



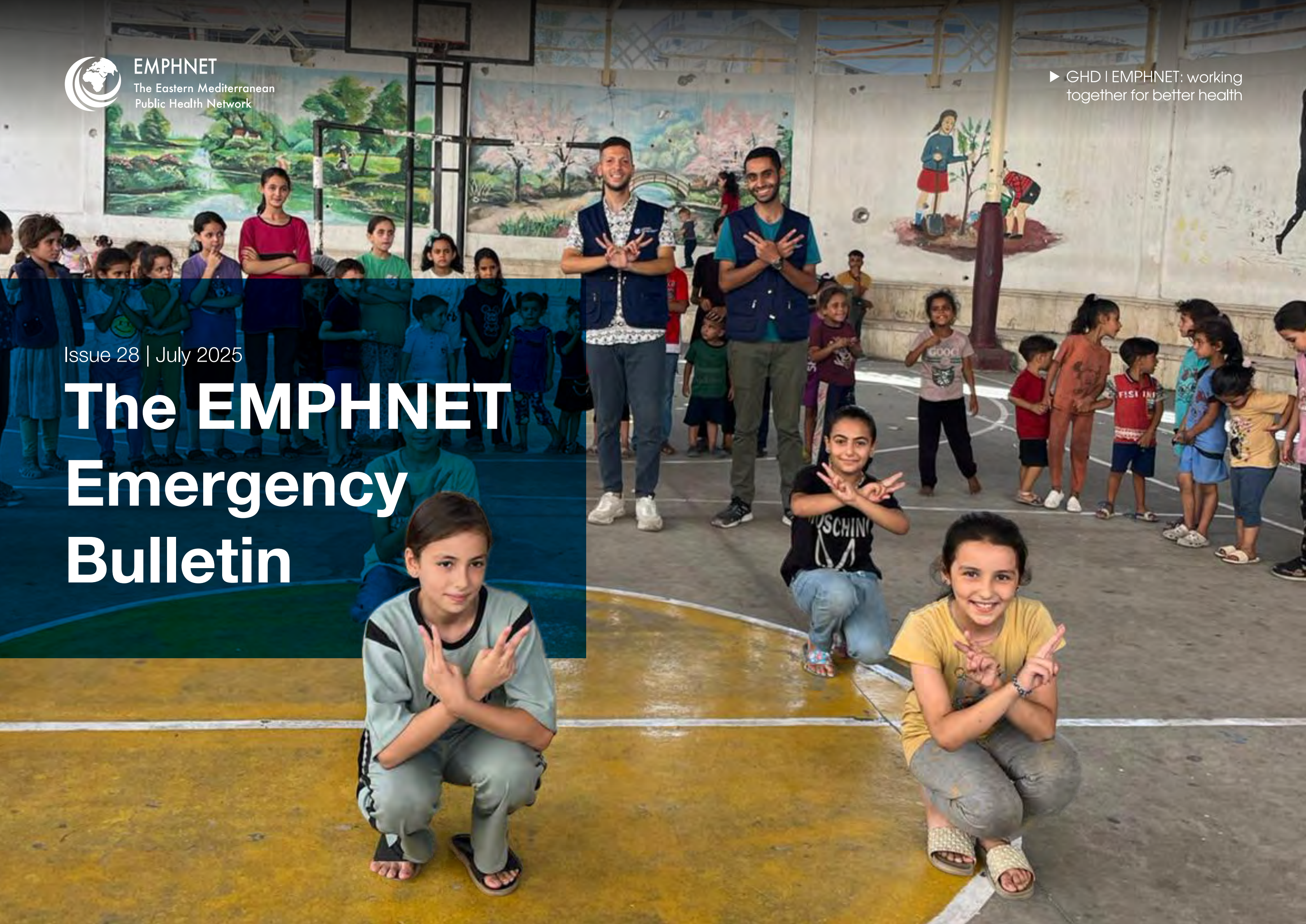
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The EMPHNET Emergency Bulletin





Emergencies in Reality: A Closer Look Through the Eyes of Frontline Public Health Professionals

Behind every emergency are individuals working tirelessly to protect the health and well-being of others. This issue of the EMPHNET Emergency Bulletin turns the spotlight on frontline public health professionals, offering a closer look at their daily experiences, challenges, and dedication. Through their voices, we gain a deeper understanding of the realities of emergency response and the situations taking place in different countries.

