



EMPHNET
The Eastern Mediterranean
Public Health Network

► GHD | EMPHNET: working
together for better health

Issue 34 | February 2026

The EMPHNET Emergency Bulletin



A group of diverse young people, including boys and girls of various ethnicities, are gathered around a smartphone. They are looking at the screen with interest and focus. The background is a solid blue color, and the overall image has a soft, slightly blurred quality.

VOLUNTEERISM: YOUTH LEADING THE WAY IN HUMANITARIAN RESPONSE

Volunteerism is a cornerstone of effective emergency management and humanitarian response. From spontaneous citizen action to structured volunteer programs and digital engagement, volunteers contribute essential human resources, local knowledge, and social networks, thereby enhancing response capacity and resilience.

Volunteerism has deep cultural and social roots in the Eastern Mediterranean Region. Traditions of solidarity, mutual support, and community service are deeply embedded in many societies across the region. These traditions have often translated into strong community-based responses during times of crisis. This special issue of the EMPHNET Emergency Bulletin highlights the voices, experiences, and contributions of youth volunteers in Gaza. Their stories serve as powerful reminders that even in the most difficult circumstances, community solidarity, youth leadership, and volunteer action remain among the most powerful forces for resilience and hope.



Photo@EMPHNET

Volunteerism in Emergencies and Humanitarian Settings

By Dr. Haitham Bashier, Public Health Emergency Management Center Director, EMPHNET

The management of emergencies and disasters has become more challenging due to their complexity and the altered structure and environment of today's communities and socioeconomic systems. Governments and formal response systems alone often lack the capacity to address the full scale of needs during such events. Consequently, volunteerism has emerged as a critical pillar of emergency preparedness, response, and recovery, particularly within community-centered approaches to resilience.

Evidence from disaster research consistently shows that ordinary citizens are frequently the first to respond to emergencies, often providing assistance before formal responders arrive and continuing their support long after official response operations conclude. This reality has led to growing recognition of the importance of integrating community volunteers into emergency management systems. Disaster research has shown that communities often demonstrate remarkable solidarity during crises, with individuals spontaneously organizing to rescue victims, provide shelter, distribute resources, and support recovery efforts.¹

Modern emergency management increasingly emphasizes a "whole-community" approach, which seeks to engage individuals, community groups, civil society organizations, academia, and the private sector in preparedness and response activities. Volunteerism plays a central role in operationalizing this approach by mobilizing local capacities, strengthening social networks, and enabling communities to actively participate in protecting their own health and safety. Volunteer

engagement can fluctuate over time, and maintaining long-term commitment requires supportive organizational structures, training opportunities, and recognition.

Defining Volunteerism in Emergencies

Volunteerism generally refers to activities in which individuals freely contribute their time, knowledge, skills, and resources to benefit others or society without financial compensation.¹ In emergency and disaster contexts, volunteerism encompasses a wide range of activities, including search-and-rescue support, health promotion, logistics, risk communication, psychosocial assistance, and community outreach.

Traditional definitions of volunteering have often focused on individuals affiliated with formal organizations such as civil defense groups or humanitarian agencies. However, research increasingly recognizes the importance of informal volunteerism, which includes spontaneous actions by citizens and community groups who respond to emergencies independently of formal structures.

Accordingly, Volunteerism in emergency and humanitarian contexts can be categorized into formal, informal, and digital volunteerism, reflecting different organizational structures and modes of engagement. Formal volunteerism involves individuals who operate within established institutions, such as Red Crescent and Red Cross societies and NGOs. These volunteers typically receive training, operate under official command structures, and perform defined roles during emergencies.

In contrast, Informal volunteerism refers to voluntary actions undertaken independently of formal institutions. Research identifies two major forms: emergent volunteerism and extending volunteerism. Emergent volunteerism is where volunteers spontaneously organize during emergencies to address unmet needs, such as rescue operations, shelter provision, or food distribution.

While extending volunteerism, volunteers belong to existing groups or organizations whose primary mission is unrelated to disaster response, but who extend their activities during crises. Such volunteerism often arises rapidly in response to urgent needs and can significantly expand surge capacity during large-scale emergencies.¹

Advances in communication technology have also created new forms of volunteerism. Digital volunteers contribute remotely to various functions such as crisis mapping and data analysis, social media monitoring, information verification, as well as remote coordination of humanitarian assistance. These forms of volunteerism have become increasingly important in large-scale disasters and public health emergencies.

Benefits and Challenges

Volunteerism offers numerous benefits for emergency management and humanitarian response. It ensures a rapid local response, as an immediate response can significantly reduce mortality and suffering before formal responders arrive. Besides, volunteer networks can dramatically expand the human resources available during emergencies, providing critical support

for logistics, communication, and public health interventions. In addition, local volunteers often have established relationships within their communities, enabling them to communicate effectively, mobilize local resources, and reach vulnerable populations.

