



In the Name of God, the Compassionate, the Merciful

Introduction of the Annual Report

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to the

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FOR THE EASTERN MEDITERRANEAN

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Mr Chairman, Your Excellencies, Ladies and Gentlemen,

It is my pleasure to present my annual report for 2012.

I have outlined in the report the process of review that took place last year in order to arrive at consensus on the five strategic priorities for continued health development in the Region. You will recall the Committee's endorsement of these priorities: health system strengthening to achieve universal health coverage; the unfinished agenda in communicable diseases; maternal and child health, including reproductive health and nutrition; prevention and control of noncommunicable diseases; and emergency preparedness and response.

The format of this year's report has changed. It is relatively short and focuses, not on every aspect of our technical cooperation with Member States, but on the strategic priorities in a broad sense, some of the specific challenges that WHO will address, and the work that has been initiated to respond to those specific challenges. In this statement I will refer to some key aspects of this work during 2012 and the early part of this year.

Ladies and Gentlemen,

You will recall that in 2012, based on an in-depth analysis, we presented to the Regional Committee a paper on health systems strengthening that identified the challenges, priorities and options for future action for the three groups of member states in the Region. Together we endorsed seven priorities for health systems development. We also agreed on a set of shared tasks and responsibilities. During the technical meetings yesterday, for the first time, we were able to discuss the challenges related to the private health sector in the Region and the strengthening of the health information system through the development of a core list of indicators. Later today, and tomorrow, there will be a technical discussion paper on the challenges, opportunities and a roadmap for progressing towards universal health coverage, as well the progress we are making to provide technical support in the area of civil registration and vital statistics.

An assessment of the civil registration and vital statistics systems in the Region last year showed that only 26% (or those in 6 countries) can be considered functioning. The most important challenge for you, as health ministers, is that you cannot plan accurately for the future if you do not really know how many births and deaths are taking place and where, and what the main underlying causes of death are. The proposed strategy you will discuss represents a crucial opportunity to address this serious gap and addresses the urgent need for action that you noted in last year's resolution on health systems strengthening.

Achieving universal health coverage means ensuring access for all people to quality health services without risk of financial hardship. Universal health coverage is a concept that is gathering momentum worldwide. Reaching universal health coverage will necessitate that every Member State has a comprehensive vision, evidence-based strategy and a well laid out roadmap; that it reforms the entire health system and not just the health financing system; that it adopts a multisectoral approach for making accelerated progress; and that it effectively monitors progress towards universal health coverage.

Achieving universal health coverage should not be considered to be a challenge for some Member States and not for others. Indeed gaps towards universal health coverage exist in all the three groups of countries in the Region and we have to make a collective effort to overcome these. Strengthening the health systems in countries of the Region is top priority for all and will continue to be the primary focus of our work, cutting across all other programme areas.

Within the priority area of **communicable diseases**, our strategic directions are clearly outlined in the report. They are: immunization and vaccines; poliomyelitis eradication; health security and regulations; and HIV, tuberculosis, malaria and tropical diseases.

Immunization programmes in the Region are confronted by several challenges. The progress towards coverage targets continues to be affected by the security situation, while managerial capacity and commitment to routine immunization remain visible challenges in some countries. Allocation of government resources and the support of partners are needed to scale up the response against vaccine-preventable diseases. In this regard the Decade of Vaccines and the Global Vaccine Action Plan represent opportunities for resource mobilization which countries can make use of.

The implementation of measles elimination strategies in Member States has led to a rapid decrease in measles and rubella incidence in the Region. However, since 2010 the Region has faced many challenges, and these have led to a decrease in the regional MCV1 coverage in 2011 and 2012 and increase in outbreaks and reported measles cases. To halt the spread of outbreaks and keep measles elimination on track, WHO is working closely with affected countries to implement synchronized measles campaigns. It is in the interests of all Member States, including those that do not currently have a high burden, to coordinate efforts to ensure the Region achieves measles elimination not later than 2015.

Introduction of new life-saving vaccines has made further progress. Hib vaccine is now in use in 20 countries and is expected to be introduced in the remaining countries soon. Pneumococcal conjugate vaccine is now in use in 11 countries and rotavirus vaccine in 7 countries. The main challenge facing new vaccines introduction remains the unaffordability of the new vaccines for middle-income countries. Yesterday you were updated on the efforts to establish a regional pooled vaccine procurement system. The Member States should make use of this opportunity to join the system and take advantage of the benefits it offers. I also urge the GAVI Alliance to come up with strategies to help Member States in overcoming the barrier of high prices for introduction of new vaccines.

In 2012, the World Health Assembly (resolution WHA65.5) declared the completion of poliovirus eradication a programmatic emergency for global public health. In response to the Health Assembly resolution, the regional polio eradication programme, together with polio eradication partners, moved into emergency operating mode in order to be able to provide

more effective support to the endemic countries, Pakistan and Afghanistan, as well as other priority countries.