Beyond Blockade and War: The Crisis of Healthcare and Humanity in Gaza

By Ms. Abeer Ismail, Gaza Office Manager, EMPHNET

The public health system in Gaza is experiencing a rapid and severe collapse. A prolonged blockade, recurrent escalations of violence, and systemic resource deprivation have culminated in an unprecedented humanitarian and public health crisis.¹ As of mid-2025, the health system faces a convergence of catastrophic factors: mass displacement, famine, disease outbreaks, psychological trauma, and systemic collapse.² More than 70% of health facilities are either non-functional or only partially operational, while critical shortages of medical supplies, electricity, water, and fuel have rendered healthcare delivery extremely limited.³ This article captures the lived experiences of community health workers and frontline responders as they navigate daily survival in one of the world's most challenging places.

Community Health Workers: Sustaining the Unsustainable

In Gaza, Community Health Workers (CHWs) do more than provide primary health services; they deliver hope. They walk through rubble to check on pregnant women, support malnourished children on their way to the nearest nutrition points, and calm traumatized patients with their presence alone, often in the absence of necessary medications. Their work has become the last thread holding together a society pushed to its limits.

Dr. Hind Abu Hammad, an intensive care physician at Al-Shifa Hospital, said with a trembling voice, "We do not know how much longer we can endure this war. We are worn down by hunger, by despair and exhaustion, as we watch our people starving, deprived, wounded, and torn into pieces."

EMPHNET has more than 200 dedicated CHWs volunteering in public health roles across most governorates of the Gaza Strip, playing a critical role in sustaining fragile health services. Mr. Yousef Ayyad, one of these committed workers, goes to the field every day to carry out activities related to health promotion and nutrition. He said, "Every day I face the impossible just to get to work with dangerous roads and no safe transportation, yet people rely on us to keep hope alive."

His colleague Mr. Ahmed Al Mobayed added, "I walk to work under the scorching sun, exhausted after only a short distance, stopping on the sidewalk to rest before continuing. I arrive at the medical point without having breakfast, physically drained, yet I start treating and easing the pain of patients despite being mentally, physically, and financially exhausted."

In many cases, CHWs must prioritize whom to help first, not based on triage but on which areas are reachable or less targeted. They are forced to make impossible ethical decisions in a setting where time, access, and resources are scarce.⁴

Famine and Malnutrition: The New Epidemic

The deterioration of food security in Gaza has reached unprecedented and catastrophic levels. According to the latest analysis published by the Integrated Food Security Phase Classification (IPC) in May 2025, approximately 22% of Gaza's population, around 470,000 people, are currently experiencing IPC Phase 5 conditions, corresponding to Catastrophe or Famine. Additionally, 24% are facing IPC Phase 3, which is Crisis, while 54% are in IPC Phase 4,

classified as Emergency. This analysis, conducted jointly by the IPC, FAO, WFP, and local partners, reflects one of the highest concentrations of famine-level food insecurity ever recorded globally within a single territory.

Dr. Hani Ayad, a pediatric surgeon at the Red Crescent Field Hospital, pointed out: "The severe food shortage and ongoing blockade have caused a dramatic rise in malnutrition among vulnerable groups, especially children aged six months to five years, with 100 to 200 cases reported daily and a child mortality rate of one to two every 12 hours. The situation is even more devastating for children with disabilities or chronic illnesses such as diabetes and cancer, whose silent suffering often goes unnoticed."

Meanwhile, Mr. Mumen Al Jidi, an emergency nurse at Al-Shifa Hospital, spoke with sadness: "Scenes of severely injured bodies and blood have never defeated us or weakened our commitment to serve our people, but today, I was shattered by the voice of a little girl who briefly regained consciousness after a severe head injury and whispered, 'I swear, I'm hungry,' before passing away, becoming yet another silent witness to global injustice and abandonment."

The severe food shortage has also taken a heavy toll on healthcare providers, many of whom now work on empty stomachs, sleep-deprived and emotionally drained.

"Some days I skip meals just so my family can eat. Then I go to work and see children wasting away from hunger. I treat them while my own stomach is empty; it's a pain I carry in silence," shared Dr. Zuhair Assaf who works in EMPHNET's medical point in Gaza.

