

WHO Situation Report

Health emergencies in the
Eastern Mediterranean Region

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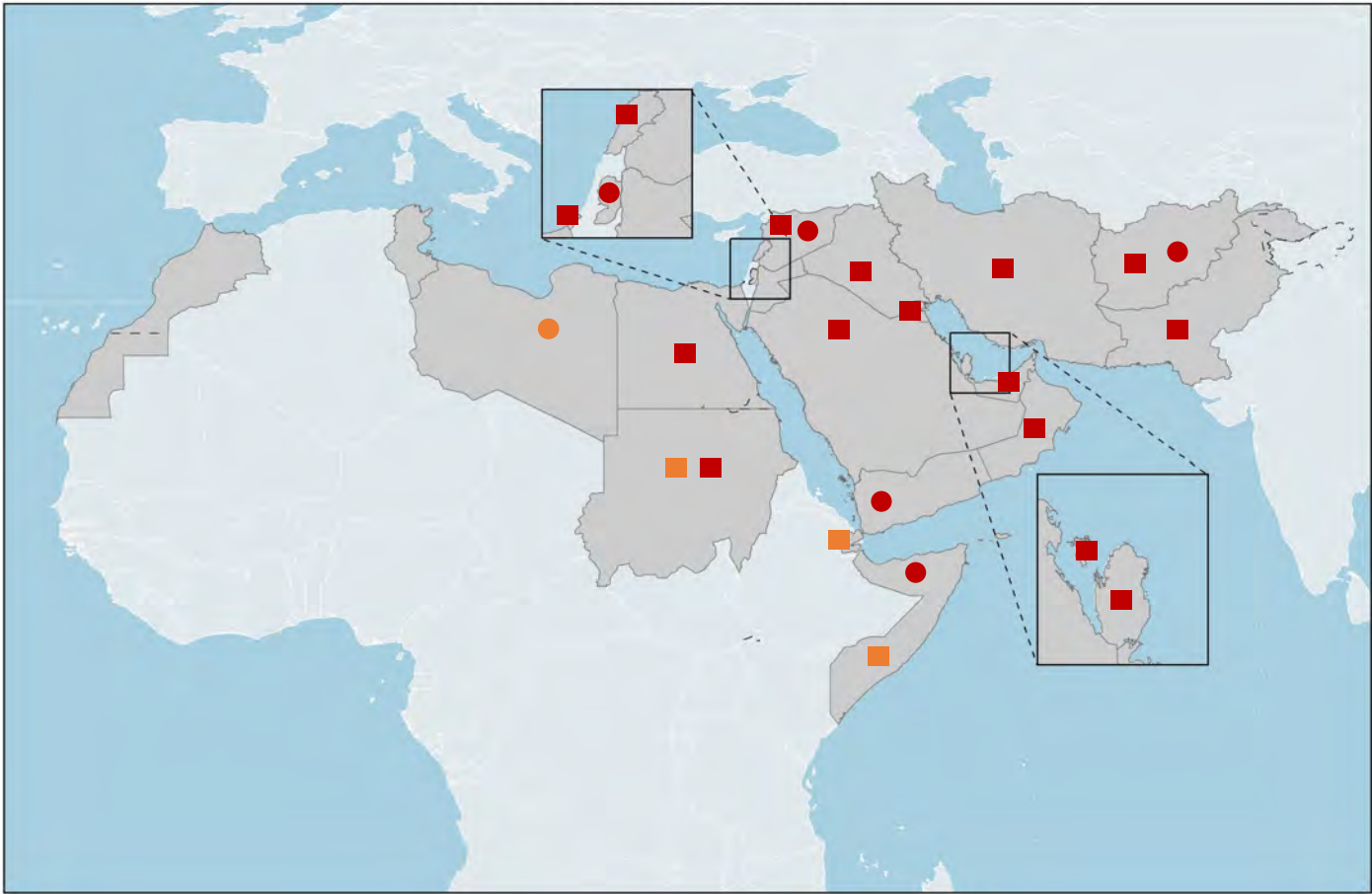
Eastern Mediterranean Region

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	9/22 countries with violent conflict or social fragility
13 acute and protracted health emergencies	32 attacks on health care in August 2026	45 active disease outbreaks across the Region

