REGIONAL GUIDE
EMRO REGION

AMWHO

2026 AMWHO INTERNATIONAL CONFERENCE

Global Child and Adolescent Health: Protecting the Next Generation in a Time of Crisis

Introduction

The World Health Organization's (WHO) Eastern Mediterranean Region, also known as EMRO, comprises 22 countries and one occupied territory. This includes Afghanistan, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen, Djibouti, Oman, and Palestine. Throughout history, the EMRO region has been instrumental in the exchange of trade and culture and has greatly contributed to globalization. However, in modern history, the region has also been characterized by political conflicts and instability, various health emergencies triggered by conflict, as well as urbanization and population growth issues. The region also faces high malnutrition issues as a result of a lack of government structure and political conflict tormenting many countries.

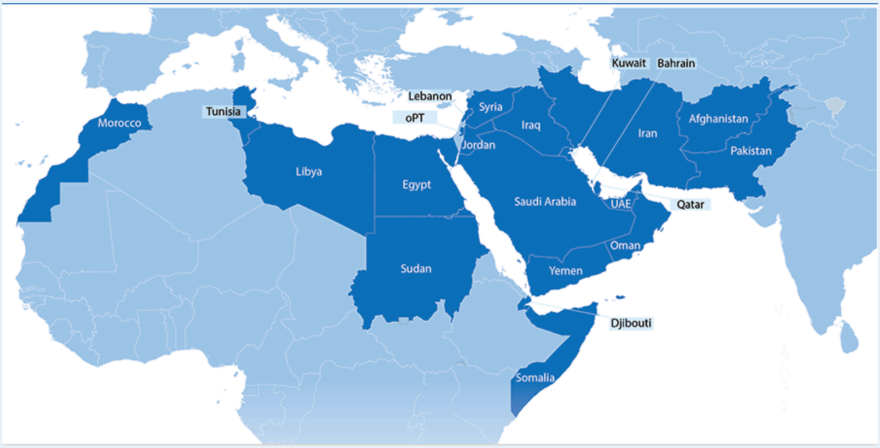

Fig. 1 A map of the nations and territories included in the EMRO region of the WHO[1]

Introduction

Due to the presence of geopolitical conflicts and lack of stability within many countries in the EMRO region, a significant part of the population affected includes children and adolescents. Children under the age of 5 make up about 12% of the population, while adolescents make up about 20%.[2] According to the WHO, 796,000 children under the age of 5 die in the EMRO region every year, and, following the African region, adolescent mortality rate in the EMRO region is the second highest. It is important to note that there are significant disparities between countries regarding the under 5 mortality rate. However, due to rising levels of war and displacement, these disparities have been exacerbated in recent years. Within the region, it is also important to note that maternal mortality is a rising cause of deaths of female adolescents between 15 and 19 years of age, especially since the region is composed of many developing countries.[3]

Subtheme 1: Vaccine Uptake and Infectious Disease Management

Recently, vaccination rates within the EMRO region have considerably gotten worse due to increasing geopolitical conflicts and instability. For example, from 2019 to 2024, the number of zero-dose children has increased from approximately 2 million children to 2.8 million.[4] In 2023, there were 64 reported regional disease outbreaks compared to 31 in 2021.[5] In 2024, it was reported that approximately 90% adolescent girls lack access to Human papillomavirus (HPV) vaccine. Moreover, instances of conflict have presented extensive challenges to implementing effective vaccine rollouts and access to citizens, as seen in the nation of Somalia and the Palestinian Region. Despite this, great efforts are being made to continue building strong and effective vaccine programs.

