, 50 000 malaria RDTs, antimalarial medicines, insecticides and 17 100 LLINs. WHO is also coordinating a risk communication and community engagement assessment in dengue-affected provinces; clearance remained pending because of the security situation and recent changes within the Ministry of Health.
- **In Jordan,** WHO and partners continued measles containment through surveillance capacity-building and response-team support. WHO also supported activities with community leaders and education officials to increase measles and vaccination awareness.

- **In Somalia,** WHO distributed 235 vials of diphtheria antitoxin and laboratory supplies to support outbreak response. IDSR was expanded to 10 health facilities in Burhakaba. A laboratory network assessment identified gaps in strategy, accreditation, supplies, cold chain, records, SOPs and quality management. WHO distributed laboratory supplies, including influenza diagnostic materials and 10 HemoCue analysers.
- **In Lebanon,** during Weeks 27–30, 33 epidemiological signals were reported, with 100% verification within 24 hours and investigation completion. Food-related events were the largest category, followed by acute diarrhoeal disease and rabies exposures. WHO trained 237 healthcare professionals in rabies/animal-bite management across 12 sessions.

Food Insecurity and Malnutrition

- **Somalia**: The April 2026 IPC analysis reported a median GAM rate of 15.1%, with 1.88 million children under 5 years acutely malnourished, including 493 000 with SAM. From January to June 2026, 2 795 232 children were screened and 200 614 SAM cases identified. Over the same period, stabilization-centre admissions increased from 3 053 in January to 4 835 in June; 23 447 children with complicated SAM were admitted to 57 centres, with 96.3% recovery and 0.94% mortality. WHO and partners reinforced 41 stabilization centres with 69 PED-SAM kits and integrated screening into mobile outreach. Key gaps included PED-SAM kits, RUTF, stabilization-centre capacity and funding.
- **Sudan:** By end-July, 18 034 children had been admitted to stabilization centres for complicated SAM, with 91% recovery. During July, WHO supported treatment for 2 631 children, supplied 159 functional stabilization centres and provided operational support to 27 centres across 12 states.
- **Lebanon**: WHO, MoPH and Ministry of Agriculture food-safety focal points participated in training on multisectoral Food Safety Emergency Response Plans and prepared food-safety guidance for inspectors and communal kitchens.

Medical Supply Chain and Logistics

- **Sudan**: WHO received 56 metric tonnes of emergency supplies valued at US$968 570 and delivered 20.93 metric tonnes valued at US$258 161 to 16 states. Access constraints, transport costs, clearance procedures and conflict continued to affect supply chains.
- **Somalia**: In July, WHO distributed 162 emergency kits and modules totalling 5.38 metric tonnes across 16 health facilities in 12 localities and eight regions, including essential medicines, nutrition supplies, laboratory reagents, diphtheria antitoxin and oxygen concentrators.
- **Iraq**: Zero national stocks were reported for several critical medicines. Financial constraints and the absence of an approved national budget affected procurement and replenishment, while Arbaeen increased demand along pilgrimage routes.
- **Lebanon**: Approximately 90% of medicines on the Ministry of Public Health Noncommunicable Disease Essential Medicines List remained available, although regional instability, shipping costs and delivery delays posed pipeline risks.
- **Iran**: WHO procured three uninterruptible power supply systems and three diesel generators; five of six units were delivered. Procurement remained constrained by high demand, import restrictions, exchange-rate fluctuations, the embargo and limited cargo flights.
- **Syria**: Facilities continued to face shortages of vaccines, cancer, emergency and trauma supplies, antibiotics, chronic disease medicines, laboratory reagents and surgical consumables. WHO dispatched 695.2 metric tonnes of medical, laboratory and WASH supplies nationwide in July.
- **Regional**: In July, WHO's Hub for Global Health Emergencies Logistics delivered nearly US$625 400 of medicines and health supplies to 10 countries. In 2026 to date, more than US$10 million had been

delivered to 45 countries, while the Hub maintained 60–70% of pre-crisis operational volume through overland corridors.

