22 February 2024

Dear colleagues, ladies, and gentlemen,

Good afternoon from WHO's Regional Office in Cairo, Egypt. I am honored to address you today as the newly appointed Regional Director for the Eastern Mediterranean.

As I begin my tenure, I'm deeply aware of the profound challenges our Region is facing.

In Gaza, an entire population continues to face unimaginable violence and loss with nowhere left to flee, while levels of lifesaving-aid remain grossly insufficient. In Sudan, we are witnessing the world’s largest displacement crisis, as millions of people flee in search of safety within and outside the country. Recent earthquakes in Afghanistan, Morocco and Syria, floods in Libya and Pakistan, and an increasing surge in cases of cholera and dengue fever across the Region have only exacerbated the burden of health and humanitarian needs across the Region.

Health emergencies across the Region are increasing at a rapid rate. 13 of our countries are directly or indirectly impacted by conflict; last year we responded to 73 disease outbreaks – more than double the number in 2021; and over the past two years, 6 of the 10 deadliest natural disasters worldwide were in our Region.

Compounding this challenge are the disturbing realities of health care coming under increasing attack, and severe access restrictions and insecurity impeding our ability to reach some of the most vulnerable people in the Region with lifesaving interventions. Consequently, any fragile gains we have made in supporting health systems, advancing the health agenda, and preserving regional health security are at risk of setback. Too often we take two steps forward and one step back in assisting the people of the Region.

Funding cuts to UNRWA, the most important and largest supplier of humanitarian aid in the Gaza crisis, mean further catastrophic consequences for Gazans. No agency, including WHO, can meet the critical gaps left if UNRWA is unable to fully operate. This decision also has serious regional implications, as UNRWA covers Palestinian populations in Lebanon, Jordan, and Syria. The recent announcement by WFP to pause food deliveries to northern Gaza due to lack of safety guarantees also means that the situation there will further deteriorate, leaving hundreds of thousands of people in a perilous situation, with children and pregnant women at greatest risk of acute malnutrition, disease, long-term health consequences, and even death.

In the three weeks since I assumed the position of Regional Director, I have meticulously reviewed the challenges facing our Region, particularly the escalating frequency and scale of health emergencies, along with the many challenges to delivering aid, including insecurity, degraded health systems, and grossly insufficient funding. In response, I have identified five overarching priorities for WHO’s work in emergencies during my tenure:

Firstly, we aim to address disparities in access to health care, ensuring that essential services reach every corner of our Region, especially among hard-to-reach populations in emergency-affected areas. We will have a special focus on fragile and conflict-affected situations.

Secondly, by strengthening country capacities to prevent, prepare for, detect, and respond effectively to a range of health emergencies, from climate-related disasters to pandemics and conflict, we can save lives and safeguard public health.

Thirdly, investing in robust public health systems is critical for disease prevention and overall well-being. Through targeted interventions and strategic partnerships, we're committed to enhancing public health initiatives across the Region to ensure health systems are resilient in the face of any crisis.

Fourthly, we recognize that collective action and collaboration are essential to tackling complex

health challenges. By forging new partnerships and leveraging existing ones, we can mobilize resources effectively and strengthen health systems.

Lastly, enhancing the capacities of both WHO's Regional Office and country offices is vital. Through cooperation and a stronger influence on global health agendas, we can better serve the needs of the communities we support.

By prioritizing the well-being, safety, and dignity of those in need and focusing on the human aspect of humanitarian emergencies, we can make meaningful progress towards peace, stability, and improved health outcomes.

Dear colleagues,

Amidst some of the most severe humanitarian crises, such as the earthquakes in Afghanistan and Syria and the escalation of conflict in Gaza and Sudan, WHO has played a pivotal role by swiftly delivering life-saving medical supplies from our logistics hub in Dubai to keep health systems afloat so that lives can be saved. I am committed to further optimizing our medical supply chains for all countries in the Region to facilitate faster and more efficient deliveries that help keep health systems functional.

This week, our logistics hub in Dubai and the International Humanitarian City finalized an agreement to deliver health supplies and medicines, including insulin, for 1.5 million beneficiaries in Gaza through a temporary air bridge between the United Arab Emirates and Egypt, with multiple flights planned. Yesterday, the first flight successfully reached Egypt. As Gaza’s health system struggles to remain functional, these deliveries of supplies into and across Gaza must be urgently facilitated. To date, WHO has dispatched a total of 111 trucks carrying health supplies into Gaza, including trucks from other health partners.

WHO also recently dispatched essential medical and health supplies from its warehouse in Farchana, Chad, to eight health partners in West Darfur through its cross-border operations between Chad and Sudan. These supplies will help meet the health needs of almost 340,000 people for up to three months.

Additionally, prioritizing investment in the health workforce, who serve as the cornerstone of any health system, is imperative. This involves enhancing their capacity through training, ensuring they have the resources they need, and -- most importantly -- guaranteeing their protection and safety in conflict settings when their life-saving work is most needed.

As we address immediate needs, we must also consider reconstruction and rehabilitation efforts in countries suffering from humanitarian crises. The road ahead is long and challenging, particularly in places like the occupied Palestinian territory, Afghanistan, Syria, Sudan, Somalia, and Yemen, where the degradation of health structures is profound, and mental health needs – especially of children -- are yet to be fully assessed.

In our Region today, too many people are being deprived of their basic right to life-saving health care; too many people are living in poverty, unable to afford basic medical care for their children as they also struggle to provide for their families; and too many people are dying unnecessarily or suffering from long term health complications, because the resources needed to save them are not available.

The solutions to these problems are essentially political in nature. As a public health, developmental and humanitarian agency, we will never cease in our advocacy efforts to promote the rights of the most vulnerable.

To effectively carry out our work, especially in emergency contexts, health must be prioritized by all parties to conflict as a fundamental right, and the sanctity of health must be respected. This means ensuring that people have access to functioning health services where they are, and timely interventions to safeguard their well-being. Upholding this right is vital for promoting health, wellbeing, dignity and resilience, even in the most challenging circumstances.

Thank you.

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