CASE STUDY 1: CONFLICT, AID CUTS, AND THE RESURGENCE OF PREVENTABLE DISEASE IN SOMALIA

Following the most recent conflict of the Somali Civil Wars beginning in 2006, Somalia was left in a dire situation across the political, social, and health sectors, ranging from an unstable government to huge population displacement and a health crisis.[6] After noticing the worsening Humanitarian Crisis, the United Nations began sending aid, and the United States followed by spearheading different missions to help, such as Operation PROVIDE RELIEF and Operation RESTORE HOPE .[7,8]

Subtheme 1: Vaccine Uptake and Infectious Disease Management

Since then, the United States became the leading foreign aid contributor for Somalia, specifically through several USAID operations, including, as recently as 2022, making efforts to curb the spread of COVID-19 through vaccination and surveillance programs.[9] In the fiscal year of 2023, Somalia, along with other nations such as Ethiopia and Nigeria, received more than $9 Billion collectively for lifesaving vaccines and other supportive measures. However, following the shutdown of USAID Operations with the Trump administration, Somalia and several other nations are facing significant budget cuts with the potential to devastate their nations. There has been a surge in several infectious diseases, including acute cases of Diarrhea, Diphtheria, Measles, Chikungunya, and Dengue Fever.[10] Several of these surges have been attributed to an increasing lack of vaccination in early childhood. Other outbreaks include measles, whooping cough, cholera, and a variety of respiratory infections. From April to July of 2025, these cases nearly doubled from approximately 22,600 to over 46,000.f Of these cases, 60% are found in children under the age of five.[11,12]

Aid cuts have led to the closing of health centers and mobile vaccination teams, thus leading to an overall lower rate of vaccination.[9] To stop the spread of such preventable diseases, Somalia has launched different vaccination campaigns, such as a 4-day nationwide campaign in February 2025 to provide Polio vaccinations to 2.5 million children across 5 target locations.[13]

Although these efforts are an important initial step, they can be supplemented and enhanced through regional support. Regional focus could consider how to support Somalia's ability to sustain vaccination outreach and disease monitoring even as funding declines. EMRO may also reflect on opportunities for collective action in order to help countries maintain essential immunization services during periods of heightened outbreak risk, in conflict or otherwise.

CASE STUDY 2: YEMEN'S WORSENING IMMUNIZATION CRISIS FUELED BY CONFLICT AND ACCESS BARRIERS

The ongoing civil war in Yemen began in 2014. Since then, the conflict has led to several humanitarian crises, mainly affecting women and children.[14] Prior to the conflict, Yemen's health system was suffering from a lack of healthcare access and critical medical equipment. The civil war has further devastated the national health infrastructure, leaving vaccination programs and primary care facilities depleted in terms of resources and service capacity. Additionally, over 70% of the Yemen population lives in rural areas, further inhibiting vaccination access because outreach strategies aren't properly incorporated. Consequently, achieving population-wide protection and herd immunity is particularly challenging, leading to several outbreaks of preventable diseases.[15]

Subtheme 1: Vaccine Uptake and Infectious Disease Management

In 2020, after being Polio-Free for around a decade, Yemen faced a Polio outbreak of a new variant strain due to reduced national vaccination coverage attributed to the political state of the nation.[15] Between 2016 and 2022, there were over 2.5 million suspected cases of Cholera, which became an outbreak of historic magnitude.[16] The Cholera outbreak in particular has been exacerbated by the ending of international aid from the United States, as well as airstrikes as part of the conflict, some of which have destroyed medical facilities.[17] Additionally, a review of the data found that 39% of the most frequently reported cases were Viral Neglected Tropical Diseases, including Dengue Virus and the Hepatitis B and C viruses.[18]

In the current health crisis, 242,000 children have already missed their first routine vaccine dose. Additionally, in the past year, preventable diseases have led to 39,000 deaths in the last year.[15] Herd immunity requires there to be greater than 80% vaccination coverage.[19] However, given that vaccination access is already constrained and that young people are facing routine vaccination gaps, achieving herd immunity protection is challenging. There have been different initiatives to respond to this trend. For example, the Yemen Ministry of Public Health, the World Health Organization, UNICEF, and the Global Polio Eradication Initiative have led vaccination campaigns focusing on children in high-risk areas.[20]

Subtheme 1: Vaccine Uptake and Infectious Disease Management

Despite such efforts, given the immense impact of funding cuts on the Yemen health system, the nation could benefit from regional support focused on filling aid gaps and launching larger vaccination campaigns. Moving forward, targeted strategies are needed to improve adolescent vaccination rates, including mobile clinics, school-based vaccination programs, and culturally tailored health education, which may help curb vaccine hesitancy. Strengthening regional cooperation and funding mechanisms within EMRO will be key to supporting Yemen in restoring immunization systems and protecting adolescents from preventable diseases.

