PDF version

Editorial

Ala Alwan[1]

Note: This editorial is based on a speech given on 21 May 2015 at a side event “A tribute to health workers” at the World Health Assembly.

[1]Regional Director, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt.

The cover of this month’s EMHJ shows a candle. This candle was lit on 18 May in the main hall during the first day of the World Health Assembly in memory of all health workers who lost their lives in the service of health in 2014-2015. Lighting of the candle was followed by a moment of silence. It was a poignant moment which reminded those present that we all depend upon the dedication of health workers at some point in our lives. Too often we take that dedication for granted, both in the clinical setting and in the public health setting. In the past year we have lost precious lives to Ebola and MERS-CoV, to politically motivated attacks, and to conflict.

As the world emerges from the acute phase of the Ebola crisis, the great contribution of the health workers on the frontline should not go unrecognized. We know that in providing care to those suffering from Ebola, hundreds of health care workers contracted Ebola, and many died. Health workers risk their lives, while helping to save the lives of others.

In our Region, health workers in many countries face circumstances that pose a major security risk to their lives. The reality is that many have suffered physical injuries and others have lost their lives, not to mention the mental trauma such incidents cause to them, to their families, and their fellow workers.

In 2013, when attacks on aid workers reached an unprecedented high globally, 75% of these attacks took place in Syria, Afghanistan, Somalia, Pakistan and Sudan. This trend is increasing. Escalating conflict and the massive scale of humanitarian needs across the Region continue to place health care workers at great risk. What we see today in terms of the magnitude of conflict and its devastating impact on health is unprecedented, and the same is true for the risk to health workers.

We continue to see health facilities targeted. It is a sad fact that the neutrality of health workers and health facilities is not respected in many conflicts. We see this across the Region. In April, two Yemeni Red Crescent paramedics - brothers - were killed when their ambulance was hit as they helped injured patients in Aden. At around the same time, two Syrian Red Crescent volunteers were killed while retrieving dead bodies in Idlib. The previous month, in March, attacks on polio vaccination teams in Pakistan left four people dead and one injured. The month before, in February, three aid workers from the Sudanese Red Crescent were killed and one injured after supporting a humanitarian relief mission. In January, five health workers were kidnapped by gunmen in Herat province, Afghanistan, during a field visit.

The negative impact on access to health care is enormous. In countries where conflict is ongoing, attacks on health care workers and health facilities create shortages of qualified health staff, as health care workers leave with their families. In Iraq, it is estimated that more than 40% of the heath workforce has left as a result of the conflict. In Somalia, attacks on health care workers and facilities have forced the suspension of medical activities, delaying critical health and nutrition programmes. When Médecins Sans Frontières ended its 22-year operation in Somalia in August 2013 due to threats to its staff, more than 50 000 people lost access to outpatient medical treatment every month, and a total of 1.5 million people lost access to health care. In Pakistan, recurring fatal security incidents involving polio vaccination teams in Pakistan have resulted in immunization campaigns being cancelled. In 2015 alone, we have had to cancel 5 vaccination rounds because of serious security threats.

Every time such incidents take place, we, in WHO, call for respect and safety for health care workers and health facilities, and we remind all parties of the obligation for mutual observance of international humanitarian law and the Geneva Conventions. These calls also come from the UN Security Council, the International Committee of the Red Cross (ICRC) and others. We do

take measures to protect health workers and volunteers, but attacks in the Region and around the world continue. We must not accept this as the status quo.

In a world where humanitarian work now occurs in very difficult and complex conflict settings, we must find new approaches so that we can take more effective and robust action to protect people and health workers during conflicts. At the same time we need to train health care professionals, especially those who are at most risk, in protecting their own lives.

This is a collective responsibility. Civil society, media and international institutions all have a role in ensuring that violations are brought to light. As the international community continues to advocate for the protection of health workers, governments have an equally important role to play, by ensuring safe and secure access to health services for all and strengthening accountability for attacks on health workers and facilities. We need to work together beyond the health sector to ensure that provision of health care and life-saving measures does not come at the expense of the lives of health care givers and their patients. This is only possible if countries take this task up as a priority.

The candle lit on 18 May is a symbol of our collective loss. The most fitting tribute we can make to those who have given their lives in the service of health care is to ensure that those who carry on are able to do so in safety.

Friday 12th of July 2024 12:41:25 PM