An advocacy hub is being established at the Regional Office to support the two endemic countries to resolve issues related to misconceptions about polio vaccination. In some parts of Pakistan and Afghanistan, misguided religious perceptions are hampering safe passage of vaccination teams, and in some areas have even led to an outright ban on vaccination and attacks on staff and polio health workers. This year WHO brought together senior Islamic scholars from various affected countries, leaders from Al Azhar, the Islamic Fiqh Academy, Jeddah, and the Organization of Islamic Cooperation to establish an Islamic Advisory Group for polio eradication to support our efforts, and address community concerns and challenges in these areas.

Last year, through the Regional Committee, all countries of the Region pledged to support polio eradication in Pakistan and Afghanistan, politically as well as financially. This solidarity will be crucial if we are all really serious about ending polio. Let us not forget, the virus exists in many countries of the Region and, as I noted in my opening address yesterday evening, many polio-free countries are at high risk of importing polio and having serious outbreaks.

Ladies and Gentlemen,

In 2012, there was an unprecedented rise in the incidence of emerging and re-emerging communicable diseases, posing constant threats to regional health security. Outbreaks included avian influenza A (H5N1), cholera, Crimean-Congo haemorrhagic fever, diphtheria, measles, nodding syndrome, hepatitis E, yellow fever, West Nile virus infection and influenza A(H1N1). The ongoing conflicts and chronic humanitarian emergencies prevailing in many countries and resulting in large numbers of displaced populations are among the major risk factors for the spread of new diseases. Early detection and rapid response to contain epidemic threats from emerging diseases remain the biggest challenge for WHO and Member States alike.

Last year you, the Regional Committee, discussed the implementation of the International Health Regulations (2005), which are so important to all of us for health security. It is more than 8 years since the World Health Assembly endorsed the regulations, with a very clear timeline for putting in place the core requirements of surveillance and

response for implementation. All State Parties in the Region, except one, fell short of the implementation goals for June 2012. Member States are making efforts to meet the obligations of the IHR by 2014. However, it is expected that a large number will request a further extension for meeting the requirements by June 2016.

The emergence of Middle East Respiratory Syndrome coronavirus (MERS-CoV) with a high case fatality rate, underscored the vulnerability of the Region to the repeated threats of emerging diseases and the gaps in our Member States' core surveillance and response capacities required by the International Health Regulations. The Eastern Mediterranean Region of WHO is now a focus for global health following the discovery of this novel coronavirus. Such emerging infections are unexpected and unpredictable events. Any disease outbreak anywhere today could be a problem for the world tomorrow. Early reporting and notification to WHO of these novel diseases is a prime responsibility of Member States under the International Health Regulations and is essential in the event of any public health emergency that may potentially be of international concern. I am confident you will continue to give this international legal agreement, which is binding on all Member States, your most considered attention.

Ladies and Gentlemen,

As you know HIV, tuberculosis and malaria are the subjects of Millennium Development Goal 6. Although the number of cases in this Region is lower than other regions, the rate of increase in new HIV infections is the highest globally. Approximately half a million people are living with HIV in the Region, and AIDS-related deaths have almost doubled in the past decade among both adults and children. Estimated regional HIV treatment coverage is less than 20%, compared with 55% globally. This is the lowest coverage of all regions. In order to mobilize countries to take urgent action to accelerate testing and treatment scale-up and move closer to global targets, in early 2012 WHO called for a regional initiative to end the HIV treatment crisis. Today, WHO and UNAIDS will launch a regional report on accelerating HIV treatment.

Several countries have succeeded in eliminating malaria, but it is still a priority health problem in some. Annually an estimated 15 000 lives are lost to malaria in the Region. Six countries accounted for more than 99% of the confirmed cases in the Region in 2012. More than of 7 million malaria cases were reported, of which less than a fifth were parasitologically confirmed. Countries with a high burden of malaria face challenges in providing accessible

and quality parasitological diagnosis. Widespread use of anti-malarial medicine in parasite-negative patients results in incorrect patient care, increased side-effects, drug interactions and growing resistance to anti-malarial medicines. This in turn results in poor public trust in the efficacy of artemisinin-based combination therapy (ACT) when it is used to treat unconfirmed non-malaria cases. Malaria endemic countries need to scale up their efforts to ensure universal access to malaria diagnostic testing, as well as effective treatment.