WHO Eastern Mediterranean Region



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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; the occupied Palestinian territory (oPt); Somalia; the Syrian Arab Republic (Syria);

SITUATION UPDATE

- In **Yemen**, the escalation that began on 6 August generated mass casualties across several governorates. Between 6 August and 18 September, the Ministry of Health and Population recorded 3,672 casualties: 674 deaths and 2,998 injuries. Of these, 680 were recorded between 13 and 18 September. Casualty influxes exceeded local stabilization and surgical capacity.
- More than 130 000 people were internally displaced across eight governorates in **Yemen** as a result of the hostilities. The escalation also drove cross-border displacement, with an additional 3 500 people arriving in Obock, Djibouti.
- In the **occupied Palestinian territory** (oPt), more than half of health facilities in Gaza remained partially functional and 47% of essential medicines were out of stock.
- In **Lebanon**, 334 353 people remained internally displaced as of 26 August, while three hospitals and 22 primary health care centres remained closed.
- In **Sudan**, conflict, displacement and disease outbreaks continued to place severe pressure on the health system. Funding cuts affected 335 health facilities across 13 states, with 153 suspended and 182 operating at reduced capacity. Cholera remained a major concern, with 2 730 cases and 246 deaths reported through 31 August, while dengue transmission continued across 15 states.
- **Multiple disease outbreaks** remained active, although declining trends were reported for several diseases. In Afghanistan, acute watery diarrhoea decreased by 23.6% compared with July, suspected measles by 44.5%, dengue by 41.0% and CCHF by 36.8%. In Somalia, measles, diphtheria and dengue remained active but declined during the latest reporting weeks. In Iraq, CCHF cases declined by 44% compared with July, while confirmed measles cases increased from 29 to 42.
- **Food insecurity and malnutrition** remained major health concerns, particularly in Somalia, Yemen and Sudan. In Somalia, an estimated 1.88 million children under five were acutely malnourished, including 493 000 with severe acute malnutrition. In Yemen, an estimated 2.2 million children were acutely malnourished, including 520 000 with severe acute malnutrition.
- **Population movements** continued to increase demand for health services. Afghanistan recorded 109 305 returnees during August, bringing the total since January to 1 186 755. In Sudan, displacement from North and West Kordofan increased pressure on services in El Obeid, while returns to Khartoum and Al Jazirah increased demand for restored health services.

WHO RESPONSE

- In **Yemen**, WHO delivered emergency medical supplies to frontline hospitals during August, with estimated coverage of 6 500–9 500 patients. Additional deliveries reached hospitals in Aden and Marib in September, while WHO approved US\$ 490 000 from its Contingency Fund for Emergencies for surgical and emergency medical teams and essential trauma supplies.
- In the **occupied Palestinian territory**, WHO supported 31 emergency medical teams, comprising approximately 70 international and 310 national personnel, which had provided around 1.4 million consultations between January and July. Seven charter flights from 11 to 17 August transported approximately 150 metric tonnes of health supplies from Dubai to Al-Arish and onward to Gaza through the Egyptian corridor.
- In **Lebanon**, WHO and the Ministry of Public Health strengthened mass-casualty and trauma

readiness, training approximately 5 400 staff from 125 hospitals and delivering trauma supplies. WHO also supported restoration of public health laboratory capacity.

- In **Sudan**, WHO maintained support to 10 hospitals and 25 primary health care facilities, which provided 102 544 consultations, and delivered 10.32 metric tonnes of emergency health supplies. WHO also supported 27 nutrition stabilization centres across 12 states and delivered 139 severe acute malnutrition kit modules to six states.
- In **Somalia**, WHO maintained support to 33 health facilities across 18 districts in seven regions. WHO also supported 52 nutrition stabilization centres, distributed nutrition and outbreak-response supplies and trained 30 health workers in diphtheria case management and infection prevention and control.
- In **Afghanistan**, WHO maintained 41 primary health care facilities and six infectious disease hospitals and supported Penta3 and measles vaccination for 4 380 children in August. WHO distributed 212 emergency health kits to benefit 559 000 people, in addition to trauma and emergency surgery kits.
- Across the **Region**, WHO's Global Logistics Hub in Dubai dispatched more than 400 metric tonnes of critical health supplies valued at US\$ 2.25 million to acute emergencies in 10 countries during August.