Subtheme 2: Nutrition, Physical Activity, and Noncommunicable Disease

Noncommunicable diseases (NCDs) pose a major public health challenge across the EMRO region, with more than 150 million people currently living with conditions such as heart disease, diabetes, respiratory illness, and cancer. In recent years, the region has experienced a sharp rise in NCDs, driven largely by unhealthy lifestyle behaviors including tobacco use, poor diet, and low levels of physical activity.[21] For example, noncommunicable diseases comprise a majority of the disease and disability burden in adolescents from ages 10 to 19.[22] Malnutrition also remains a critical challenge, as undernutrition persists alongside increasing overweight and obesity rates.[23] Although these trends are widespread, the underlying causes and contributing factors vary significantly among EMRO member states, shaped by differences in socioeconomic conditions, health system capacity, and population behaviors.

CASE STUDY 1: STRENGTHENING NUTRITIONAL SECURITY AND NONCOMMUNICABLE DISEASE INTERVENTIONS IN CONFLICT-AFFECTED AFGHANISTAN

Beginning in 1978 with the Saur Revolution, Afghanistan has continually faced decades of war.[24] This chronic state of war has had several consequences, including political instability, an economic breakdown, and sharp increases in poverty, hunger, and malnutrition.[25] In addition, recent natural disasters such as major earthquakes have exacerbated the issue of hunger, especially in children.

Subtheme 2: Nutrition, Physical Activity, and Noncommunicable Disease

Specifically, earthquakes in September put about 37,000 children at greater risk of malnutrition through damaging health clinics in a region already lacking healthcare services due to cuts in aid.[26] According to the World Food Programme USA, 9.52 million Afghans are experiencing extreme hunger levels, and 3.5 million children are malnourished. This malnutrition crisis sets the basis of the overall nutrition crisis seen in Afghanistan, especially in children. For example, there is a 9.5% rate of wasting, which is an "extreme manifestation of severe acute malnutrition," and only 12% of Afghan children 6 to 24 months are receiving the appropriate variety and quantity of food for their age.[27]

Compounding these nutrition challenges are issues related to physical activity, which further threaten population health in Afghanistan. One study from 2023 found that 49.8% of participants had high levels of sedentary behavior, 40.3% had low physical activity, and 23.5% had both high levels of sedentary behavior and low physical activity.[28] Low physical activity is a key contributor to the development of many NCDs, including obesity. Other common NCDs include heart disease, diabetes, cancer, and chronic lung conditions, which all together constitute 43% of the nation's deaths. It's also relevant that finding life-saving treatment options is difficult because of long waiting lists and inhibited accessibility in rural areas.[29] Current initiatives to remedy the nutrition situation include feeding campaigns by organizations such as Save the Children and the World Food Program.

Subtheme 2: Nutrition, Physical Activity, and Noncommunicable Disease

In addition to responding to the nutritional crisis, it is also imperative to promote health education campaigns and execute other NCD management strategies. 26 Given the scale of these issues, interventions that promote healthier behaviors and expand NCD care—especially in underserved regions—must become a central regional focus.