As an outcome, volunteerism strengthens social cohesion and solidarity, key elements of community resilience. Community participation also enhances preparedness and risk awareness. The whole-community approach to emergency management emphasizes that resilience is strengthened when governments collaborate with community actors and civil society to leverage existing social networks and local capacities.²

Despite its many advantages, volunteerism also presents several challenges that must be addressed through effective coordination and policy frameworks. One of the most common challenges is overwhelming the response system with the need for registration, coordination, and task-allocation mechanisms for large numbers of spontaneous volunteers. Another challenge is that untrained volunteers may face safety risks or inadvertently disrupt professional response operations. Besides, other challenges related to liability, insurance, and legal protection can limit the integration of volunteers into formal response systems. Addressing these challenges requires adaptive and inclusive emergency management models that recognize the contributions of both formal and informal volunteers while ensuring effective coordination.

¹ A review of informal volunteerism in emergencies and disasters: Definition, opportunities, and challenges
J Whittaker, B McLennan, J Handmer. International Journal of Disaster Risk Reduction 13 (2015) 358-368

² AA Whole Community Approach to Emergency Management: Principles, Themes and Pathways for Action, FDOC 104-008-1 / December 2011

Youth as Innovators in Humanitarian Health Response: UNFPA's Perspective from Palestine

By. Ms. Amany Abualqumboz, Adolescents and Youth Program Officer, Gaza, UNFPA Palestine

In protracted humanitarian crises, young people are often described as recipients of aid rather than contributors to solutions. UNFPA's experience in Palestine, particularly during 2024–2025, tells a very different story. Across sexual and reproductive health (SRH), comprehensive sexuality education (CSE), mental health and psychosocial support (MHPSS), and gender-based violence (GBV) programming, adolescents and youth have consistently demonstrated their capacity to innovate, adapt, and sustain essential health services under conditions of conflict, displacement, and institutional strain.

Rather than positioning youth on the margins, UNFPA has deliberately engaged them as partners within a rights-based and gender-responsive framework. Youth leadership has been embedded across service delivery, community outreach, digital platforms, and policy dialogue. This approach has proven particularly effective in Gaza and in highly restricted areas of the West Bank, where formal health systems are frequently overstretched or inaccessible. Youth-friendly health services, safe spaces, mobile outreach, and digital tools have become practical entry points through which young people translate global SRH standards into locally trusted and culturally relevant responses.

From Participation to Ownership: Youth-Led Models in Practice

The EMPHNET–UNFPA youth leadership initiative illustrates how youth-driven models can generate scale and impact even in highly volatile environments. Between October and December 2025, more than 1,200 youth volunteers led or supported over 400 community-based activities focused on menstrual

health management (MHM), SRH, and CSE. These efforts reached more than 11,000 adolescents, women, and men across shelters, informal displacement camps, and community spaces in Gaza.

These initiatives went well beyond information sharing. Youth facilitators created safe spaces for dialogue, tackled stigma surrounding menstruation and sexuality, integrated psychosocial support into health messaging, and continuously adapted session formats to account for displacement, overcrowding, and protection risks. Over the course of 2025, UNFPA-supported programs reached 20,795 adolescents and youth through adolescent and youth hubs, 9,710 adolescent girls through girl-centered safe spaces, and 6,217 youth through university-based Youth-Friendly Health Spaces.

This adaptability is one of the defining strengths of youth-led health initiatives. Young facilitators bring a deep understanding of community norms, language, and social boundaries, allowing them to address sensitive topics such as bodily autonomy, consent, and gender norms with credibility and trust. UNFPA's experience consistently shows that peer-based delivery increases participation, strengthens knowledge retention, and improves referral uptake, particularly among adolescent girls and young women who may otherwise remain excluded from formal services.

The Catalytic Role of Y-PEER Initiatives

Within UNFPA's youth engagement framework, Youth-PEER initiatives have been central to translating youth leadership into practical impact, particularly in SRH, CSE, GBV prevention, and community resilience. In Palestine, Y-PEER has bridged

formal UNFPA programming with grassroots mobilization, sustaining rights-based, high-quality messaging despite movement restrictions and displacement. Through outreach, universities, and community spaces, Y-PEER facilitators have extended SRH and CSE services to hard-to-reach adolescents and youth, with the peer-to-peer model proving especially effective for sensitive issues such as menstrual health, consent, and bodily autonomy.