REGIONAL PRIORITIES FOR THE COMING PERIOD

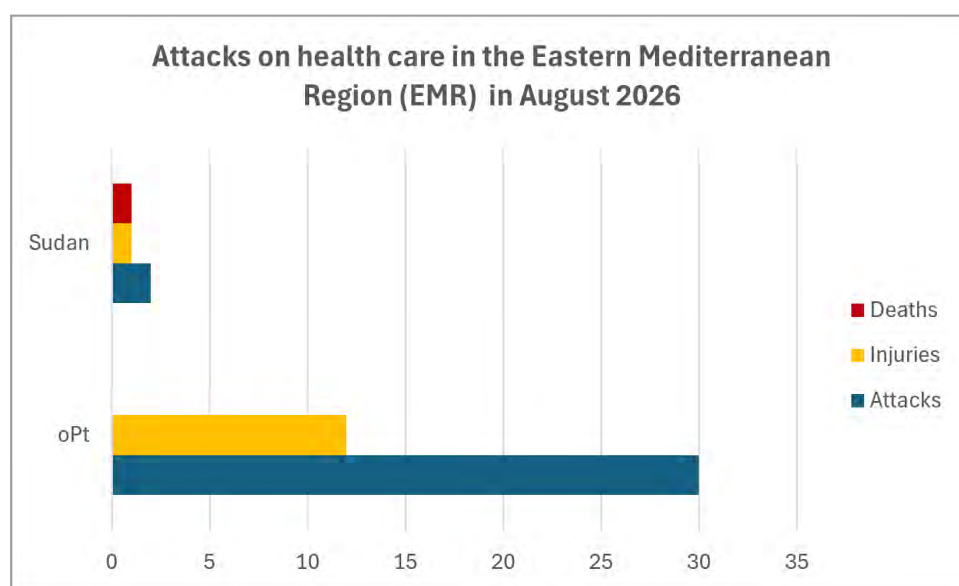
- 01** Sustain essential and emergency health services in conflict-affected and underserved areas;
- 02** Strengthen surveillance, laboratory capacity, vaccination, case management for priority outbreaks;
- 03** Maintain trauma, surgical and referral capacity, and sustain health and nutrition services for displaced populations, returnees and host communities;
- 04** Prioritize replenishment and pre-positioning of essential medicines, trauma supplies and outbreak response commodities;
- 05** Strengthen preparedness and readiness for conflict escalation and climate-related hazards, including the anticipated impacts of El Niño; and
- 06** Mobilize resources to prevent further reductions in essential health services.

FUNDING AND RESOURCE MOBILIZATION

- In **Yemen**, WHO's 2026 Emergency Operations Appeal was 56% funded, while Health Cluster requirements were 17.1% funded. The current health response requires US\$ 9 million, which could increase up to US\$ 18-22 million if the situation escalates further.
- In **Sudan**, WHO's US\$ 97.7 million appeal was 19.3% funded, with funding reductions affecting 335 health facilities and services. In **Somalia**, the humanitarian health response was 21% funded, while WHO's US\$ 16.1 million appeal was 47.3% funded. More than 500 health and nutrition facilities had reduced or suspended services.
- In the **Islamic Republic of Iran**, the US\$ 7.2 million Middle East escalation response was 58.3% funded, leaving a US\$ 3 million gap.
- In the **oPt**, 36.5% of the US\$ 333.2 million required was available, leaving a US\$ 211.4 million funding gap.
- In the **Syrian Arab Republic**, the emergency appeal was 35% funded, totaling US\$ 18 million.

ATTACKS ON HEALTH CARE

- In August, **32 attacks on health care were documented across the Region**, resulting in one reported death and 13 injuries. The oPt accounted for 30 attacks and 12 injuries, while Sudan reported two attacks, one death and one injury.
- 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.