CASE STUDY 2: OPTIMIZING THE URBAN HEALTH SYSTEM IN QATAR TO COMBAT OBESITY AND UNDIAGNOSED NONCOMMUNICABLE DISEASES

In Qatar, cardiovascular diseases, diabetes, cancers, and chronic respiratory illnesses are responsible for 72% of all deaths. This large percentage can be traced back to factors such as social and lifestyle changes and an aging population, which have also contributed to the rising obesity and physical inactivity rates.[30] Often, nations of higher wealth, such as Qatar, are perceived to have better health outcomes due to leading a healthier lifestyle, access to nutritious food, and access to higher-quality healthcare services. However, a higher wealth status may also lead to poorer lifestyle choices.[31] Qatar ranks among the wealthiest nations in the world, but it also has some of the highest rates of obesity; specifically, there is a 44% obesity rate among adults and approximately a 26.3% obesity rate among children.[32] This can be explained by diet and nutritional choices: Qatari residents' diet consists more of animal proteins, fats, and refined carbohydrates rather than a fiber-rich diet.[33]

Subtheme 2: Nutrition, Physical Activity, and Noncommunicable Disease

The Qatari Government has taken many steps to address this situation. They have implemented taxes on foods and drinks high in sugar content, enhanced cancer control programs through community partnerships and engagement, and created stronger surveillance programs to track and respond to different trends, especially as it relates to NCDs. Still, recent studies indicate that approximately 34.9% of adolescents exhibit greater than or equal to three risk factors for NCDs.[34] Additionally, the obesity rate among adults remains high, and hypertension continues to affect over 600,000 individuals between the ages of 30 and 79 - notably, many remain without diagnosis or treatment.[30] The regional strategy could guide countries toward implementing stronger, school-based health education programs that introduce nutrition and wellness skills early in life. By helping students build healthy habits from a young age, the region can gradually reduce major risk factors for NCDs. This approach can also serve as a foundation for broader community-level interventions.

Subtheme 3: Sexual and Reproductive Health

Sexual and reproductive health and the research and education surrounding it are integral to a citizen's well-being and health. In the EMRO region in particular, it remains a significant task to ensure that there is proper access and care regarding sexual and reproductive health. The healthcare systems within the EMRO region are complex, taking on a mix of public and private healthcare. For instance, attempts to control women and girls' sexuality and abuses such as gender based violence, female genital mutilation, and forced marriage continue to be prevalent.[35] As multiple countries within the region continue to be marred by humanitarian crises, wars, and geopolitical conflicts, the priority of sexual and reproductive health as an issue to be addressed lessens.

CASE STUDY 1: ADDRESSING REPRODUCTIVE HEALTHCARE GAPS IN PALESTINE

In recent years, Palestine has become a breeding ground for humanitarian crises. It has also been noted that in Gaza, the concept of a reproductive genocide applies to current events. In particular, sexual and reproductive health has worsened with a growing number of human rights violations occurring, especially after the start of the Israel-Palestine War. Some instances of attacks on reproductive healthcare and gender-based violence include the "deliberate destruction of healthcare facilities" and "women undergoing caesareans without anaesthetic", posing a risk to the health of women and children.[36]

Subtheme 3: Sexual and Reproductive Health

Additionally, there is an obvious lack of access when it comes to adolescents having adequate access to contraceptives, and high infant mortality continues to be prevalent. There have also been reports of women having to share contraceptive pills, as there is such a severe shortage of contraceptives. Because of a high military presence, many hospitals and medical facilities are inaccessible, and Palestinian women struggle to find reproductive healthcare and have proper facilities to give birth in. In fact, at least 26 hospitals and 55 medical centers are now considered to be inoperative due to the level of destruction and restrictive access committed by the Israeli military.[37]

Many women and children have become displaced as a result of the conflict, and the refugee camps reserved to live have inadequate resources to aid women and children regarding reproductive healthcare. Apart from consequences related to pregnancy and maternal healthcare, menstruation is a key issue in reproductive healthcare. There are more than 690,000 women and girls who are menstruating in Gaza, and the lack of water, basic menstruation supplies (tampons, pads, etc.), and privacy further complicate the menstruation process and make it unhygienic and unsafe.[37] Additionally, there is a high risk of urinary tract infections since there is limited medical treatment available.