From a sustainability perspective, Y-PEER strengthens youth-led action by standardizing quality through UNFPA-aligned curricula and safeguarding, building leadership pipelines from volunteer to coordinator, and enabling cross-learning through national and regional networks. Complementing institutional mechanisms such as youth hubs, youth-friendly health services, and the Youth Advisory Panel, Y-PEER maintains community-level momentum while anchoring youth engagement within broader systems. UNFPA's experience shows that when Y-PEER is integrated into humanitarian and national frameworks, and adequately resourced, it enables youth not only to disseminate information but to influence norms, shape behaviors, and co-create locally grounded and sustainable solutions.

Sustainability Challenges Beyond Short-Term Mobilization

Despite their effectiveness, sustaining youth-led health initiatives remains a persistent challenge. UNFPA-supported programs highlight three recurring constraints. First, youth initiatives are often funded through short-term cycles that emphasize immediate outputs rather than long-term institutionalization. Second, prolonged exposure to



crisis conditions places significant emotional and economic pressure on youth volunteers, increasing the risk of burnout when psychosocial support, incentives, and progression pathways are limited. Third, fragmented coordination across humanitarian actors can hinder the integration of youth-led initiatives into national systems and recovery planning.

In response, UNFPA has gradually shifted from ad-hoc youth engagement toward more structured ecosystems that link service delivery, capacity building, and governance. The operationalization of youth hubs, university-based Youth-Friendly Health Spaces, and digital platforms such as Shubbak Al-Shabab and the Mustashari App demonstrates how youth initiatives can be embedded within broader service architectures rather than operating at the margins. These models allow young people to contribute meaningfully while ensuring supervision, safeguarding, and referral systems remain intact.

What Enables Long-Term Impact

Across UNFPA programs, three

enabling factors consistently support the sustainability of youth-led initiatives. Institutional anchoring is essential, as initiatives are more likely to endure when embedded within health facilities, universities, safe spaces, or nationally recognized youth structures. In 2025, Youth Advisory Panel members actively engaged in policy dialogue with ministries and donors, ensuring youth perspectives informed adolescent health strategies and humanitarian planning. Integration is equally critical: UNFPA's most effective initiatives link SRH, CSE, MHPSS, and GBV prevention, reflecting the interconnected realities of health, protection, and psychosocial well-being, particularly for displaced adolescents and young women. Youth-led work on positive masculinity, digital safety, and shared caregiving further addresses the underlying social drivers of poor health outcomes. Finally, sustained investment in youth well-being and leadership pathways is vital. Ongoing capacity building, supervision, psychosocial support, and clear progression opportunities are necessary to prevent burnout and maintain long-term engagement.

Youth as a Strategic Asset for Recovery

UNFPA's experience in Palestine underscores that youth-led health initiatives are not temporary humanitarian stopgaps. They are a strategic asset for resilience and recovery. When adequately supported, young people act as connectors between communities and services, translate rights into practice, and reimagine delivery models under extreme constraints. Sustaining their impact requires a shift from viewing youth as project inputs to recognizing them as long-term partners in rebuilding systems. As humanitarian contexts increasingly intersect with protracted crises, climate shocks, and social fragmentation, the critical question is no longer whether youth can innovate. It is whether institutions are willing to invest in the conditions that allow youth-led solutions to endure. UNFPA's experience makes one conclusion clear: when young people are trusted, protected, and meaningfully engaged, they do not merely participate in health responses, they transform them.

Success Story: Youth-Led Health Promotion as a Strategy for Community Resilience in Gaza

By Ms. Nesma Seyam, Social & Behavior Change (SBC) Officer, UNICEF

Mahmoud is 19 years old and lives in Khan Younis in the Gaza Strip, where daily life has been profoundly reshaped by displacement, damaged infrastructure, and overstretched services. Yet every morning, instead of waiting for assistance, Mahmoud, like many other engaged youth community mobilizers puts on his volunteer vest and steps into his community as a health promoter. Youth in the Gaza Strip, like Mahmoud, are not merely beneficiaries of humanitarian action; they are responders, communicators, innovators, and community mobilizers. Their leadership in health promotion has proven both necessary in the current crisis and strategic for building long-term community resilience.

Youth as First Responders and Health Promoters

In displacement shelters, informal tented settlements, and damaged neighborhoods, adolescents and young volunteers have supported life-saving health interventions. Through peer-to-peer engagement, they disseminate critical messages on routine immunization, disease prevention, nutrition, hygiene practices, and outbreak prevention.

Youth-led initiatives often succeed where formal messaging struggles. Young people, like Mahmoud, speak the language of their peers and understand local fears, misinformation, and social dynamics. During vaccination campaigns, Mahmoud and other youth mobilizers have helped identify missed children, address caregiver concerns, and guide families to vaccination points. Their involvement strengthens trust and helps reduce reluctance to vaccination.