MIDDLE EAST ESCALATION OF VIOLENCE (ACUTE GRADE 3 EMERGENCY)

August–September 2026

- Conflict escalation in **Yemen** since 6 August has driven a sharp and sustained rise in casualties. By 18 September, 3 672 casualties had been recorded across 10 governorates according to the Ministry of Health and Population, including 2 998 injuries and 674 deaths, up from 350 casualties on 23 August. Between 13 and 18 September alone, 680 casualties were reported.
- The geographic focus of hostilities has shifted. By mid-September, Marib accounted for 1 690 cumulative casualties (46%), followed by Taiz and the West Coast with 1 349 (37%). Lahj recorded 284 casualties during 13–18 September, bringing its cumulative total to 433 and making it the most active front during the latest reporting period.
- Casualty influxes are exceeding local stabilization and surgical capacity. Facilities in Aden are increasingly receiving referrals from Lahj, while Marib General Hospital and Kara Hospital are receiving 25–60 casualties daily. Blood, anaesthetics, surgical supplies, intensive care beds and mortuary capacity remain critical constraints.
- From 31 August to 18 September, eight health facilities or health assets in Taiz, Lahj and Al-Hodeidah have been reported damaged, out of service, closed or attacked. Two sites hosting displaced people in

Marib have also been shelled. WHO is verifying these reports and documenting confirmed incidents through its Surveillance System for Attacks on Health Care.

- Displacement increased sharply. By 15 September, more than 130 000 people had been displaced across eight governorates, including 66 972 people in Taiz and 31 577 in Lahj. A further 3 000 people crossed into Obock, Djibouti, nearly half of them children, placing additional pressure on host communities already facing food insecurity and a recent cholera outbreak.
- MHPSS needs increased among the injured, bereaved families and displaced households, adding to an estimated 7 million people already experiencing conflict-related psychological trauma and severe stress. Services remain constrained by funding and shortages of specialized personnel.
- Access and supply routes have deteriorated, disrupting referrals and medical resupply. Partner access from Aden to the West Coast has stopped, while access to At-Turbah and Taiz city remains difficult.
- Of the US\$9 million required for the current health response, US\$2 million has been secured or pledged, leaving a US\$7 million (78%) funding gap, limiting trauma stabilization, specialized and intensive care, referral services, mobile medical teams, support to displaced communities, outbreak response and trauma supplies.
- Elsewhere in the Region, health and humanitarian needs remain significant. In **Lebanon**, 334 353 people remained internally displaced as of 26 August, while 823 337 had returned to areas of origin; 19 543 displaced people remained in 196 collective shelters, with three hospitals and 22 primary health-care centres closed.
- In the **oPt**, insecurity continued to restrict movement and access in Gaza, with more than half of health facilities only partially functional. Forty-seven per cent of essential medicines were out of stock, including critical supplies for oncology and blood diseases, maternal and child health, primary health care, dialysis, mental health, emergency surgery and intensive care, and vaccination.
- In **Iran**, infrastructure damage and disruption to transport, procurement and supply chains continued to affect access to medicines and humanitarian supplies.

WHO RESPONSE

- In **Afghanistan**, 109 305 returnees entered the country in August, 59% from Iran. Between January and August, 1 186 755 returnees entered through five points of entry.
- In **Yemen**, WHO delivered three rounds of emergency medical supplies to hospitals in Marib, Taiz, Hadramout, Al-Dhale'e and Aden, with estimated coverage of 6 500–9 500 patients/trauma cases. WHO is procuring 20 000 blood bags (17 000 adult, 3 000 paediatric; approximately US\$32 000), coordinating the response with the Ministry of Public Health and Population and Health Cluster, and expediting procurement following depletion of critical supplies.
- US\$490 000 from WHO's Contingency Fund for Emergencies has been approved for lifesaving trauma and emergency interventions in **Yemen**.
- In **Lebanon**, WHO and the Ministry of Public Health trained approximately 5 400 staff from 125 hospitals in mass-casualty and trauma care and provided trauma supplies and laboratory support.
- In the **oPt**, WHO supported essential medicines, dialysis supplies and emergency medical teams. Thirty-one teams provided approximately 1.4 million consultations between January and July. Between July and August, WHO delivered 170 trucks and almost 150 metric tonnes of supplies by charter flight.
- In **Jordan**, WHO supported the medical evacuation of 20 patients and 26 companions from Gaza.
- In **Iran**, WHO supported mental health and peer-support interventions reaching 2 000 health workers.