Subtheme 3: Sexual and Reproductive Health

To provide more immediate relief, many global and advocacy organizations have called for restoration of access to emergency obstetric care and for the establishment of more mobile clinics and support of midwife-led outreach.[35]

CASE STUDY 2: PROVIDING SUPPORT TO PROTECT HEALTHCARE ACCESS IN SUDAN

Women and children have also been significantly impacted in Sudan, as they are often heavily targeted during conflicts. Maternity wards have been reported to be bombed, and women have had to give birth during active fighting and bombing.[38] Additionally, there have been attacks on workers in healthcare facilities while life-saving medication and medical assets have been stolen as part of the damage in the conflict in Sudan. Reportedly, there have been over 1 million women in Sudan who severely lack access to both prenatal and postnatal care. In addition, almost 25% of the population of Sudan, a majority of which are women and girls, are at risk of gender-based violence. Despite medical care being provided as much as possible, needs relating to sexual and reproductive healthcare have not been met, and this has been exacerbated due to multiple humanitarian organizations facing funding cuts.

Subtheme 3: Sexual and Reproductive Health

To provide more resources to alleviate the consequences of the conflict, it is recommended that UNFPA and local partners in Sudan, such as the CAFA Development Organization, continue to provide as much support as possible. For instance, UNFPA should continue to provide UNFPA-trained midwives to assist with expecting mothers and continue to train service providers to provide support for those who have suffered from gender based violence. [39] It is also important to note that the WHO is working directly with the Ministry of Health to receive accurate updates regarding sexual, reproductive, maternal, and pediatric care.

Conclusion

The wellbeing of children and adolescents remains a pressing concern within the EMRO region, especially as ongoing geopolitical conflicts continue to undermine stability and public services. Children under the age of 5 and adolescents are disproportionately affected, with many facing restricted access to essential public health services. Strengthening vaccination coverage can help reduce infectious disease risk by lowering infection rates and establishing herd immunity. When paired with healthy nutrition and physical activity, these systems lay the foundation for comprehensive wellness ranging from reproductive health to chronic disease prevention. Such efficient public health strategies are necessary to implement in order to ensure the wellbeing and prosperity of children and adolescents in EMRO countries.

References

1. WHO EMRO - About us. Accessed December 15, 2025. https://www.emro.who.int/polio-eradication/about-us/about-us.html
2. WHO EMRO - Child and adolescent health. Accessed December 15, 2025. https://www.emro.who.int/entity/child-adolescent-health/home.html
3. WHO EMRO. Accessed February 8, 2026. https://www.emro.who.int/child-adolescent-health/adolescent-health/
4. WHO EMRO - Immunization: progress and challenges in the Eastern Mediterranean Region. October 27, 2025. Accessed December 15, 2025. https://www.emro.who.int/media/news/immunization-progress-and-challenges-in-the-eastern-mediterranean-region.html
5. WHO EMRO - Unprecedented scale of health emergencies engulfs the WHO Eastern Mediterranean Region. October 9, 2023. Accessed December 15, 2025. https://www.emro.who.int/media/news/unprecedented-scale-of-health-emergencies-engulfs-the-who-eastern-mediterranean-region.html
6. Adams HM. Somali Civil Wars - GSDRC. 1999. Accessed December 15, 2025. https://gsdrc.org/document-library/somali-civil-wars/

References

7. UNITED NATIONS OPERATION IN SOMALIA I (UNOSOM I) - Background (Full text). Accessed December 15, 2025. https://peacekeeping.un.org/sites/default/files/past/unosom1backgr2.html
8. Vanderpool R. Looking Back: Operation RESTORE HOPE – OSI Operations in Somalia. Office of Special Investigations. December 21, 2022. Accessed December 15, 2025. https://www.osi.af.mil/News/Features/Display/Article/3252629/looking-back-operation-restore-hope-osi-operations-in-somalia/
9. WHO EMRO - USAID and WHO team up to mitigate the impact of COVID-19 on Somalia. September 24, 2022. Accessed December 15, 2025. https://www.emro.who.int/somalia/news/usaid-and-who-team-up-to-mitigate-the-impact-of-covid-19-on-somalia.html
10. Raji T. U.S. aid cuts are being felt across Africa. Here's where. - The Washington Post. October 9, 2025. Accessed December 15, 2025. https://www.washingtonpost.com/world/2025/10/09/usaid-cuts-africa-health-crisis/
11. *Preventable Diseases Spread in Somalia amid USAID Cuts – DW – 08/22/2025*. 2025. Accessed December 15, 2025. https://www.dw.com/en/preventable-diseases-spread-in-somalia-amid-usaid-cuts/video-73729068