Health System Fragmentation and Infrastructure Collapse

More than 70% of Gaza's health facilities are now either non-functional or partially operational due to targeted attacks, power outages, and fuel shortages, according to OCHA. The remaining health facilities face overwhelming patient loads, Scarce medical supplies, and no referral system.

Dr. Ghazi Al-Yazji, head of the Nephrology Department at Al-Shifa Hospital, warned of critical issues: "The lack of fuel at Al-Shifa Hospital has pushed the medical crisis to its most critical stage, as dialysis machines often stop working, posing a serious threat to the lives of dozens of kidney patients. In addition, there is a severe shortage of clean water used for dialysis procedures, which has led to major malfunctions in several machines due to the use of alternative filtered water, alongside a shortage of sterilization tools and supplies."

The destruction of cold-chain logistics has rendered vaccines and chronic disease medications unusable. Dialysis patients have missed weeks of treatment. Oncology services have entirely halted. Meanwhile, health workers often find themselves performing life-saving procedures without anesthesia, sterile equipment, or adequate lighting.

Dr. Sherif Matar, the pediatric consultant at Al-Rantisi Hospital, said in despair: "The power outages in critical units like intensive care and neonatal departments are severely worsening the health conditions of hundreds of children currently admitted for monitoring. Often, we are forced to shut down multiple devices and only keep the most essential ones

¹ World Health Organization. (2025). Health system collapse in Gaza: Emergency update, May 2025. <https://www.who.int>. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2025). Gaza humanitarian situation report No. 17 – June 2025. <https://www.unocha.org>
² Integrated Food Security Phase Classification (IPC). (2025, May). Gaza Strip: Acute food insecurity snapshot, May–September 2025. IPC Global Platform. <https://www.ipcinfo.org/ipc-country-analysis/details-map/>
³ Médecins Sans Frontières. (2025). "We're treating patients without painkillers": Gaza's healthcare on the brink. <https://www.msf.org>
⁴ World Health Organization (WHO). (2023). Attacks on health care in conflict settings. <https://www.who.int>

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³ Médecins Sans Frontières. (2025). "We're treating patients without painkillers": Gaza's healthcare on the brink. <https://www.msf.org>
⁴ World Health Organization (WHO). (2023). Attacks on health care in conflict settings. <https://www.who.int>



Source: EMPHNET

running based on urgent priorities, the cases are deteriorating. Many are developing pneumonias that worsen rapidly due to the lack of antibiotics and their bodies' weakened ability to fight infections caused by severe malnutrition and compromised immune systems.”

Disease Outbreaks Amidst Overcrowding and Sanitation Crisis

Mass displacement has forced over 1.5 million internally displaced people (IDPs) into crowded shelters and schools, creating ideal conditions for outbreaks of communicable diseases. Cholera, scabies, lice infestations, and acute respiratory infections are rapidly increasing.

According to the Department of Preventive Medicine at the Ministry of Health, there has been a noticeable increase in waterborne diseases in recent months due to the destruction of water and sanitation infrastructure. These diseases include acute watery diarrhea, acute bloody diarrhea, and acute jaundice. The proportion of acute watery diarrhea cases rose from 21% to 38% of all reported communicable diseases over the past two months. Meanwhile, cases of acute bloody diarrhea doubled, increasing by 100%, and acute jaundice cases rose by 70%. Alarming, children under the age of five account for 45% of all registered cases.

Dr. Ayman Abu Rahma, head of the Preventive Medicine Department at Gaza Ministry of Health, emphasized, “There has been a concerning rise in meningitis cases, with 318 reported in July alone; 86% viral and 32% bacterial. This surge is largely attributed to extreme overcrowding in displacement and shelter centers, deteriorating sanitation and water services, collapsing health infrastructure, widespread malnutrition, and weakened immunity among the affected population.”

Dr. Ayman also added that a total of 32 cases of Acute Flaccid Paralysis (AFP) have been reported, with 22 samples sent for laboratory testing outside Gaza confirming they were free of poliovirus. Additionally, 48 cases of Guillain-Barré Syndrome (GBS) have been registered, an unusually high number compared to pre-war levels. This increase is largely attributed to deteriorating water, sanitation, and hygiene (WASH) conditions.

