

Statement of I.R. Iran on
"WHO's work in health emergencies"

We appreciate the WHE Secretariat for preparing documents A77/11 and EB154/14. The efforts of member states with WHO assistance are commendable to increase the quality and coverage of health services by strengthening primary and secondary health care facilities through deployment of mobile teams as well as early warning systems.

The exponential increase in the frequency of health emergencies, multiplicity of etiologies and risk factors, the increase in vulnerabilities, accordingly the growth of people in need of humanitarian assistance, and concurrently insufficient funds for humanitarian operations are alarming. This fact necessitates the increase in the solidarity of member states and assistance of UN-IASC member agencies.

Considering the complex emergencies in some regions, especially the EMR, WHO should further advocate for separating politics from people's health in order to prevent human catastrophes. The ruling policies prevent timely sending of humanitarian aid, restrict access to submitted aids and medical centers, trigger attack to health & care facilities thus those turn emergency situations into disasters.

Due to the increase in the frequency of incidents and their consequences on the health system and people, the I.R. Iran has established emergency operation centers (EOC) throughout the country to strengthen coordination. Instructions for preparing and responding to floods (titled code 500), communication with monitoring organizations and issuing early warnings have significantly helped the management of accidents and disasters by EOCs. In this area, Iran suggests to exchange expertise with other experienced countries and WHO.

We would like to raise the following recommendations:

1. Urgent global action to separate politics and health

- Strengthening the monitoring and evaluation system of existing or future programs with quantitative indicators

- Anticipating sustainable financial resources with greater participation of WHO partners

2. The WHO has commendably prepared strategic and operational plan for all graded emergencies with the help of national authorities. However, in order to sustain the capacities created during the crisis also to strengthen the ownership of the countries, plans should be strengthened at the national level by integrating crises response programs into other all-hazard programs. The experience of WHO/HQ in the successful integration of the pandemic influenza program with NAP and ERP in two African countries in 2019 with the cooperation of the two WHO departments i.e. CPI and GIP was an exemplary best practice and we hope it could have continued.
3. We have taken note of paragraphs 13 and 14 of the document A77/11 regarding the increase in the geographical area and impacts of cholera outbreaks due to the increase in complex emergencies and the global shortage of two-dose oral vaccine. It seems that this problem will become more serious in some war-and-crises-affected countries in the coming years. Considering the Secretariat's request in document EB154/14 to strengthen collaboration with member states to render communities and health systems more resilience against crises on one hand, and considering the fact that cholera mainly affects LMIC countries on the other hand, therefore, its vaccine production may not be appealing for commercial companies. Yet from a humanitarian view, the I.R. Iran is ready to focus on the development and production of this effective vaccine and provide it to the countries in need to solve its global shortage. Considering the long history in Iran's vaccine industry and the various capacities developed during the time of Covid-19 i, on one hand, but the deterrent unilateral coercive measures on the other hand, we need WHO support, so Iran will be able to address this deficiency and assists WHE program.

Madam/Mr. Chairperson, thank you for your attention