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More than 1.5 billion people have been affected by crises over the last decade, especially the vulnerable groups including children and women (1), incurring economic losses in excess of US$ 1.3 trillion (2). The Easter Mediterranean Region suffers from the greatest number of natural and man-made disasters and is especially prone to such events because of its geo-climactic characteristics with significant increase in the risk of disasters projected over the next two decades (3). In addition, it is home to many tenacious conflicts including insurgencies, ethnic tensions, and sectarian clashes with potential for further escalation (4). Such calamities not only lead to displaced populations and infrastructure damage, but also lead to breakdowns in health systems that permit disease outbreaks.

The World Health Organization (WHO) has strongly advocated health systems' preparedness for effective management of crisis situations, which forms the basis for the study "Health system preparedness in Pakistan for crisis management: a cross-sectional evaluation study" (5). Pakistan has been beset with environmental and political degradation for a number of years, and adequate urgent response to human catastrophe incidents, due to political turmoil or extreme weather events, continues to be challenge for humanitarian organizations when inadequate country-wide crises response mechanisms hinder effective health systems.

Moreover, preparedness for disease pandemics need not always be linked to the presence of health systems degradation, but can also highlight the need to anticipate potential disasters before they even materialize. Although the last influenza H1N1 pandemic in 2009 was relatively mild, fear prevails that the next one might not be (6,7). Due to frequent mutations and re-assortment in its genome, influenza is a continuously evolving virus; potential source of

epidemics / pandemics, accordingly (8). Predicting when or where an influenza pandemic may arise, or even which strain will be the culprit is a difficult task (9). Thus, WHO has urged every country to develop and maintain an up-to-date national influenza preparedness plan, and provided guidance on plan content (10), as discussed in the article “Influenza pandemic preparedness in the WHO Eastern Mediterranean Region (11).

Empowerment of patients to self-manage the common zoonotic disease brucellosis in the article “Cognitive factors associated with Brucellosis preventive behaviours among diagnosed patients: an application of Empowerment Model” (12) highlights how relatively common diseases still require a country-wide approach to their containment.

However, one aspect of the effect of internal political conflict on populations has received little attention, namely how the health care professionals of tomorrow struggle to qualify in such adverse environments. Regional political upheaval that started in 2011 extended to Yemen, resulting in civic instability and eventually ended up with a war that is still ongoing. The effects of war on dental students in Yemen have not been widely studied, although political conflicts would be expected to have direct / indirect negative consequences on society, including university students (13). This topic was the focus of research in the article “Dental environment and war-related stress among dental students, Yemen” (14). In addition to the political turmoil that can affect students’ performance, the article “Perspectives of medical students and teaching faculty on teaching medicine in their native language” (15) looks at how the choice of using the native language for instruction in medicine has a significant impact on the students who sit for such studies, as it facilitates the process of acquiring knowledge and utilizes the optimum potential of the students.

Of course, environmental stress can have a multitude of sources including domestic, as examined in the article “Relationship between domestic violence and infertility” (16), when the anxiety of infertility is compounded by social expectations and fear that can manifest in aggressive behaviour and even injury, where usually it is the woman suffering assault, both psychological and physical. Supporting women’s health continues to be of great importance when considering the more traditional roles that women as mothers and caregivers undertake in the Region, and maternal support in the relation with effective child development is the focus of research in the article “The effect of a maternal training programme on early childhood development in Egypt” (17), which examines positive correlations with effective maternal training and improved cognitive and behavioural development in children. Yet diet and maternal and reproductive health is an issue that can have consequences for family harmony, particularly among high-risk subgroups, and is the focus of the article “Prevalence and risk factors of anaemia among ever-married women in Jordan” (18), where the importance of nutrient fortification of essential foodstuffs, especially for women during their reproductive age, is examined.

Looking forward, September issue of the EMHJ covers a wide range of topical public health issues, including the prevalence of female genital mutilation in regions of Iraq, the issue of bullying in schools and if diet can play a role in its prevention, the importance of partner notification for HIV awareness and diagnosis in Lebanon, and attention to public health risks associated with mass gatherings.

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