Beyond service delivery, youth also restore a sense of purpose and agency within their communities. In contexts marked by trauma and uncertainty, participation in health promotion transforms young people from passive witnesses of crisis into active contributors to recovery. In small discussion circles, Mahmoud and his peers integrate conversations about stress, safety, and coping. They have learned that promoting handwashing or immunization cannot be separated from acknowledging the trauma communities are experiencing. Through peer engagement, they help restore a sense of normalcy and collective responsibility.

Innovation in Constrained Environments

Sustaining youth-led health initiatives in the Gaza Strip is not without challenges. Movement restrictions, insecurity, disrupted education, and psychosocial distress affect adolescents' ability to engage consistently. Funding cycles often prioritize short-term emergency outputs rather than long-term youth capacity development, and youth engagement is sometimes treated as a complementary activity rather than a core public health strategy.

Despite these barriers, young people have demonstrated remarkable adaptability. Mahmoud can often be found conducting awareness sessions in informal spaces such as street corners, open community areas, shelters, or even near phone-charging points where people gather. Youth mobilizers adapt messages to the realities around them, integrate mental health discussions into hygiene promotion, and use simple digital tools and social media platforms to amplify health information. In many cases,

youth-led discussions extend beyond health to include civic engagement, environmental cleanliness campaigns, and peer support initiatives.

These adaptations highlight an important lesson: youth are not only implementers of predefined activities; they are co-creators of solutions. When provided with structured guidance, training, and safe platforms for participation, they contribute contextually relevant and culturally grounded approaches to health promotion.

From Participation to Leadership

Mahmoud and other mobilizers have received basic training by UNICEF on communication skills, community mapping and basic public health principles, but for youth-led health promotion to contribute meaningfully to community resilience, engagement must move beyond symbolic participation. It requires structured capacity building, supportive supervision, and opportunities for meaningful decision-making.

These trainings strengthen both their effectiveness and confidence. Establishing youth networks linked to health and WASH interventions create continuity beyond individual campaigns. Involving adolescents in assessments such as focus group discussions and community feedback mechanisms ensures programs remain responsive to lived realities.

Equally important is the need to support the psychosocial well-being of youth volunteers. Young people working in crisis settings are themselves affected by trauma and loss. Supporting their mental health is therefore essential for sustaining youth engagement and impact.



Key Factors for Long-Term Impact

Based on field experience, several factors are critical for sustaining youth-led health promotion in the Gaza Strip:

- **Institutional Integration:** Youth engagement should be embedded within health, WASH, and community resilience strategies rather than treated as a parallel activity.
- **Capacity Strengthening:** Continuous training, mentorship, and supervision ensure quality and accountability.
- **Local Ownership:** Initiatives rooted in community structures and supported by local actors are more sustainable.
- **Flexible Funding:** Adaptive programming enables youth initiatives to evolve in response to rapidly changing contexts.
- **Psychosocial Support:** Safeguarding youth well-being strengthens both impact and continuity.

Youth as a Foundation for Resilient Recovery

In protracted crises, resilience is not built solely through the reconstruction of infrastructure, it is built through people. In the Gaza Strip, young people represent both the current response capacity and the future leadership of the health system.

Investing in youth-led health promotion and building the agency and leadership of young people like Mahmoud is not a symbolic gesture; it is a strategic public health intervention. It strengthens community trust, enhances risk communication, supports preventive behaviors, and cultivates a generation equipped with skills in leadership, communication, and civic responsibility.

As the Gaza Strip moves toward recovery and rebuilding, youth like Mahmoud must remain at the center of health promotion and community resilience strategies. Empowered, trained, and supported young leaders can transform emergency response into sustainable community resilience.