Climate Change and Environmental Health Impact

- **Sudan:** July floods affected 11 837 people in 2 077 households across 23 localities in seven states, damaging 237 houses, 118 latrines and 25 health facilities. Floodwater contamination and damaged sanitation infrastructure increased risks of cholera, dengue and malaria. Heat-related illness clinics at Argeen and Ashkeit recorded 3 641 consultations.
- **Iraq:** Temperatures approaching 50°C increased health risks during Arbaeen; approximately 500 heat-related consultations were reported during a mass event in Samawah. Water scarcity and sewage and drainage concerns were also reported.
- **Somalia:** Flash floods damaged water, sanitation and hygiene infrastructure, while inadequate Gu-season rainfall continued drought stress in Puntland, Galmudug and parts of South-Central Somalia.
- **Lebanon:** Climate-related pressures included extreme heat, water scarcity, energy insecurity, air pollution and flooding. WHO and partners are developing standards for climate-resilient health facilities and water-quality monitoring materials.

WHO Response:

- In **Sudan**, WHO developed a climate change and health-risk communication package.
- In **Iraq,** authorities disseminated heat-stress messages and developed materials at points of entry.
- In **Somalia**, WHO pre-positioned cholera and emergency health supplies ahead of the Deyr rains.

Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH)

- **Sudan:** WHO conducted a risk and needs assessment on prevention of sexual exploitation, abuse and harassment and trained 241 personnel in July. Gaps included uneven training, incomplete Codes of Conduct verification, weak referral mapping, limited community trust and inaccessible reporting mechanisms.
- **Somalia:** WHO mainstreamed prevention of sexual exploitation and abuse through risk assessments, frontline training, partner capacity assessments and nationwide radio broadcasts. Gaps included access constraints, low community awareness and variable partner capacity.
- **Lebanon:** WHO and United Nations agencies trained 350 Ministry of Social Affairs staff on prevention of sexual exploitation and abuse and accountability to affected populations, and supported grievance redress, safeguarding and protection systems.
- **Iran:** Risk of sexual exploitation, abuse and harassment was assessed as medium. WHO trained senior supplier managers, mobilized Fast Track Initiative funding and completed stakeholder consultations; systematic integration of prevention measures remained limited.
- **Jordan:** WHO continued safeguarding assessments and capacity-building for medical evacuation operations and updated the Contingency Plan with safeguarding measures, standard operating procedures, risk registers, community materials and a survivor-support referral directory.
- **Syria:** WHO-supported activities provided 6 890 people with access to sexual exploitation and abuse reporting channels and trained 130 participants from international and national nongovernmental organizations on survivor-centred approaches.

Mental Health and Psychosocial Support (MPHSS)

- **Sudan:** Mental health and psychosocial support needs remained high amid conflict and displacement. WHO reviewed service coverage and capacity and agreed actions to strengthen mapping, reporting, supervision and referral pathways; geographic coverage, staffing, medicines and sustainable financing remained limited.
- **Lebanon:** Four workshops to identify who does what and where engaged approximately 90 participants from 57 organizations and identified service gaps. A national workshop increased self-rated coordination confidence from 36% to 60%; fragmented referral systems and limited coordination capacity remained challenges.
- **Iran:** A health care worker mental health and psychosocial support project reached approximately 15 000 workers through training, peer support, counselling and referrals. A second peer-support phase is being developed for six hospitals and the University of Tehran primary health care network.
- **Iraq:** WHO delivered humanitarian mental health training across all governorates, with follow-on workshops in Babel, Diyala and Duhok.
- **Syria:** WHO trained 60 health professionals in mental health care and provided psychotropic medicines sufficient for approximately 3 696 treatment courses per month. Key gaps included specialized personnel, medicine availability, geographic coverage and sustainable financing.
- **Jordan:** WHO integrated mental health and psychosocial support into the Medical Corridor initiative, including support for children evacuated from Gaza and their families.
- **oPt :** WHO is developing an agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East to strengthen mental health and psychosocial support capacity in Gaza through training, integration into health services, hotline and community services. Training of trainers in psychological interventions was completed in the West Bank and conducted in Gaza.
- **Regional:** Mental health and psychosocial support data collection and validation were completed; analysis will identify regional trends, gaps and service patterns to inform planning.

Emergency Preparedness and Operational Readiness

- Risk-profiling exercises are being prepared for **Qatar, the United Arab Emirates, Somalia and Egypt** to identify priority hazards, vulnerabilities and capacities.
- **Sudan:** WHO and the Federal Ministry of Health launched the national emergency medical team initiative in July and advanced a national coordination roadmap aligned with WHO standards. Sixty health personnel were trained to strengthen early detection, reporting and response.
- **Somalia:** WHO and partners conducted a five-day emergency management training in Mogadishu for 40 participants from six Federal Member States, strengthening multi-hazard response and emergency operations capacity.

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