Recent field data from humanitarian WASH cluster partners indicate that less than 10% of households have access to safe drinking water. Combined with extreme heat and a lack of hygiene supplies, this has led to sharp increases in gastrointestinal infections and skin conditions.⁵

As one of EMPHNET’s CHWs shared, “We walk into shelters that smell of sewage and illness. People haven’t bathed in days, children are scratching their skin raw, and mothers are desperate for clean water to wash their babies. It feels like we’re fighting a disease outbreak with empty hands.”

The Hidden Crisis: Mental Health and Staff Burnout

Beyond the physical hardships lies an equally alarming mental health crisis. Post-Traumatic Stress Disorder (PTSD), depression, and generalized anxiety are widespread across all age groups. Health workers themselves are increasingly showing signs of secondary trauma and burnout. Many have lost family members, homes, and even their professional identities, yet they continue to serve others.

There is currently only one partially functioning psychiatric hospital in Gaza, with no access to new medications and a shortage of specialized staff. Community-based mental health support is limited to brief interventions by social workers or volunteers, many of whom are themselves survivors of trauma.⁶

Mr. Ibrahim Abu Hatab, an emergency nurse at Al-Shifa Hospital, spoke quietly, sadness lacing his words: “I spend my days surrounded by the cries of the wounded and the tears of mothers, never knowing if I will make it back home. My body is exhausted, and my heart is heavy with fear and sorrow. Yet, I cannot stop, because someone out there needs me.”

A Call to Action: Local Resilience, Global Responsibility

Despite all odds, Gaza’s health workers demonstrate profound resilience. Community-led health networks, informal peer-support groups, and voluntary emergency response teams are filling gaps in service delivery with innovation and compassion. However, local strength alone cannot substitute for the lack of international action.

The global public health community must amplify these realities beyond reports and headlines. It’s essential to urge international agencies, donors, and policymakers to advocate for the following:

- Immediate humanitarian access to health and nutrition supplies
- Urgent deployment of mobile medical teams and mental health professionals
- Restoration of fuel, power, and cold chain systems
- Protection of healthcare infrastructure under international humanitarian law
- Investment in rebuilding Gaza’s health system with community participation

Conclusion: Our Message to the World

To the readers of this bulletin, public health professionals, humanitarians, and policymakers, I ask you not only to bear witness but to act. Gaza’s crisis is not merely a humanitarian emergency; it is a collapse of systems, rights, and humanity. We need more than sympathy, we need action. Amplify our voices. Push for safe humanitarian corridors. Advocate for sustained access to fuel, water, food, and essential medications. And most importantly, invest in the long-term rebuilding of Gaza’s health system, one rooted in justice, dignity, and resilience. We are not just saving lives; we are saving hope.

⁵ UNICEF. (2025). WASH Conditions in IDP Shelters – Gaza Update. <https://www.unicef.org>

⁶ World Health Organization. (2025). Narrative review of the mental health and psychosocial impact of the war in Gaza. <https://www.emro.who.int/emhj-volume-31-2025/volume-31-issue-2/a-narrative-review-of-mental-health-and-psychosocial-impact-of-the-war-in-gaza.html>



Source: EMPHNET

Rebuilding from Within: The Unseen Strength of Syria's Health Workforce in a Time of Transition

By Dr. Yaser Alfarouh, Director of Communicable Diseases, Syrian Ministry of Health

Fourteen years of conflict have left Syria's health system wounded, yet remarkably resilient. The war that began in 2011 fractured institutions, devastated infrastructure, and forced more than half of the health workforce to flee. In 2025, only 57% of hospitals and 37% of primary healthcare centers are fully functional, while over 15 million people still rely on humanitarian health assistance. Yet even in this harsh reality, Syria's health workers have remained the engine behind survival by delivering care, responding to outbreaks, and rebuilding trust in communities where very little else remains intact.

Throughout the most difficult years, I have seen midwives walk under fire to reach women in labor, surgeons operate without anesthesia or equipment, and surveillance officers investigate outbreaks in tents and ruins. The persistence and moral resolve of these professionals kept the health system from collapsing entirely. Their actions were not only a testament to human dedication, but a bridge to recovery.

The transition toward national stabilization began with the formation of a caretaker government in December 2024. Soon after, the Ministry of Health launched the National Health Plan, charting seven goals for restoring and reforming the health system: expanding equitable access to primary care, improving health infrastructure and workforce readiness, ensuring the sustainability of essential medicines and mental healthcare, developing a robust health information system, achieving sustainable financing, and strengthening governance and leadership. This framework now guides all public health priorities across the country.