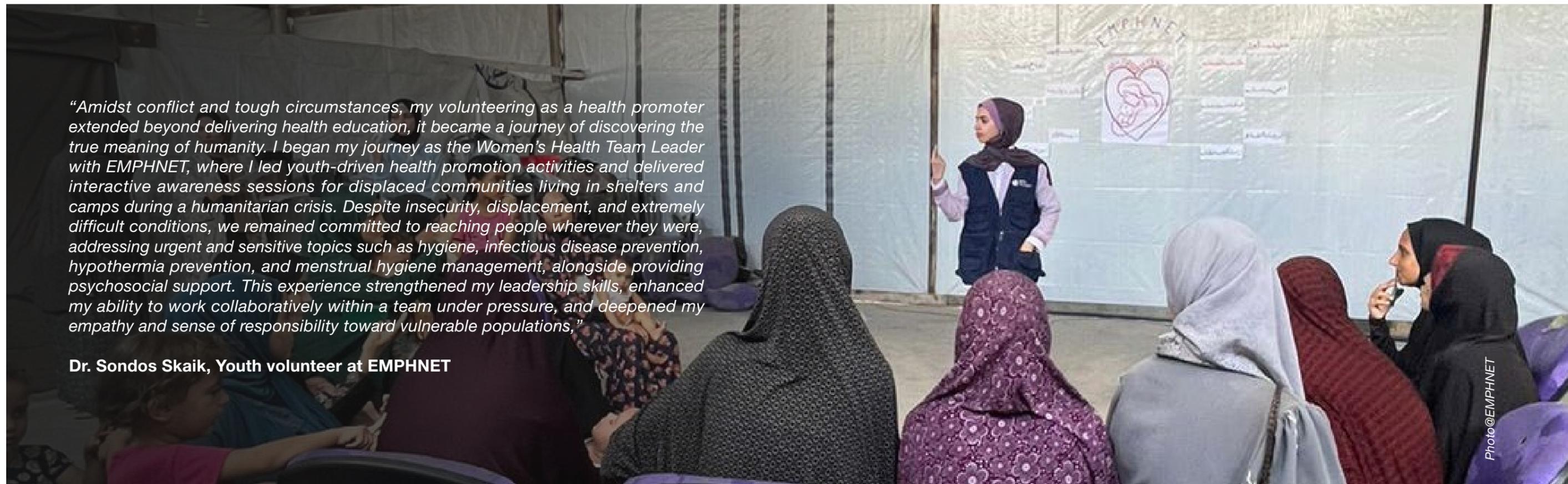


**On the Ground:
Voices from
Our Volunteers**



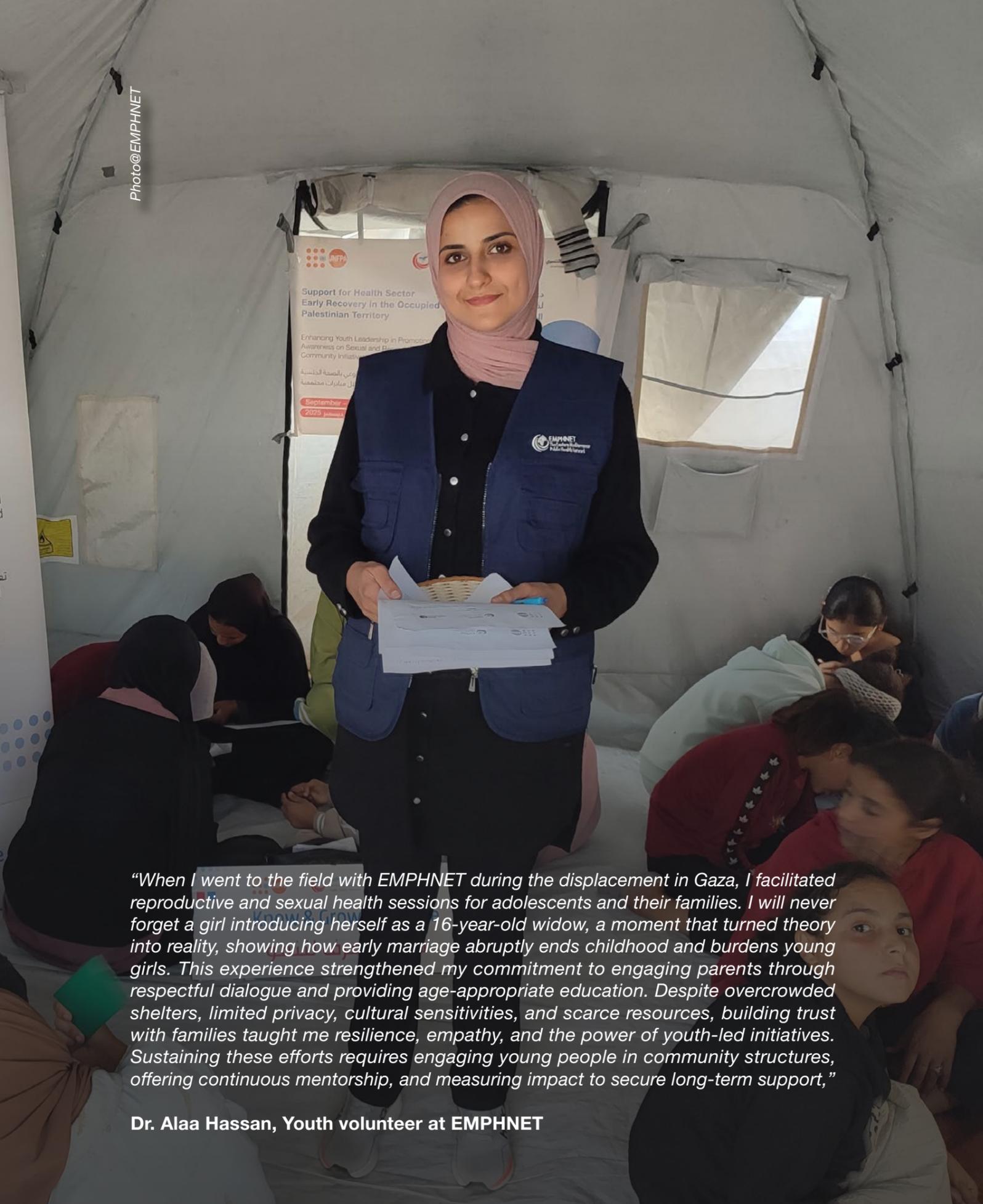
“I am a community health educator volunteering with EMPHNET. Through youth-led initiatives in Gaza, I worked mainly on sexual and reproductive health awareness and recently on a hypothermia prevention campaign. I organized awareness sessions in schools, shelters, and maternity hospitals, speaking with mothers and young girls about their health and how to protect themselves and their babies. Transportation was one of my biggest challenges. Moving from one shelter to another without transport was exhausting. Sometimes I arrived to sessions already tired, and I kept asking myself if I could continue every single day, but small moments gave me strength. One day, an 11-year-old girl named Naya whispered to me before leaving the shelter that she had her period for the first time last month and now she understands how to take care of her body. That moment stayed with me. A mother once told me: “We want a well-oriented generation.” Her words felt like a responsibility,”

