Media centre

News

Events and campaigns

Multimedia

Media contacts

Media centre

Statement by WHO Regional Director Dr Hanan Balkhy

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Thank you for being here.

The past two weeks have once again highlighted the scale and complexities of emergencies across our Region. In that short period of time, there have been variant poliovirus strains detected in Gaza, military strikes and assassinations in several countries that further threaten regional security, a declaration of famine conditions in North Darfur in Sudan, and heatwaves and deadly floods that again reflect the growing impact of climate change.

First, let me provide an update on the occupied Palestinian territory.

In the last week of July alone, WHO supported the medical evacuation of nearly over 100 Gazan patients with a range of serious medical conditions, along with their companions, to Belgium, Spain, and the United Arab Emirates.

Moving 85 patients to the UAE last week was the largest medical evacuation since October 2023. In an extremely complex operation, patients and caregivers from across Gaza were transported to the Karem Shalom crossing and on to an Israeli airport before flying to the UAE.

The arduous nature of this journey is in large part due to the Rafah crossing being closed since May 6. Transportation across Rafah and into Egypt would have provided a more direct and far less difficult passage. For months now, we have advocated for the opening of all possible routes, including the Karem Shalom and Rafah crossings to Egypt and Jordan and, from there, to other countries.

We also continue to call for the resumption of medical referrals and evacuations to the West Bank, including East Jerusalem. Over 10 000 people in need of medical evacuation remain in Gaza.

Of great concern, a variant of poliovirus type 2 has been detected in environmental samples inside Gaza. While no clinical cases of polio have yet been detected, the risk to children is high and we must move rapidly to prevent and contain the virus's spread. To

this end, WHO is working with the Ministry of Health and UNICEF on a range of measures, including polio vaccination campaigns.

Let me be clear – we need a ceasefire, even a temporary ceasefire – to successfully undertake these campaigns. Otherwise, we risk the virus spreading further, including across borders.

Secondly, WHO is gravely concerned regarding the ongoing escalation of events across the Region.

In the past couple of weeks deadly strikes against civilians, political entities, and infrastructure are rapidly raising the risks of a wider war.

The calls for vengeance and retribution that have followed these tragic events will only lead to more violence, death, destruction and suffering for the most vulnerable.

Sadly, we must prepare concretely for a widening of the conflict and WHO is playing our part. In Lebanon, we are deploying emergency experts and vital supplies to support the Ministry of Health. We have provided equipment, technical assistance, and staffing for the Ministry's Emergency Operations Center to coordinate the emergency activities and to ensure surveillance systems are intact and hospitals have adequate supplies. WHO has also bolstered the capacity of 98 hospitals for mass casualty management and the prepositioning of twenty trauma kits and other lifesaving supplies.

As we work with health officials in Syria, Iran, Jordan and other countries on emergency contingency plans, we hope and pray that they never need to be activated.

In Sudan, the level of food insecurity paints the most harrowing picture. The latest analysis by the IPC Famine Review Committee demonstrates that ongoing violence has pushed parts of North Darfur, notably the Zamzam camp, into famine. Zamzam is one of the largest camps for internally displaced persons with an estimated population of at least 500,000 people. The Committee stated that other areas of Sudan - in Darfur and elsewhere - are potentially experiencing famine and that the risk of widening famine persists while conflict and restricted humanitarian access persist.

These entirely avoidable developments raise the stakes for our humanitarian operations. We urgently need access to those in need by all routes possible, including cross-border. Though we have had some modest success in the past week with the delivery of medical supplies to East and South Darfur, to meet the needs of the most vulnerable in Darfur the opening of the Adre border crossing between Chad and Sudan is absolutely vital.

Across Sudan, ongoing conflict continues to displace thousands – as I have noted previously, Sudan remains the largest displacement crisis in the world, with 13 million now forced from their homes. This has been complicated by recent heavy rains in the east, south and west that have forced more and more people from their homes, and disrupted the delivery of humanitarian assistance.

I was devastated – and outraged – to read the Human Rights Watch report detailing widespread sexual violence across the country. Girls as young as 9 and women of 60

have been raped by warring parties. The systematic use of rape as a weapon of war is perhaps the most inhumane and appalling aspect of conflict.

Again, WHO is doing what we can to support survivors, training health workers on the clinical management of rape, psychosocial support, and, wherever possible, referral for other essential services.

Elsewhere across the region, extreme weather events including floods, heatwaves and storms are disrupting lives and livelihoods. We have reports of deaths and casualties caused by heatwaves across some countries in the Region.

Severe flooding in Afghanistan recently resulted in 58 deaths and 380 injuries.

WHO acted quickly in response, delivering over 160 metric tons of medical supplies, deploying 24 ambulances for referrals, activating Mass Casualty Management systems and sending 16 Mobile Health and Nutrition Teams.

These floods and heatwaves are occurring in the context of severe climate, which is increasing the frequency and severity of severe weather events. It also has wider impacts on health, including increased spread of water-borne and vector-borne diseases, increased complications of noncommunicable diseases (NCDs), reduced food production, reduced health workforce, damage to health infrastructure, as well as mental and psychological impact.

Climate change is a fundamental threat to people's health and the time for collective, concrete actions is now. We need to understand that this threat knows no borders and leaves no one safe.

Dear colleagues,

In closing, I wish to return to escalating political tensions in the Region.

Civilian populations already ravaged by violence, hunger and disease do not deserve to be further threatened.

Health systems must be rebuilt, not devastated, and further developed so that they can withstand further shocks that could potentially affect us all, like the next pandemic.

Efforts to improve access to health care are already impeded by limited health capacities and resources, sanctions and wrecked infrastructure. They must not be further undermined.

Our collective focus must be on moving our regional health agenda forward, without further setbacks.

Each member state has a stake in ensuring the human and health security of our Region. All diplomatic efforts must be made to prevent this worrying situation from spiraling further.

As WHO works with partners to save every life we can, we need all warring parties to commit to full and unconditional respect of the sanctity of health care.

We need unconditional and unrestricted access to all people in need.

Humanitarian work must be spared from politicization and attacks.

We need sustained funding.

And ultimately — as we continue to stress again and again and again — we need peace.

Thank you.

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Site map

Home
Health topics
Data and statistics
Media centre
Information resources
Countries
Programmes
About us

Help and services

Careers
Copyright
Privacy
Contact us
Cyber security

WHO Offices

WHO headquarters
WHO African Region
WHO Region of the Americas
WHO South-East Asia Region
WHO European Region
WHO Western Pacific Region