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Background

The Eastern Mediterranean Region is facing an unprecedented scale of humanitarian crises and needs. More than half of the countries in the Region are experiencing emergencies, with a total of more than 60 million people in need of humanitarian aid. More than half of the world's refugees come from the Eastern Mediterranean Region, and the Region also hosts the largest number of internally displaced persons as a result of conflict.

The Syrian Arab Republic, Iraq and Yemen are experiencing Level 3 emergencies, the highest level of emergency designated by the United Nations. Since the beginning of the conflict in Yemen in March 2015, more than 21 million people across the country were in need of humanitarian assistance and 15.2 million people in need of basic health care as of July. More than 1.4 million people were internally displaced. Serious shortages of medicines and medical supplies, as well as acute fuel shortages, resulted in a gradual collapse of the health system.

In Iraq, almost 7 million people were in need of health services as of July 2015. Across the five unstable governorates of Anbar, Ninewa, Kirkuk, Salad Aldin and Diyala, more than 25% of health care facilities were nonfunctional, leaving millions of people without life-saving treatment.

In the Syrian Arab Republic, ongoing conflict resulted in the displacement of more than 11 million Syrians (45% of the total population): 7.6 million people internally displaced and more than 4 million refugees in neighbouring countries. As of July 2015, 56% of public hospitals were partially functioning or out of service, and local production of medicines was reduced by 70%, with many life-saving treatments not available, including antibiotics and intravenous fluids.

Key achievements & progress in 2015

In the first half of 2015, WHO delivered lifesaving medicines and medical supplies for more than 13.5 million people in the Syrian Arab Republic, Iraq and Yemen. Despite on-going violence, WHO staff and vaccinators in the Syrian Arab Republic and Iraq were able to vaccinate more than 9.5 million children against polio and measles. In Yemen, vaccinators were able to reach more than 5.5 million children in a national polio, measles and rubella campaign in August.

WHO expanded and strengthened its partnerships with 56 local nongovernmental organizations (NGOs) in the Syrian Arab Republic, many of them in hard-to-reach and opposition-controlled areas. In Iraq, WHO partnered a local NGO to manage WHO supported clinics in hard-to-reach Anbar Governorate. To ensure continued access to healthcare, WHO procured and operationalized 10 mobile clinics in North Iraq covering 300,000 internally displaced people and host communities, and established 2 mobile clinics in opposition-controlled areas in Anbar. In Yemen, WHO established mobile nutrition clinics to diagnose and treat children aged between 6 months and 5 years in Aden, Lahj and Hadramout governorates.

Even in acute emergencies, donor support cannot be relied on to arrive at an early enough stage. Despite increasing needs, consolidated United Nations strategic response plans for eight countries in the Region for 2015 were funded at 20.3% for health as of July, with US$ 83.5 million received out of a requested US$ 411.5 million. As a result of funding shortages, almost 83% of all WHO and partner health projects in Iraq were threatened with closure in June 2015.

To address this challenge, WHO is establishing a Regional Emergency Solidarity Fund to ensure a more predictable and reliable funding mechanism for emergency response in the Eastern Mediterranean Region. The fund, which will be activated in January 2016, will provide financial support at the onset of an emergency in countries in the Region for the first three months to meet immediate needs. To provide independent advice and assistance to the Regional Director on policy and strategic matters related to emergency preparedness and response in the Region, a Regional Emergency Advisory Group has been established.

To expand the regional surge roster, capacity-building of emergency focal points was supported, and additional pre-deployment trainings will be conducted for internal staff and external experts in all areas of public health, including disease outbreaks. To ensure the timely procurement and provision of critical medical supplies, WHO has finalized an agreement with the Government of the United Arab Emirates to establish a dedicated WHO humanitarian operations/logistics hub.

In 2015 followings were done supporting country capacity development for emergency management in light of attaining health security at country level. The Ebola readiness for countries were in the forefront to develop national capacity for all hazards. By July 2015, 19 countries received support in reviewing their existing national plans for emergency preparedness and response, with a view to adopting the comprehensive approach of all hazard and to strengthen Incident Command and Control for emergency response. A functional

simulation will take place in Sudan in the third week of October to test the emergency response plan for epidemic. To support the countries' planning for emergency response and the trainings, the all-hazard risk assessment protocol was developed. In September, an international consultation was held to discuss priority actions of Emergency Preparedness for Member States and WHO. The experts recommended 10 action points to scale up country emergency preparedness capacity. Simultaneously, a monitoring and measuring tool was developed to measure the progress of country capacity development for emergency preparedness. The tool will be field tested in Sudan, Iran and Oman in coming months to with the aim of developing an emergency preparedness index for countries. Further to this, a series of five trainings on Public Health Emergency Pre Deployment have been planned to develop a pool of regional professionals to respond to any emergencies in the region. The successful trainees will be included in a regional roster for easy deployment on the ground.

The way forward

Despite clear mandates and guidelines, WHO has not been systematic in responding to emergencies in the Region due to the enormous scale of health needs, and will be further challenged if new events emerge. Regional restructuring of the emergencies units included establishing an emergency response and coordination cluster to provide enhanced response and support mechanism to countries in crisis. A unit for emergency planning and monitoring was established to strengthen operational planning regular monitoring and ensure regular evaluation of WHO's work in emergencies. A new unit focusing on organizational readiness in Amman will build capacity and ensure organizational capacity to respond to public health emergencies in the Region.

Given the increasing scale and magnitude of emergencies in the Region, WHO will continue to conduct reviews of its work in this area. These reviews will take place within the context of global reforms in the area of emergencies, the Emergency Response Framework and resolutions endorsed by the Regional Committee.

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[1]This article is an abridgement of the progress report "Progress report on emergency preparedness and response" presented at the Sixty-second session of the WHO Regional Committee for the Eastern Mediterranean in Kuwait 5–8 October 2015 (EM/RC62/INF.DOC.2). The full report is available on the Regional Office web site at: http://applications.emro.who.int/docs/RC_technical_papers_2015_Inf_Doc_2_16479_EN.pdf

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