Dr. Zaina Al Qudwa, Youth Volunteer at EMPHNET



“Amidst conflict and tough circumstances, my volunteering as a health promoter extended beyond delivering health education, it became a journey of discovering the true meaning of humanity. I began my journey as the Women’s Health Team Leader with EMPHNET, where I led youth-driven health promotion activities and delivered interactive awareness sessions for displaced communities living in shelters and camps during a humanitarian crisis. Despite insecurity, displacement, and extremely difficult conditions, we remained committed to reaching people wherever they were, addressing urgent and sensitive topics such as hygiene, infectious disease prevention, hypothermia prevention, and menstrual hygiene management, alongside providing psychosocial support. This experience strengthened my leadership skills, enhanced my ability to work collaboratively within a team under pressure, and deepened my empathy and sense of responsibility toward vulnerable populations.”

Dr. Sondos Skaik, Youth volunteer at EMPHNET



“When I went to the field with EMPHNET during the displacement in Gaza, I facilitated reproductive and sexual health sessions for adolescents and their families. I will never forget a girl introducing herself as a 16-year-old widow, a moment that turned theory into reality, showing how early marriage abruptly ends childhood and burdens young girls. This experience strengthened my commitment to engaging parents through respectful dialogue and providing age-appropriate education. Despite overcrowded shelters, limited privacy, cultural sensitivities, and scarce resources, building trust with families taught me resilience, empathy, and the power of youth-led initiatives. Sustaining these efforts requires engaging young people in community structures, offering continuous mentorship, and measuring impact to secure long-term support.”

Dr. Alaa Hassan, Youth volunteer at EMPHNET

“In Gaza, where daily life is burdened by siege and scarcity, I have dedicated my efforts as a young volunteer with EMPHNET to youth led health promotion initiatives. My work has focused on organizing awareness campaigns and interactive workshops that empower peers to understand their health rights and protect themselves. Despite the overwhelming challenges and limited resources, I learned that creativity and collaboration are powerful tools to overcome barriers. Even the simplest activities such as peer-led discussions on mental health or basic first aid sparked resilience, confidence, and hope, leaving a lasting impact on both the community and me,”

Dr. Donia Al-Ghoul, Youth volunteer at EMPHNET

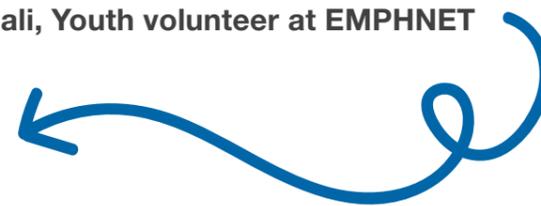




Photo@EMPHNET

“From Gaza, where life is intertwined with resilience and even the simplest details of daily living become a challenge, I came to believe that medicine extends far beyond hospitals, and that health is not merely a prescription; it is awareness that is cultivated and hope that is built. At a time when the sounds of war rose above everything else, we as young people chose to raise a different voice. As a volunteer physician with EMPHNET for over a year and a half. I became deeply engaged in youth-led health promotion initiatives in an experience that transformed me as much as it impacted others. We worked under extraordinary circumstances: scarce resources, repeated displacement, constant anxiety, and dangers surrounding us from every direction. Yet we carried with us something that could not be exhausted—our belief that our presence truly made a difference.”