References

12. Cases of infectious diseases in Somalia double in 3 months as aid cuts bite with children under five hit hardest. Save the Children International. July 24, 2025. Accessed December 15, 2025. https://www.savethechildren.net/news/cases-infectious-diseases-somalia-double-3-months-aid-cuts-bite-children-under-five-hit
13. WHO EMRO - Somalia launches a campaign to vaccinate 2.5 million children against polio. February 16, 2025. Accessed December 15, 2025. https://www.emro.who.int/somalia/news/somalia-launches-a-campaign-to-vaccinate-2-5-million-children-against-polio.html
14. Yemen Health Emergency. April 11, 2024. Accessed December 15, 2025. https://www.who.int/emergencies/situations/yemen-crisis
15. Qasim A. Raising awareness and saving lives | UNICEF Yemen. July 23, 2025. Accessed December 15, 2025. https://www.unicef.org/yemen/stories/raising-awareness-and-saving-lives
16. Acute Diarrhea and Cholera Outbreak in Yemen Exacerbated by Decade of Conflict – IOM Warns. International Organization for Migration. June 21, 2024. Accessed December 15, 2025. https://www.iom.int/news/acute-diarrhea-and-cholera-outbreak-yemen-exacerbated-decade-conflict-iom-warns

References

17. Yang J, Perlman B. Yemen health crisis spikes after aid cuts and U.S., Israeli airstrikes. *Wash Post*. September 5, 2025. Accessed December 15, 2025. https://www.washingtonpost.com/world/2025/09/05/yemen-airstrikes-humanitarian-cholera-crisis/
18. Alhothily IAA, Dapari R, Dom NC. Neglected tropical diseases in Yemen: a systematic review of epidemiology and public health challenges. *BMC Public Health*. 2025;25:510. doi:10.1186/s12889-025-21700-z
19. How Herd Immunity Works. October 23, 2025. Accessed December 15, 2025. https://historyofvaccines.org/vaccines-101/what-do-vaccines-do/how-herd-immunity-works
20. Yemen battling variant poliovirus outbreak amid humanitarian crisis. October 24, 2024. Accessed December 15, 2025. https://www.unicef.org/yemen/press-releases/yemen-battling-variant-poliovirus-outbreak-amid-humanitarian-crisis
21. WHO EMRO - NCDs and COVID-19 in the Eastern Mediterranean Region. Accessed December 15, 2025. https://www.emro.who.int/noncommunicable-diseases/publications/ncds-and-covid-19-in-the-eastern-mediterranean-region.html

References

22. emhj. Regional advocacy workshop on noncommunicable disease priorities among children and adolescents in the Eastern Mediterranean Region. Accessed February 8, 2026. https://www.emro.who.int/emhj-volume-30-2024/volume-30-issue-2/regional-advocacy-workshop-on-noncommunicable-disease-priorities-among-children-and-adolescents-in-the-eastern-mediterranean-region.html
23. Leppäniemi H, Ibrahim ET, Abbass MMS, et al. Nutrition Profile for Countries of the Eastern Mediterranean Region with Different Income Levels: An Analytical Review. *Children*. 2023;10(2):236. doi:10.3390/children10020236
24. Afghan War | History, Casualties, Dates, & Facts | Britannica. October 21, 2025. Accessed December 15, 2025. https://www.britannica.com/event/Afghan-War
25. Neyazi N, Mosadeghrad AM, AbouZeid A. Non-communicable diseases in Afghanistan: a silent tsunami. *The Lancet*. 2023;401(10393):2035-2036. doi:10.1016/S0140-6736(23)01071-1
26. Thousands of children at risk of malnutrition after Afghanistan earthquake shutters more health clinics. Save the Children International. September 9, 2025. Accessed December 15, 2025. https://www.savethechildren.net/news/thousands-children-risk-malnutrition-after-afghanistan-earthquake-shutters-more-health-clinics
27. Nutrition | UNICEF Afghanistan. Accessed December 15, 2025. https://www.unicef.org/afghanistan/nutrition

