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Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale

بسم الله الرحمن الرحيم

منظمة الصحة العالمية
المكتب الإقليمي لشرق المتوسط

Address by

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WHO EASTERN MEDITERRANEAN REGION

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PUBLIC HEALTH IN CONTEXTS OF UNCERTAINTY

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Excellencies, Ladies and Gentlemen,

It is my great pleasure to be present on the auspicious occasion of the 60th Anniversary of the Faculty of Health Sciences of the American University in Beirut. The Faculty has come a long way over the six decades of its existence, maturing into a leading centre of academic learning in public health in the Region and beyond. I would like to congratulate its successive deans, who have shown the vision and the will, in both good times and difficult times, to ensure the continued growth and development of the Faculty. It stands to good reason that the Faculty of Health Sciences finds itself uniquely positioned today to hold a debate on such a key issue as "public health in the context of uncertainty".

Indeed, we are working and serving in a region where uncertainty has currently become the rule rather than the exception. And, given the geopolitical challenges that many countries of the Eastern Mediterranean Region confront, it seems likely that uncertainty will prevail for some time. For public health professionals this raises several issues. First, we must remain aware at all times that public health has a strong political dimension that requires public health leadership and diplomacy. Second, we must be innovative in the practice of public health, to ensure sustainability in all circumstances. And third we must adhere to its universal values, however uncertain the situation. It is perhaps needless to state that these are interrelated. Having said this, let us remember it is not just manmade circumstances but also natural disasters and emergencies that lend themselves to a high level of unpredictability and uncertainty in this region.

In such situations, public health leaders and professionals often have to deal with a range of challenges. These may include: warring factions, with whom we have to ensure 'medical neutrality' under all circumstances; weakened governments that may have lost their authority

and mandate over parts of the country and are unable to take major decisions; the presence of multiple partners, including development and humanitarian agencies, who, in the absence of strong national leadership become part of a response that must be coordinated; disrupted health systems that prevent populations from receiving essential, emergency or elective care; and an internally displaced or refugee population that is constantly under stress, and that, in a prolonged crisis, is vulnerable to distress and disease.

Ladies and Gentlemen,

Globally, over a ten-year period from 2001 to2010, an average of more than 700 natural and manmade emergencies occurred, affecting approximately 270 million people and causing over 130 000 deaths each year. Almost half of these deaths occurred in less developed countries with limited capacity to prepare for an effective response. According to the World Bank, over 1.5 billion people –about one quarter of the world's population – currently live in countries affected by violent conflict. As the number of emergencies increases each year, so do the associated financial losses; 2011 witnessed the greatest losses in history, reaching US$386 billion as a result of physical damage caused by natural disasters. In 2010 alone, more than US$18.2 billion was spent on the provision of humanitarian assistance around the world. Imagine the number of lives that could have been saved, and the substantial impact that might have been achieved if these funds had instead been invested in the socioeconomic development of vulnerable communities.

In WHO's Eastern Mediterranean Region, in which I serve as the Regional Director, 12 out of the Region's 22 countries are currently experiencing complex humanitarian emergencies, affecting more than 40 million people –almost 10% of the Region's entire population. It is also the region from which, currently, more than 55% of the world's refugees originate, according to a new report by UNHCR, the UN Refugee Agency. The report notes that, out of 7.6 million people who became refugees in 2012, more than 4 million originated from Afghanistan, Somalia, Iraq, Syria and Sudan. This is the highest number of refugees since 1994, with the conflict in the Syrian Arab Republic being a major factor. It is also estimated that there are at present 11.3 million internally displaced persons in the Region, placing huge burdens on host countries' health systems.

Emergencies have a direct impact on health. While some emergencies provide an opportunity for countries to identify health sector weaknesses, quickly recover and rebuild more resilient health systems, prolonged and chronic emergencies have longer term impact on the development and delivery of basic health care services. Health infrastructure itself may be destroyed, and medical staff killed or displaced. The increased health needs of affected populations may result in shortages of medical equipment, medical supplies, and critical medicines. Power, fuel and water supplies may not be available or may be interrupted

frequently. On the 7th of October 2005, I was the Assistant Director-General of WHO responsible for crises and emergencies when the Pakistan earthquake occurred. Almost 4 million people were suddenly displaced with almost complete collapse of the health system in the affected areas. Hundreds of thousands of people were out of reach. In 9 seconds, the equivalent of the health system's budget for 217 days was lost.