One of the clearest indicators of Syria's shift from emergency response to recovery has been the integration of previously parallel disease surveillance systems; Early Warning Alert Response Network (EWARN) and Early Warning and Response System (EWARS). During the height of the conflict, EWARN was developed to operate in non-government-held and underserved areas, while EWARS continued to

function under the MoH's direct oversight in government-controlled zones. Each system played a life-saving role in detecting and containing epidemics in its own geography. Today, in recognition of the need for national cohesion and interoperability, the Ministry of Health, with support from World Health Organization (WHO) and key partners, is working toward integrating both systems under the framework of an Integrated Disease Surveillance and Response (IDSR) platform. This move not only eliminates duplication, but also strengthens national preparedness, ensuring comprehensive coverage across all Syrian regions.

Equally important to strengthening systems is the investment in people. The absence of qualified public health professionals is one of Syria's most pressing challenges. In response, the Ministry of Health, in partnership with EMPHNET and the WHO, has started the preparation to launch the Syria Field Epidemiology Training Program (FETP) in 2025. This step marks a critical milestone in building national epidemiological capacity. Through structured mentorship,

hands-on investigation, and applied public health leadership, Syria's FETP aims to cultivate a new generation of epidemiologists who can lead surveillance, outbreak response, and data-driven health planning across the country. For the first time, health directorates will have access to trained field epidemiologists embedded in their systems, creating a foundation for more resilient and timely health responses.

The recovery process also includes the institutionalization of innovations born out of crisis. EWARN, once a temporary emergency tool, is being absorbed into the national health information architecture. Lessons from years of conflict response are informing digital health reforms, including the development of electronic health records, national dashboards, and integrated databases for outbreak alerts, case tracking, and vaccine coverage.

Still, significant challenges persist. The health workforce is overstretched and underpaid. Many regions lack specialists, and the dual burden of service provision and personal

insecurity weighs heavily on health workers. By early 2025, it is estimated that between 50 to 70% of Syria's physicians and nurses have emigrated. Public hospitals are operating with minimal supplies. Health staff frequently rotate between under-resourced facilities and makeshift clinics, often managing both trauma and chronic disease without clear referral systems.

To reverse these trends, the Ministry of Health has begun an ambitious workforce development strategy. This includes upgrading medical and nursing education and establishing a national registry to track workforce distribution and needs. Dialogue with the Syrian diaspora has already led to expert contributions from abroad, and future efforts will formalize these connections through structured partnerships. Reforms in human resource governance aim to ensure fair compensation, continuous professional development, and long-term career pathways for those who remain committed to public service in Syria.

As a public health leader and clinician, I have witnessed the power of resilience

firsthand. I have seen how reopening a small health post can restore dignity and hope to an entire community. I have watched local volunteers transform into skilled health workers through rapid training. And I have seen how data from a remote camp alert and a weekly report in EWARN can drive decisions that save lives.

The health system is not just rebuilding; it is redefining itself. The country is transforming lessons from emergency into the pillars of a new, resilient system. But we cannot do it alone. Sustained technical and financial support is essential. We call on partners to support the integration of surveillance systems, the scale-up of FETP, the digitization of health data, and the revitalization of Syria's exhausted but determined workforce.

This is a pivotal moment. If we invest now in people, in data, and in partnerships, we can rebuild a health system that is stronger, more equitable, and more prepared than ever before. In every district of Syria, health workers are still holding the line. With support, they can lead the way forward.



Source: Center Center for Disaster Philanthropy

Building Immunization Resilience from the Ground Up: A Post-Conflict Perspective from Sudan's EPI Manager

By Mr. Ismael Aladani, Manager of Sudan's Expanded Program on Immunization (EPI), Sudan Federal Ministry of Health



Source: UNICEF

The conflict in Sudan has severely tested the country's health system, displacing millions, damaging infrastructure, and disrupting essential services. Immunization, which protects against more than 20 life-threatening diseases, stands as a cornerstone of recovery efforts. Every missed vaccination risks preventable outbreaks, especially among displaced and vulnerable populations.

The immediate priority is to strengthen resilience at the district and frontline levels, enabling immunization services to adapt quickly and continue functioning even under unstable conditions. Achieving this goal requires robust partnerships, as no single actor can restore the system alone.