REGIONAL READINESS FOR EBOLA DISEASE OUTBREAK CAUSED BY BUNDIBUGYO VIRUS

- Following an assessment mission that took place in August, from 14–16 September, **Somalia's** Ministry of Health and Human Services and National Institute of Health, with WHO support, conducted a three-day Ebola simulation exercise in Mogadishu involving 70 participants from federal and state authorities and partners. This Tabletop and functional scenarios tested coordination, points of entry, referral pathways, information sharing, risk communication and response planning. The exercise identified gaps in notification and referral, points-of-entry and cross-border coordination, public communication, and ownership of actions, which were incorporated into an improvement plan with assigned follow-up actions.
- In **Somalia**, WHO is also supporting IPC, WASH and health-logistics readiness assessments at designated referral and treatment facilities in Somaliland, Puntland and Mogadishu, covering screening and triage, isolation and treatment, patient movement, waste management, specimen and referral pathways, and essential supplies. WHO supported training of 133 Ministry of Health personnel across Somaliland, Puntland and Mogadishu, with a further 38 UN and African Union personnel trained in Mogadishu. These activities are strengthening readiness to identify, isolate, refer and safely manage suspected cases.

HEALTH EMERGENCY UPDATES

DISEASE OUTBREAKS AND SURVEILLANCE

Cholera and acute watery diarrhoea (AWD)

- **Sudan:** 2 730 cholera cases and 246 deaths reported through 31 August (CFR 9.0%) across six states, with West and North Kordofan particularly affected and transmission emerging in Kassala.
- **Afghanistan:** 18 329 AWD cases and four deaths reported in August, a 23.6% decrease from July.
- **Yemen:** 710 suspected cholera cases and six deaths reported during EW 32–35 (CFR 0.84%), an 81.7% decrease from the same period in 2025. Taiz accounted for 24.6% of cases; 329 of 529 tested cases were RDT-positive, while severe dehydration increased to 25.9%.

Measles

- **Somalia:** 14 851 cases and 65 deaths reported through EW 34 (CFR 0.44%); cases declined to 857 in the latest three-week period.
- **Syria:** 1 925 cases and eight deaths reported through EW 35. Children aged 2–4 years accounted for 42% of cases and 31% of suspected cases were zero-dose. Transmission slowed following an intensified response.
- **Yemen:** 767 suspected cases and seven deaths reported (CFR 0.88%); 65.6% were under five and 80.7% were unvaccinated.
- **Afghanistan:** 1 423 suspected cases and seven deaths reported in August, down 44.5% from July.
- **Iraq:** 42 confirmed cases reported in August, compared with 29 in July. Of 151 confirmed cases in 2026, 79.5% were under five and 58.9% had received zero or one vaccine dose.

Dengue

- **Sudan:** 85 782 cases and 180 deaths reported through 28 August (CFR 0.2%) across 15 states; Blue Nile accounted for approximately 91% of August cases.

- **Somalia:** 12 630 cases and 16 deaths reported through EW 34, with cases declining from 687 to 356 between successive three-week periods.
- **Iran:** 1 076 cases reported between 20 March and 22 August, including 1 055 locally acquired and 21 imported cases; 92 patients were hospitalized and no deaths were reported.

Crimean-Congo haemorrhagic fever (CCHF)

- **Iraq:** 36 confirmed cases reported in August, down 44% from July, bringing the 2026 total to 314 cases and 26 deaths (CFR 8.3%). Thi-Qar accounted for 35% of cases.
- **Afghanistan:** 191 suspected cases and 11 deaths reported in August, a 36.8% decrease from July.

Diphtheria

- **Somalia:** 3 798 cases and 107 deaths reported through EW 34 (CFR 2.82%), with cases declining in the latest reporting period.
- **Yemen:** 15 cases and no deaths reported during EW 32–34; children aged 5–14 years were most affected and 68.7% of cases were among unvaccinated people.

Other outbreaks and surveillance

- **Afghanistan:** 64 506 acute respiratory infection/pneumonia cases and 170 deaths reported in August; 168 confirmed COVID-19 cases and no deaths reported.
- **Somalia:** cVDPV2 transmission remained active, with 16 positive environmental samples and six human cases in 2026.
- **Syria:** Increased leishmaniasis and intermittent diarrhoea/gastroenteritis outbreaks reported.
- **Regional surveillance:** In Afghanistan, 30 896 people were screened at points of entry and WHO teams screened 4 229 returnees and investigated >400 suspected bloody diarrhoea cases. In Iraq, event-based surveillance detected 36 signals across 15 governorates, including 20 biological hazards. Yemen's surveillance remained constrained by reporting gaps.