References

28. Pengpid S, Noormal AS, Peltzer K. High sedentary behavior and low physical activity among adults in Afghanistan: results from a national cross-sectional survey. *Front Public Health*. 2023;11:1248639. doi:10.3389/fpubh.2023.1248639
29. WHO EMRO - Afghanistan's hidden epidemic of noncommunicable diseases and mental health conditions. September 21, 2025. Accessed December 15, 2025. https://www.emro.who.int/afg/afghanistan-news/afghanistans-hidden-epidemic-of-noncommunicable-diseases-and-mental-health-conditions.html
30. WHO EMRO - NCDs in Qatar: From burden to action. September 24, 2025. Accessed December 15, 2025. https://www.emro.who.int/media/news/ncds-in-qatar-from-burden-to-action.html
31. Al-Kaabi SK, Atherton A. Impact of noncommunicable diseases in the State of Qatar. *Clin Outcomes Res CEOR*. 2015;7:377-385. doi:10.2147/CEOR.S74682
32. Ranking (% obesity by country). World Obesity Federation Global Obesity Observatory. Accessed December 15, 2025. https://data.worldobesity.org/rankings/?age=c&sex=t
33. Al-Thani M, Al-Thani AA, Al-Mahdi N, et al. An Overview of Food Patterns and Diet Quality in Qatar: Findings from the National Household Income Expenditure Survey. *Cureus*. 2017;9(5):e1249. doi:10.7759/cureus.1249

References

34. Biswas T, Townsend N, Huda MM, et al. Prevalence of multiple non-communicable diseases risk factors among adolescents in 140 countries: A population-based study. *eClinicalMedicine*. 2022;52:101591. doi:10.1016/j.eclinm.2022.101591
35. M.I. Advocacy Brief: Urgent Action for Addressing Sexual and Reproductive Health in the Northern West Bank. Question of Palestine. May 14, 2025. Accessed December 15, 2025. https://www.un.org/unispal/document/advocacy-brief-urgent-action-for-addressing-sexual-and-reproductive-health-in-the-northern-west-bank/
36. Freeman C, Shoman H. No justice in a genocide: sexual and reproductive health and rights in Gaza. *Sex Reprod Health Matters*. 2025;33(1):2523095. doi:10.1080/26410397.2025.2523095
37. No freedom without reproductive freedom for Palestinian women | IPPF. December 8, 2023. Accessed December 15, 2025. https://www.ippf.org/featured-perspective/no-freedom-without-reproductive-freedom-palestinian-women
38. Our Colleagues Are Missing: Devastating Attacks on Women, Health Workers and Communities in Sudan | IPPF. October 31, 2025. Accessed December 15, 2025. https://www.ippf.org/news/our-colleagues-are-missing-devastating-attacks-women-health-workers-and-communities-sudan

References

39. Women and girls hit hard by attacks on health in Sudan, UN agencies warn. June 20, 2023. Accessed December 15, 2025. https://www.who.int/news/item/20-06-2023-women-and-girls-hit-hard-by-attacks-on-health-in-sudan--un-agencies-warn
40. WHO EMRO - Many countries in the Eastern Mediterranean Region lagging behind in vaccination efforts. May 26, 2021. Accessed December 15, 2025. https://www.emro.who.int/media/news/many-countries-in-the-eastern-mediterranean-region-lagging-behind-in-vaccination-efforts.html
41. WHO EMRO - About us. Accessed December 15, 2025. https://www.emro.who.int/polio-eradication/about-us/about-us.html
42. Hunger in Afghanistan Conflict & Natural Disasters. Accessed December 15, 2025. https://wfpusa.org/place/afghanistan/