Dr. Israa Shamali, Youth volunteer at EMPHNET



“My experience working as a health educator alongside my role as a medical doctor has been incredibly valuable. It allowed me to bridge medical knowledge with real community needs and present health information in a simple, practical, and understandable way. Being both a physician and a field health educator helped me communicate more effectively, build trust, and ensure that the message truly reached people, especially adolescents, women, and pregnant and breastfeeding mothers. Through this work, I realized that medical knowledge alone is not enough; how we deliver the message matters just as much. Engaging directly with the community strengthened my communication and listening skills and enabled me to adapt information to different levels of awareness. This experience not only improved my professional skills but also reinforced my commitment to community-centered, youth-led health initiatives.”

Dr. Leena Abu Al- Khair, Youth volunteer at EMPHNET

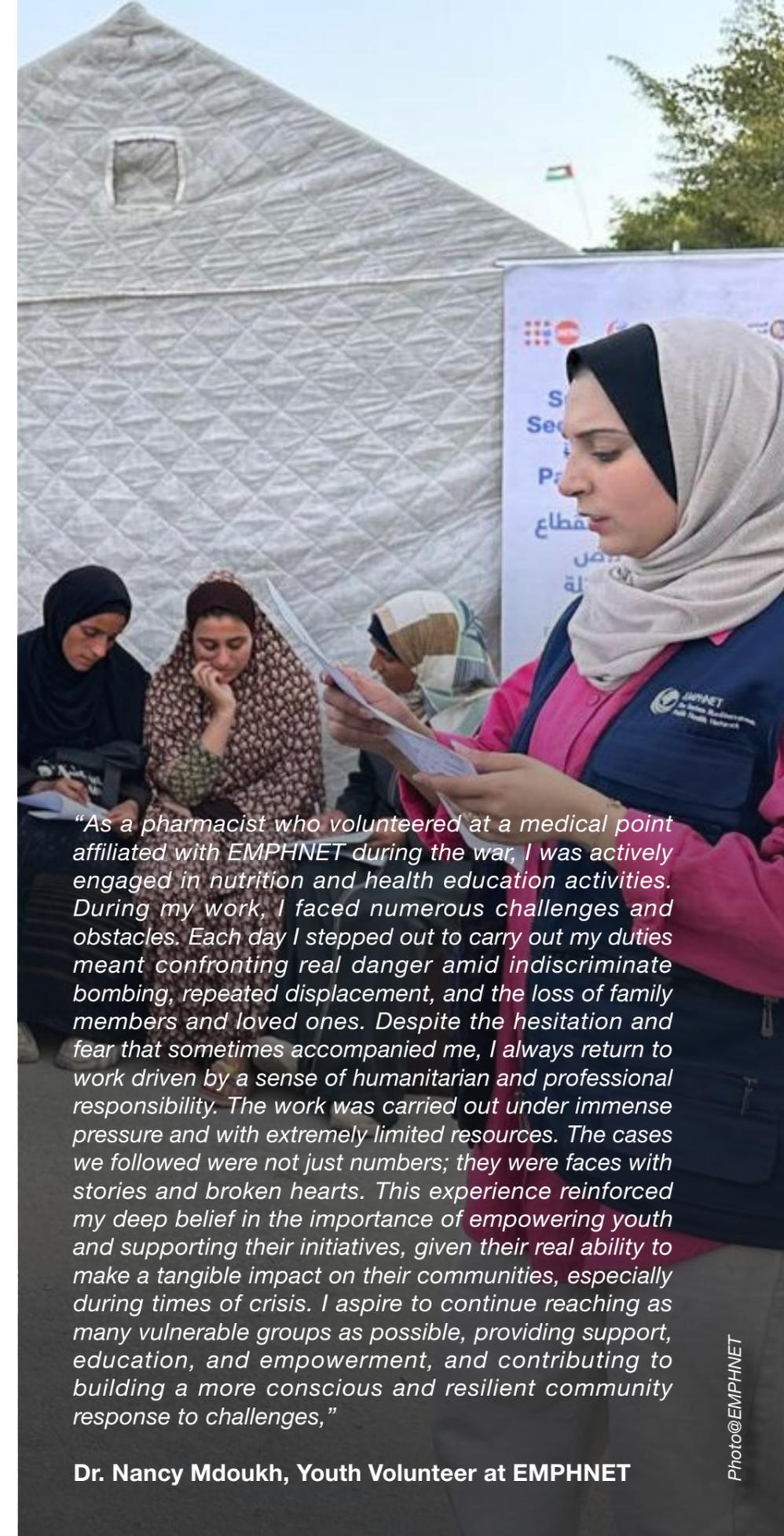


Photo@EMPHNET



As a Health Promotion Team Supervisor working alongside youth volunteers in Gaza, I have witnessed firsthand the transformative power of youth-led health initiatives. Young community members have played a vital role in delivering awareness sessions on vaccination, hygiene, hypothermia prevention, and communicable diseases within shelters, schools, and field hospitals. Despite operating in a context marked by displacement, limited resources, and ongoing insecurity, these youth leaders demonstrated resilience, adaptability, and strong community engagement. We addressed challenges such as misinformation and logistical constraints by strengthening peer-to-peer communication, coordinating closely with local health partners, and tailoring messages to cultural and situational realities. The impact has been evident not only in improved awareness and service uptake, but also in the growth of confidence, leadership, and purpose among the youth themselves,”