WHO RESPONSE

- **Cholera/AWD:** WHO supported surveillance, laboratory capacity, case management and RCCE in Sudan, Afghanistan and Yemen. In Afghanistan, 32 community-awareness sessions reached 6 814 people; in Yemen, WHO advanced a cholera-prevention RCCE package.
- **Measles:** WHO supported outbreak-response vaccination in Syria, including the second phase in 10 priority districts, and vaccination services in Afghanistan, where 4 380 children received Penta3/ measles vaccination in August. Regional support continued for measles preparedness and response.
- **Dengue/CCHF/VHF:** WHO maintained surveillance, laboratory, vector-surveillance and risk-communication support. In Somalia, arbovirus diagnostic supplies were distributed; in Iraq and Afghanistan, surveillance networks supported CCHF/VHF detection and monitoring.
- **Diphtheria:** In Somalia, WHO trained 30 health workers in case management and IPC and distributed 75 vials of diphtheria antitoxin. In Yemen, surveillance and laboratory support continued.
- **Health services and surveillance capacity:** WHO maintained 41 PHC facilities and six infectious disease hospitals in Afghanistan. In Syria, WHO supported rapid response and surveillance, distributed 2 500 EWARS reporting booklets and 1 000 case-definition posters, and trained 60 communicable disease officers. In Yemen, WHO trained 42 health workers from 14 districts on Field Epidemiology.

FOOD INSECURITY AND MALNUTRITION

- In **Sudan**, food insecurity and malnutrition remained major public health concerns, particularly among conflict-affected and displaced populations, amid disrupted livelihoods and reduced access to essential health and nutrition services.
- In **Somalia**, an estimated 1.88 million children under five are acutely malnourished, including 493 000 with severe acute malnutrition. Between January and July, approximately 3.43 million children were screened and 232 864 children with severe acute malnutrition were identified and treated.
- In **Yemen**, an estimated 8.1 million children under five and pregnant and lactating women require nutrition assistance, including 2.2 million children with acute malnutrition, of whom 520 000 are severely acutely malnourished. Funding, access and reporting constraints reduced the number of functional therapeutic feeding centres from 96 to 53.

WHO RESPONSE

- In **Sudan**, WHO continued operational support to 27 stabilization centres across 12 states and delivered 139 severe acute malnutrition (SAM) kit modules to six states. A further 457 SAM kits were available in WHO warehouses, sufficient for approximately 29 800 children with SAM and medical complications. WHO also trained 25 health workers through nutrition-in-emergencies training of trainers. Nutrition supply shortages and SAM stock-outs remained a concern. Population displacement and movements
- In **Somalia**, WHO supported 52 stabilization centres, where 27 250 children with severe acute malnutrition and medical complications were admitted between January and July—38% more than during the corresponding period of 2025. Treatment outcomes included a 96.3% recovery rate and 0.94% mortality rate. WHO also distributed six paediatric severe acute malnutrition kits.
- In **Yemen**, WHO supported therapeutic feeding centres with inpatient care, medicines and operational support. Between January and June, 7 856 children with severe acute malnutrition and medical complications were treated, with a 97% cure rate. WHO also supported nutrition surveillance through 324 sentinel sites and 154 health facilities.

HEALTH SERVICE DELIVERY AND SYSTEM FUNCTIONALITY

- In **Sudan**, displacement from North and West Kordofan increased pressure on services in El Obeid, while returns to Khartoum and Al Jazirah increased demand for restored health services. Funding reductions affected 335 health facilities and services across 13 states: 153 suspended services and 182 operated at reduced capacity.
- In **Yemen**, 60% of 5 415 service delivery units were fully functioning, 35% partially functioning and 4% non-functioning. Staffing was reported as a barrier in 79% of facilities, equipment in 53%, financing in 46% and supplies in 45%. Trauma care was fully available in only 6% of facilities.
- In **Somalia**, more than 500 health and nutrition facilities had suspended or reduced operations, with approximately one third of affected facilities in South-West State.
- In **Syria**, of 120 hospitals, 59% were fully functioning, 29% partially functioning and 12% non-functioning. Among 1 741 primary health care centres, 43% were fully functioning, 33% partially functioning and 24% non-functioning.
- In the **occupied Palestinian territory**, more than half of health facilities in Gaza remained partially functional. In **Lebanon**, three hospitals in **Nabatieh Governorate** remained non-operational, while 22 primary health care centres remained closed.