Partnerships have played a fundamental role in this recovery process. Collaboration with UNICEF, WHO, Save the Children, MSF, ACASUS, EMPHNET, and other organizations has expanded collective impact. Each partner contributes diverse strength, including cold chain restoration, supply chain support, outbreak response, communication, and training, all aligned under a unified vision: despite ongoing challenges, vaccination must continue.

A critical shift in this post-conflict phase involves expanding partner engagement across all program elements, ranging from service delivery and surveillance to policy adaptation, risk communication, and monitoring. This approach transcends merely mobilizing resources; it integrates expertise, fosters close coordination, and ensures that every contribution strengthens the health system holistically.

EMPHNET serves as a prime example of a partner providing integrated, multi-layered support. Their contributions include enhancing coordination mechanisms by strengthening existing platforms, promoting joint planning at national and state levels, and monitoring coordination performance to ensure follow-through on decisions. Through the Public Health Empowerment Program (PHEP), EMPHNET has built the capacity of district health officers in planning, leadership, data use, surveillance, and outbreak response, empowering local teams to lead effectively in challenging contexts.

Furthermore, EMPHNET has expanded community-based surveillance by training volunteer networks to detect and report suspected outbreaks, integrating

their inputs into official surveillance systems. It supports micro-planning and digitalization efforts by promoting the use of digital tools and monitoring dashboards that provide real-time visibility on immunization coverage, vaccine stock levels, and operational gaps. It also led the development of communication strategies that include tailored, evidence-based messaging designed to counter misinformation, mobilize communities, and sustain vaccine demand even during crises. Additionally, EMPHNET assists in evidence generation and documentation, helping to capture lessons learned and best practices that inform policy, guide program adjustments, and advocate for sustained investment. By combining these elements, EMPHNET's support highlights immediate gap-filling to strengthen the foundation for long-term resilience.

At the district level, this integrated approach equips local teams with the tools, data, and confidence to act promptly. Local officers can analyze data from dashboards to identify low-coverage pockets and adjust micro-plans accordingly. Community volunteers provide timely outbreak alerts, enabling targeted vaccination campaigns. Coordination bodies track progress against agreed plans to ensure accountability and continuous improvement. This means Sudan is not only restoring immunization services but also building a more adaptive, self-reliant system at the frontline.

Looking ahead, Sudan's Expanded Program on Immunization (EPI) will continue working with all partners to sustain immunization efforts in accessible, partially accessible, and hard-to-reach areas. The vision is clear: every district equipped, every vaccinator supported, and every child reached. In Sudan's recovery journey, partnerships are the lifeline, and resilience is built together. Despite all challenges, vaccination must continue.



Source: Dr. Mogahid Halaly

In the Eye of the Storm: Hear Dr. Mogahid's Fight for Humanity in Sudan's Conflict

By Dr. Mogahid Halaly, General Practitioner, Humanitarian Activist, Sinnar University Graduate, and Current Intern at EMPHNET

Amid Sudan's deepening crisis, healthcare professionals are not merely witnesses to suffering; we are often its final line of defense. I graduated in 2022 from the Faculty of Medicine at the University of Sinnar and began my career amid one of the most difficult periods our country has ever faced. After the collapse of Khartoum, our teaching hospital in Sinnar became a lifeline, receiving twice the usual number of patients. With only three interns and two senior doctors, we worked shifts that lasted over 36 hours, performing up to 25 procedures a day, often under improper sterile conditions and sometimes without electricity.

After the fall of Madani city, everything changed. Chaos and fear swept through the city. People from Gezira fled toward Sinnar, while Sinnar's residents escaped in the opposite direction. The hospital briefly shut down. I witnessed what felt like a city reduced to dust, and its silence more terrifying than any sound. Our challenges weren't limited to exhaustion or overcrowding. We faced chronic shortages in medical supplies. I often watched patients die because we had nothing to offer them. I tried to fill the gap through my social

media networks and friends in private pharmacies, but it was never enough.

Volunteering has always been part of my life, rooted in the rural community that raised me. When war broke out, this role expanded. After Sinnar became unsafe, I was displaced to Al-Gabaleen in White Nile State, where I began offering both medical care and psychosocial support. I visited the camps, and I lived inside a non-governmental displacement site set up in a school. For more than five months, I stayed shoulder-to-shoulder with displaced families, enduring extremely difficult and unsafe conditions.

