In the Name of God, the Compassionate, the Merciful

Address by

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to the

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THE ROLE OF HEALTH SYSTEMS IN THE MANAGEMENT OF PANDEMICS AND DISASTERS

Your Excellency Dr Mohammed Jawad Khalife, Minister of Public Health of Lebanon, Your Excellency Professor Refat Abdelhalim Alfaouri, Director General of the Arab Administrative Development Organization, League of Arab States, Distinguished Guests, Ladies and Gentlemen,

It is my pleasure to be among this very distinguished gathering looking at the new trends in hospital administration. The topic you have chosen for this year is important, relevant and opportune. We are still dealing with the post pandemic phase of H1N1. We in our Region are managing one of the top 5 foci of avian influenza globally; Egypt is still reporting new cases. Natural disasters, conflicts and emergencies have been undermining progress and achievements in development in several countries of the Region. Between 2009 and 2010, Yemen, Egypt, Saudi Arabia and Sudan witnessed severe flooding, Oman was hit by cyclone Phet, and the Islamic Republic of Iran experienced several earthquakes in different areas of the country. The Region is hosting 6 of the most protracted complex humanitarian emergencies in recent history, in occupied Palestinian territories and Golan, Somalia, Afghanistan, Iraq, Darfur, and western Sahara. These crises have resulted in the highest burden of refugees and internally displaced people, contributing to 45% of the world’s internally displaced population. These people are living in temporary shelters and under very poor living conditions.
Add to this, the threat of climate change—Egypt, United Arab Emirates and Qatar are the three top vulnerable countries with respect to climate change in our Region. In addition, the challenges resulting from the increased risk of natural disasters and ongoing conflicts in several countries are exacerbated by high population vulnerability characterized by high maternal and child mortality rates, low universal vaccination coverage, increased pockets of malnutrition due to food insecurity on top of shrinking access to quality health care services.

We have lost more than 121 thousands lives over the past 5 years due to natural disasters, mainly earthquakes, floods and droughts. About 42 million people have been directly affected. Countries have lost more than US$ 42 billion over this decade and such loss is affecting progress towards achievement of the Millennium Development Goals in our countries.

So what can we do better? The recent experiences of the Pakistan flood and other catastrophes around the Region are confirming the need for greater resilience to disaster risk reduction and emergency preparedness. Studies have shown that a dollar investment in preparedness saves 7 dollars during response. Countries should adopt measures to minimize the impact of natural disasters, adopt risk reduction measures and be better prepared to respond adequately and timely. The health system is key, it is a lifeline, as high rates of morbidity and mortality incur from disasters. The health system plays a pivotal role in survival, especially during emergencies. Thus, health facilities should be able to withstand the risks of natural hazards and gear up to increased demand for services during emergencies. That includes addressing leadership, coordination and management in addition to prepared personnel at all levels of a facility, such as a hospital. There should be overall national preparedness revolving around an all-hazards approach, as WHO and partners are advocating to further strengthen the health system at large. Preparedness is also needed between and among countries.

Ladies and Gentlemen,

In October 2010, the Ministers of Health at the 57th session of the Regional Committee for the Eastern Mediterranean passed a resolution on Emergency preparedness and response and the regional emergency solidarity fund to revive this regional fund. The ability to move and respond to the needs and care for people in case of disasters and emergencies is of utmost importance to ensure better outcomes and reduce mortality and morbidity. It is not news to many of you that the recent global economic crisis has affected the health sector in a more substantive way, and it is
estimated that it has forced a reduction in health spending of between 30% and 40%. Hence, we are challenged to be more innovative to improve health outcomes, reviewing all the aspects of health systems in terms of community role, competent human resources who are prepared for disasters, enhanced partnership mechanisms and networks and continued monitoring of our readiness to be prepared to respond to disasters. I call upon you to advocate for a regional emergency solidarity fund and will be seeking your views on how to ensure it. WHO has developed the framework for health emergency management on the basis of an all-hazards approach calling for multisectoral partnership and active involvement, with health facilities remaining as ‘first responders’ to the health needs of affected communities. This approach underscores the health system as the front line in responding to emergencies and thus greater investment is needed for further development.

Community resilience also is highlighted and given utmost priority in the health emergency management concept. In 2008, WHO launched a global campaign along with the United Nations International Strategy for Disaster Reduction and the World Bank to further emphasize the importance of the structural and functional safety of health facilities in emergencies. WHO also designated the theme of World Health Day 2009 as making hospitals and health facilities safer in emergencies to highlight the importance of ensuring the safety of health infrastructure and the international mandate to invest and safeguard health facilities as a cornerstone in any emergency management situation. We, in our Region, are working closely with Member States and partners to support, adopt and implement the policies of emergency preparedness and disaster risk reduction in the health sector. With you, we have produced several focused publications, policy papers and tools for use in strengthening hospital leadership and management and in assessing and improving quality. Currently, WHO is working with Member States on making health facilities safer in disaster and I am glad that WHO has technically contributed to the League of Arab States document on disaster risk reduction.

The onus is on you leaders, decision-makers, key stakeholders and health professionals to plan ahead, protect, promote and be ready to respond. You are the front line of defence in protecting our population from public health risks and responding when needed. Collectively, we are being challenged to ensure that the right resources are in place given the financial crisis to ensure services are provided in pandemic and disasters. We are to be guided in our policies and strategies by evidence through investing in research and studies on what has worked in countries
when addressing pandemic and disasters. When we look at potential future scenarios and implications of global changes in climate, economy and politics, we have a duty to fulfil and preserve that health is the right of each and every population, especially during crises and disasters.

I would like to stress the fact that “preparedness is a our strategic choice”, we can not keep responding to emergencies in an adhoc manner. We have to be more proactive and creative and be one step ahead of emergencies, by working to reduce the vulnerability and the risk and by better preparing our health system. It is not a very easy task. It needs all your effort and commitment to be engaged and invest more than ever to be successful in this endeavour.

Thank you.