WHO RESPONSE

- In **Sudan**, WHO supported 10 hospitals and 25 primary health care facilities, which provided 102 544 consultations during August.
- In **Yemen**, WHO emergency dispatches to hospitals facing increased trauma demand were sufficient to support an estimated 6 500–9 500 patients.
- In **Somalia**, WHO maintained support to 33 health facilities across 18 districts in seven regions.
- In **Syria**, WHO supplied health institutions and partners across all 14 governorates, dispatching more than 247 metric tonnes of medicines, emergency kits, diagnostic commodities and health and WASH supplies during August.
- In Gaza, WHO coordinated the deployment of 31 emergency medical teams comprising approximately 70 international and 310 national personnel. Services provided reached around 1.4 million consultations between January and July.

MEDICAL SUPPLY CHAIN AND LOGISTICS

- At regional level, the **WHO Global Logistics Hub in Dubai** dispatched more than 400 metric tonnes of critical health supplies valued at US\$ 2.25 million to acute emergencies in 10 countries during August, including seven charter rotations supporting the Gaza response.
- In **Yemen**, WHO delivered health commodities valued at approximately US\$ 415 000. A total of 90 metric tonnes was dispatched from warehouses in Aden and Sana'a to 65 health facilities across 20 governorates. Trauma kits and anaesthetic medicines reached stock-out levels in the Aden warehouse as emergency demand increased.
- In **Syria**, WHO dispatched more than 247.85 metric tonnes of medicines, emergency kits, diagnostic commodities and health and WASH supplies during August to health facilities, institutions and partners across all 14 governorates. More than 349.49 metric tonnes of supplies were received during the month.
- In **Sudan**, WHO delivered 10.32 metric tonnes of emergency health supplies. Insecurity, road conditions, fuel shortages and distribution constraints continued to affect delivery.
- In **Somalia**, WHO distributed paediatric severe acute malnutrition kits, 75 vials of diphtheria antitoxin, arbovirus diagnostic supplies, interagency emergency health kits and trauma and emergency surgery kits, with supplies expected to benefit approximately 86 000 patients. Emergency supplies were pre-positioned in 25 high-risk districts ahead of the Deyr season.
- In **Afghanistan**, WHO distributed 212 emergency health kits and modules to benefit 559 000 people, in addition to eight trauma and emergency surgery kits for approximately 400 beneficiaries.

CLIMATE CHANGE AND ENVIRONMENTAL HEALTH IMPACT

- In **Sudan**, flooding affected seven states and health infrastructure, while the rainy season increased the risk of waterborne diseases.
- In **Somalia**, localized flash flooding along the Shabelle and Juba river basins caused displacement and damage to WASH infrastructure. At the same time, inadequate Gu rainfall failed to reverse drought stress in Puntland, Galmudug and parts of south-central Somalia.
- In **Iraq**, temperatures exceeded 50°C at several monitoring stations during August.

WHO RESPONSE

- In **Sudan**, WHO continued surveillance and outbreak response and delivered 10.32 metric tonnes of emergency health supplies. Following a pilot in two states, WHO advanced adaptation of an eight-module community health worker package on climate-related health risks into an interactive e-learning course and an offline toolkit for low-connectivity settings.
- In **Somalia**, WHO pre-positioned cholera, emergency health, nutrition and laboratory supplies in 25 high-risk districts ahead of the Deyr season.
- In **Pakistan**, WHO supported federal and provincial preparedness, surveillance, contingency planning and pre-positioning for monsoon-related health risks.
- In **Iraq**, WHO supported heat-health risk communication during the Arbaeen mass gathering.

PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE, AND HARASSMENT (PRSEAH)

- WHO implemented a PRSEAH fast-track initiative in Afghanistan, Iran, Iraq, Lebanon, the occupied Palestinian territory, Somalia and Yemen, strengthening safeguarding governance, staff capacity, community awareness, reporting and referral mechanisms, and integration into emergency and health programmes.
- In **Afghanistan**, 1 675 health workers were trained and 15 759 community members reached with safeguarding information; 228 additional health workers signed the Code of Conduct and 85 Health Cluster partners received PRSEAH briefings.
- In the **oPt**, WHO and partners trained health and emergency personnel on GBV, clinical management of rape and survivor-centred support. Three NGO hospitals adopted PRS standard operating procedures, while 30 survivors/children were referred to specialized services.
- In **Yemen**, 67 participants received GBV case-management training and participated in PRS/GBV technical discussions, while WHO continued supporting governance, referral pathways and survivor-centred services.
- In **Iraq**, WHO supported integration of PRS into mental health services through primary health care and helped establish a Ministry of Health–WHO task force in the Kurdistan Region to develop a PRS-informed Code of Conduct.
- In **Iran**, two requests for proposals were launched under the Fast Track Initiative and health and protection partners briefed on planned activities.
- At **regional** level, WHO convened a PRS workshop with country and headquarters focal points to strengthen protection and response, integrate mitigation measures into emergency operations and advance the regional monitoring framework.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MPHSS)

- **Afghanistan**: 4 172 mental health consultations were provided in August. WHO supported one national mental health hospital and five inpatient wards, and trained 55 health workers through mhGAP and 61 through the Thinking Healthy initiative.
- **Iran**: Peer-support interventions reached 2 000 health workers across six hospitals and three primary health-care networks in six provinces.
- **Lebanon**: WHO supported national MPHSS governance and coordination, including development of the national MPHSS framework and resumption of the national substance-use strategy, with efforts to

strengthen management at primary-care level.

- **Iraq:** WHO supported the Ministry of Health on the public health response to substance use and advanced mhGAP-based training for providers in newly established mental health units within primary health care in the Kurdistan Region.
- At **regional** level, WHO advanced the regional MHPSS dashboard, completing data collection and analysis and progressing visualization, and continued work on minimum technical standards for MHPSS Specialized Care Teams to support future emergency deployments.

EMERGENCY PREPAREDNESS AND OPERATIONAL READINESS

- **Yemen:** WHO supported development of the National Emergency Medical Team system, including review of the national framework, SOPs and hub-hospital capacity mapping. A multisectoral points-of-entry meeting was held in Aden, followed by training of 40 participants to cascade preparedness training nationally.
- **Iraq:** WHO trained seven hospitals participating in the Hospital Resilience initiative on development and operationalization of hospital emergency response plans.
- **Jordan:** WHO supported an all-hazards public health emergency contingency plan for Queen Alia International Airport and conducted a tabletop exercise covering detection, notification, isolation, contact tracing, laboratory coordination and risk communication.
- **Qatar:** WHO finalized strategic and governance enhancements to the national RCCE-IM action plan 2026–2030, supporting preparations for ministerial endorsement and implementation.
- **Regional/border preparedness:** WHO rolled out RCCE-IM training and bilingual operational packages for border personnel in Yemen and Djibouti, incorporating dignity-centred screening, infodemic monitoring and border-specific risk communication, and briefed the IHR Community of Practice on BVD temporary recommendations.
- **Regional:** An interregional online dialogue on resilient health facilities was jointly conducted with PAHO, bringing together participants from across regions to exchange experiences, approaches and lessons learned on strengthening health facility resilience. The session was characterized by high participation and strong engagement, including attendance by senior representatives and technical experts. The dialogue provided an important platform for cross-regional learning and highlighted the value of collaboration and knowledge exchange in advancing resilient, climate-informed and emergency-ready health facilities globally.
- **Regional:** WHO continued technical support for chemical, biological, radiological and nuclear preparedness, focusing on emergency management and response planning.
- **GCC engagement:** WHO continued engagement with Gulf Cooperation Council countries on emergency preparedness, humanitarian health response, and regional health security. GCC countries remained important contributors to humanitarian operations in several of the Region's major emergencies in the region and beyond. In Oman, national humanitarian institutions continued medical and emergency assistance and efforts to strengthen emergency response, field capacity and preparedness for crises and disasters. WHO engagement with GCC countries also continued around pandemic preparedness and implementation of the WHO Pandemic Agreement, including surveillance, resilient health systems, health workforce protection, supply-chain security and equitable access to health products.

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