There, I established a clinic inside the camp to respond to the growing health needs. With the support of my online followers, we launched the "Shelter and Food" initiative, which provided meals to over 500 families for more than seven months and shelter for over 900 individuals. To contain diarrheal outbreaks and maintain basic hygiene, we constructed over 10 latrines within the camp. But these efforts came at a cost as more than 50 civilians from nearby areas were killed. I even had to walk

long distances just to access the internet and secure donations.

I treated more than 5,000 patients, sometimes over 100 a day, entirely on my own. I witnessed heartbreaking cases of malnutrition, diarrhea, trauma, and worsening psychological distress. Suicide attempts and psychiatric medication use soared. There were no safe spaces, and no time to grieve.

From this experience, I've learned that humanity must come first always. No political cause justifies the death of children or the destruction of a health system. We need peace, and only those who have lived through war truly understand its value.

Now is the time to act with urgency, courage, and unity. Healthcare workers are overwhelmed and struggling to save lives amid impossible odds. Decision-makers must step up and provide the support desperately needed. The public should not wait for perfect conditions or resources. Every small contribution matters, and kindness can be a lifeline. Together, we must raise the banner of humanity higher than ever before and stand united in compassion.

In Numbers

In our turbulent world, crises have become a constant reality for communities across the EMR and beyond. These crises, ranging from natural disasters to man-made emergencies driven by war and conflict, take a significant toll on healthcare systems and the health of populations. This section provides an overview of alarming statistics:

Gaza



Famine Confirmed in Gaza for the First Time

For the first time, famine has been officially confirmed in Gaza, according to a new Integrated Food Security Phase Classification (IPC) analysis. The situation is expected to worsen across the Strip unless hostilities cease and a significant increase in humanitarian aid is permitted. [Read More](#)



62,122+

people have been killed, as of August 21, 2025



156,758

people have been injured, as of August 21, 2025



1,859

fatalities and 13,594+ injuries have occurred among people trying to access food supplies since May 27, 2025



> 508

aid workers have been killed in Gaza, as of August 6, 2025



420

suspected meningitis cases were reported between July 1 and 31, 2025



64

cases of Guillain-Barré Syndrome (GBS), including 27 children under 15 years of age, have been reported across the Gaza Strip as of 31 July 2025. Three GBS-related deaths were documented on August 4, 2025



50%

of hospitals are partially functional, as of August 7, 2025. (18 out of 36)



39%

of primary health care centers remain functional, as of August 7, 2025



269

malnutrition-related deaths were documented, as of August 21, 2025



694

Patients admitted due to severe acute malnutrition with complications, as of August 7, 2025



11,877

children between six and 59 months were identified with acute malnutrition in July, out of 136,000 screened based on available data as of 6 August, marking the highest monthly figure recorded to date

Sudan



30.4 million

people are in need of humanitarian assistance



10.1+ million

people have been displaced



94,900

cholera cases and 2,400 deaths have been reported since July 2024



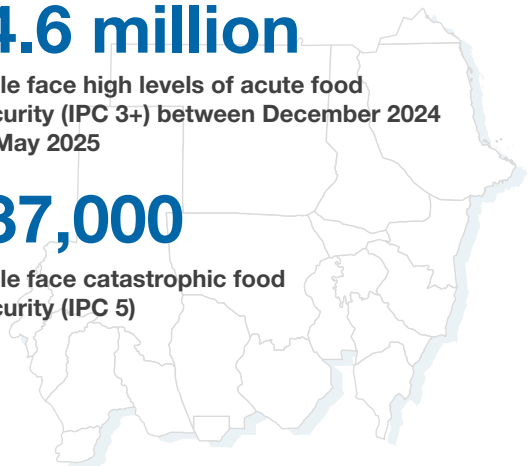
24.6 million

people face high levels of acute food insecurity (IPC 3+) between December 2024 and May 2025



637,000

people face catastrophic food insecurity (IPC 5)



Pakistan

Since late June, heavy monsoon rains and flash floods have been affecting Pakistan, displacing thousands of people and destroying homes and crops, with more severe weather expected in the coming weeks. According to the National Disaster Management Authority (NDMA), as of August 21, 2025:



739+

people have lost their lives



2,400+

houses have been destroyed or damaged



978

people have been injured



1,000+

livestock have been lost



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