

23 September 2021 – The Eastern Mediterranean Region, which I represent, covers 22 countries from northern Africa, across the Middle East and as far as parts of southern Asia. It was beset by multiple crises even before the COVID-19 pandemic – and is home to 43% of people who need humanitarian assistance globally, and the source 64% of the world's refugees.

Across the Region we are experiencing 10 large-scale humanitarian emergencies, the COVID-19 pandemic and 5 other outbreaks and natural disasters – collectively representing massive health needs and requiring enormous humanitarian action.

Most of these humanitarian crises are protracted, with several extending over decades, such as Afghanistan and Somalia. They are characterized by years of conflict, social and political disruptions that have devastated the lives of millions.

With the emergence of COVID-19, the situation has been further aggravated. The pandemic has strained already fragile health systems and is for many people just one more threat among many that they have to face, in addition to displacement, hunger, illness, conflict and poverty.

In the past week, I had the opportunity travel with my dear brother Dr Tedros to 2 countries where health needs are escalating and where the risk of a humanitarian catastrophe increases daily. In both Lebanon and Afghanistan, we observed health systems close to collapse, health workers under tremendous pressure, and populations struggling to meet their basic needs.

Doctors in both countries told us that shortages — including medicines and supplies — meant that they often had to make difficult decisions about which patients to treat. In Afghanistan, almost two thirds of clinics and hospitals have stock-outs of essential medicines.

In Lebanon, the sharp devaluation of the currency meant monthly salaries of health staff were only a fraction of what they were a year ago. In Afghanistan, most health workers in the public system have not been paid for months – yet over 90% of them are reporting to work daily, demonstrating extraordinary commitment and dedication at a time of enormous stress.

Nonetheless, a brain drain of highly skilled health care workers fleeing the economic crisis in Lebanon and insecurity in Afghanistan is beginning to take its toll.

In Lebanon, fuel shortages affecting all aspects of life are also impacting the health system. Due to these shortages, lack of electricity means that patients are deprived of basic, and sometimes lifesaving, health services. The price of lifesaving medicines has skyrocketed and almost all are in short supply. With more than 55% of people in the country living under the poverty line, this greatly increases risks of medical complications from chronic diseases for those patients who cannot afford or access treatment.

In Afghanistan, recent funding cuts to the country's biggest health project are causing more health facilities to shut down every day. In some districts, we have already heard of mothers and children dying as a result of reduced access to care.

And over all this, COVID-19 adds additional threats to both the health response, and to the populations themselves. People with so many competing demands and stressors do not see COVID-19 in the same light as those in more stable, developing countries. We saw limited adherence to mask use and other preventative measures, which raises concerns on increasing transmission in the coming months. Especially when we know that the Delta variant is circulating in both countries.

Throughout the visits, we heard discouraging stories that made us even more determined to find any opportunity to continue and scale up our lifesaving work.

And there are opportunities. In both countries, the leadership we met expressed their commitment to ensuring the health and well-being of their populations, and requested us to continue our work and scale up our support.

We have the commitment of the health leadership, commitment of our dedicated staff in these countries, and the commitment of our operational partners. But we need greater commitment of our donors in both countries. In Afghanistan, a funding pause by international donors threatens the continuity of the Sehatmandi project, which supports 2300 health facilities and is the backbone of the national health system. We are appealing to those donors to urgently commit to continue their financing of a vital and life-saving programme that serves tens of millions of Afghans.

As WHO, we are active in all areas of the humanitarian health response. And we are willing to do more, provided that the resources flow.

During all our meetings over the past week, one key message stood out: although the leadership in these countries has changed, it's the same innocent men, women and children who are still at risk and need our support.

We will continue to loudly advocate for health as neutral and a basic human right. Under our regional vision of health for all, we cannot — and will not — desert the people of Lebanon, Afghanistan, and beyond.

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[Statement by the WHO Representative to Afghanistan](#)

[Statement by the WHO Representative to Lebanon](#)

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