Dr. Zuhair Assaf, Youth volunteer at EMPHNET



“As a pharmacist who volunteered at a medical point affiliated with EMPHNET during the war, I was actively engaged in nutrition and health education activities. During my work, I faced numerous challenges and obstacles. Each day I stepped out to carry out my duties meant confronting real danger amid indiscriminate bombing, repeated displacement, and the loss of family members and loved ones. Despite the hesitation and fear that sometimes accompanied me, I always return to work driven by a sense of humanitarian and professional responsibility. The work was carried out under immense pressure and with extremely limited resources. The cases we followed were not just numbers; they were faces with stories and broken hearts. This experience reinforced my deep belief in the importance of empowering youth and supporting their initiatives, given their real ability to make a tangible impact on their communities, especially during times of crisis. I aspire to continue reaching as many vulnerable groups as possible, providing support, education, and empowerment, and contributing to building a more conscious and resilient community response to challenges,”

Dr. Nancy Mdoukh, Youth Volunteer at EMPHNET

In Numbers

In today's turbulent world, crises ranging from natural disasters to conflict-driven emergencies have become a persistent reality across the EMR and beyond, placing immense strain on health systems and vulnerable populations. This section highlights key alarming statistics and underscores the critical role of NGOs in responding to these challenges:

Gaza

72,135
people have been killed, as of March 11, 2026

171,830
people have been injured, as of March 11, 2026

589
aid workers have been killed, as of March 11, 2026

+3,000
children aged 6-59 months were admitted for malnutrition treatment in February, compared with >4,400 in January 2026

37,000
pregnant and breastfeeding women are projected to suffer from acute malnutrition and require treatment in 2026

31
emergency Medical Teams (EMTs) are operational, including 270 national and 98 international personnel, as March 11, 2026

77%
of the analyzed 2.076 million people in North Gaza, Gaza, Deir al Balah and Khan Younis governorates are currently facing and projected to face crisis or worse levels of acute food insecurity (IPC Phase 3 or above) between December 1, 2025 and April 15, 2026

~900,000
people are in need of emergency shelter items, as of February, 2026



Photo@EMPHNET

Sudan

33.7 million
people in Sudan need humanitarian assistance, according to OCHA 2026 Humanitarian Needs and Response Plan

37%
non-functional health facilities leaving a large segments of the population without access to essential health care

5
attacks on health care, personnel and facilities have been reported since January 2026

6
health facilities have been impacted by the attacks in 2026

62
casualties and 73 injuries resulting from the attacks in 2026

9.1 million
people displaced, including 6.9 million since April 2023 and 2.2 million prior

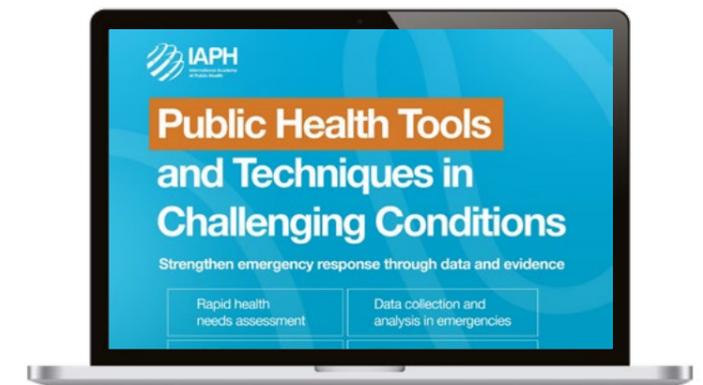
39
out of 80 surveys conducted since 2025, indicated very high Global Acute Malnutrition prevalence of >15% of WHO emergency threshold

4.2 million
children under five years, pregnant and breastfeeding women need treatment for acute malnutrition in 2026

Updates from the International Academy of Public Health (IAPH)

Apply public health tools effectively in emergencies and complex settings.

This self-paced course, offered by IAPH, focuses on using practical, evidence-based public health tools and techniques to support decision-making, planning, and response during disasters and challenging conditions. Designed for public health professionals and responders working in emergency, humanitarian, and fragile contexts.



Start learning and enroll now

References

- <https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-11-march-2026>
- <https://reliefweb.int/report/sudan/sudan-key-facts-and-figures-february-2026>