The more protracted emergency situations become, the more likely affected populations are to suffer from social and societal disruption, infectious diseases, acute malnutrition, trauma and complications from chronic diseases, such as disability and mental health conditions. As security deteriorates and health and social services cease to function, populations begin to move within and between countries, making access to health care even more vital on a regional level.

Uncertainty in relation to public health cannot just be attributed to disasters and emergencies. In this interconnected world, new and emerging health threats, such as the Middle East respiratory syndrome coronavirus (MERS-CoV), continue to evolve, paying little heed to political boundaries as they spread and testing the resilience of health systems to respond appropriately. Rising antimicrobial resistance (AMR) is a global public health concern that strikes at the core of infectious disease control, and is now considered a potentially catastrophic threat to global health in the 21st century. And, indeed, the Ebola crisis in West Africa has exposed the fragility of health systems and low level of public health preparedness in many countries. Such public health challenges contribute to the level of uncertainty for individuals, institutions and systems alike.

Ladies and Gentlemen,

Dealing with public health in crisis situations, including as a minister of health in a country in grave crisis, has for me been a continuous learning process. One lesson that I have learnt with a degree of certainty is that every conflict, crisis or uncertainty carries its own sets of challenges and constraints. There is a set of principles that one can draw on, but there is no single solution. Every situation requires an adapted response.

So how can we look to provide good public health within a context of uncertainty. Let me share some key points with you.

- Comprehensive risk management and preparedness ensures that the health system is able to remain resilient in emergency situations. Developing countries in Latin America and Asia that have developed their preparedness capacity have proved the success of this strategy. The case of Bangladesh is particularly eloquent.

- Coordinated and effective emergency response enables the affected community to maintain the minimum vital services required by the affected population, and prepares the ground for speedy recovery.

- Well thought out emergency recovery brings the health system back to a stable level and paves the way for the normal development cycle to resume.

- Equally important are the provision of accurate and timely information; strengthening and reactivating of the traditional community support mechanisms, especially for the marginalized groups, in order to promote resilience; and creation of momentum to develop sustainable community-based systems of care to see the population through this period of uncertainty and chaos.

- Finally, we must seize the opportunities that arise during and after a period of uncertainty to build better social and health care systems.

Ladies and Gentlemen,

In the WHO Eastern Mediterranean Region, Member States have endorsed a strategic vision aimed at increasing the resilience of countries to emergencies, disasters and other crises, and subsequently at ensuring effective public health response to risks and threats. These include offering support to countries in developing clear policies and legislation in this area based on an all-hazard, multisectoral and 'whole health' approach, and paying special attention to safeguarding health facilities and the health workforce in times of emergency and crisis.

The WHO offices in crisis-prone countries have been requested to include in their operational budgets provision to implement institutional readiness programmes, including dedicated human and financial resources for emergencies. Additional readiness measures are being taken by the Regional Office. These include maintaining regional emergency stockpiles, training a cadre of response experts and encouraging the establishment of intercountry mutual support and solidarity arrangements and agreements in times of crisis. The evidence base for health emergency and disaster risk management has been strengthened, including lessons learnt, best practices and economic assessments.

The ultimate goal is to promote national and regional self-reliance in emergency and crisis management through the implementation of a systemic approach to the management of such events, drawing upon the technical and operational capacities within countries and the Region, and the establishment of efficient solidarity mechanisms between countries.

In all countries, and especially those vulnerable to emergencies and crises, there is a critical need to ensure that health services are available for vulnerable populations, especially women, children, the elderly, the poor and the other disadvantaged groups in the most affected areas. Irrespective of the level of uncertainty, health is a basic human right, which needs to be respected by all, including those responsible for public health. Ladies and Gentlemen, let us work together so that public health in all situations leaves no one behind, and especially when vital health services are most needed, in emergencies and crises.

Thank you.