The Region achieved a slight decline in the incidence of tuberculosis in 2011 compared to 2010. Several countries achieved a case detection rate of 70% and a treatment success rate of 85%. However, the estimated number of deaths due to tuberculosis is still high. The Region is also missing 37% of the estimated cases, mainly due to under-diagnosis or under-reporting of cases by private or public health facilities that are not affiliated to the national programmes. Despite the success we have seen, strong legislation is needed in all Member States to ensure obligatory notification of cases by all providers, and to limit the sale of anti-tuberculosis drugs in private pharmacies. We also need a high-level of political commitment to scale up the diagnosis and care of drug-resistant tuberculosis.

Ladies and Gentlemen,

In January this year, a regional multi-agency initiative to accelerate progress towards MDGs 4 and 5 was launched in a high-level meeting held in Dubai, United Arab Emirates, under the banner “Saving lives of mothers and children”. The initiative focuses on the 10 countries with a high burden of maternal and child mortality. Many of you attended the meeting and will recall that it concluded with the Dubai Declaration, which provides a guide to the way forward for all Member States. For those countries, where mortality is low, I urge you to maintain focus on sustaining your achievements, ensuring high quality of care and tailoring the interventions to address specific needs.

For the 10 priority countries, acceleration plans covering 2013–2015 have been developed. The plans focus on increasing coverage with the key cost-effective interventions across the continuum of care while addressing inequities in maternal and child health care, and call for greater intersectoral collaboration. They also establish the basis for work on the post-2015 development goals. However, an analysis of the total cost of implementing the plans of 1.7 billion US dollars shows a 42% government contribution and a funding gap of about 1 billion dollars required between now and 2015.

Ladies and Gentlemen,

With regard to the strategic priority area of **noncommunicable diseases**, you will recall that last year you agreed on and endorsed a regional framework for action. Every country is committed to change and to moving forward. Therefore, in the past year we have worked with you to determine how we should move forward in implementing the framework for action.

A survey of Member States' capacities conducted this year indicated enormous challenges in the areas of governance, control of risk factors, surveillance and monitoring, and health care. All countries have gaps in response. WHO and Member States have collaborated to build capacity and implement priority interventions in each of these four areas.

As I noted in my opening remarks, not enough is being done in the area of prevention of the four main risk factors for noncommunicable disease. The focus is on implementing key cost-effective and high impact interventions, or 'best buys'. With regard to tobacco control, WHO continues to advocate with and support Member States in implementing the measures of the WHO Framework Convention on Tobacco Control but there are important gaps. Smuggling and illicit trade are major issues in our region. I note that only two Member States so far have signed the first protocol on illicit tobacco trade and I urge others to give their urgent attention to this also.

Some Member States have recently initiated interventions to reduce salt content in priority foods based on WHO's guidance. Let me congratulate Kuwait on its achievement in reducing the salt content in bread. I encourage all other Member States to follow suit. WHO is working with countries to achieve similar progress on elimination of trans-fats and reduction of intake of saturated fats. We are also working with Member States to implement the WHO guidelines on marketing of food and non-alcoholic beverages to children to prevent childhood obesity and also to promote physical activity. In December a high-level regional forum on a life course approach to promoting physical activity will be held in Dubai. I look forward to your participation.

Your Excellencies,

Emergency preparedness and response is the fifth strategic priority for the Region. Approximately 42 million people in 13 countries in the Eastern Mediterranean Region are

currently affected by emergencies and crises, seven of them facing protracted emergencies. The Region has experienced a number of acute emergencies caused by natural disasters in the past year, including extensive flooding and earthquakes. All these events and situations have caused a wide range of serious public health threats and disruption, ranging from excess mortality, epidemic diseases, trauma and maternal and child morbidity to the interruption of basic services and the loss of infrastructure, as well as major impact on the other investments in health through years of development efforts. In many areas, these events have swept away years of hard work and investment in public health from which it will take decades to recover.

Despite the several programmes and actions undertaken to support the affected populations, and the generous support provided by the international community, our collective regional management of these crises remain less than optimal. When the smoke of conflict and the dust of crisis settle, the international community will realize the extent of the damage to public health and the long-term effects, not only on local populations and the affected countries, but on the Region as a whole and beyond.

The progress report on this issue contains an extensive description of the situation in the Region with a focus on the Syrian crisis and its effects on the neighbouring countries. But the challenge ahead of all of us relates to the ways and means to be proactive in designing preparedness and response strategies and in allocating the necessary efforts and means to implement them. We in the Region need to become the main actors in designing appropriate health strategies and in providing vital support to each other in a coordinated manner. Relying on international and external action, including funding, poses major risks in the long run to all of us.

Ladies and Gentlemen,

Cutting across all these strategic priorities are economic and geopolitical interests that influence the wider health and foreign policy agendas, and that can support or otherwise affect health development. Last year I informed you of my initiative to strengthen health diplomacy in the Region. This initiative is very much in its infancy and I will continue to take it forward in order to promote better alignment of health and foreign policy agendas in order to enhance health equity and universal health coverage.

Your Excellencies,

As I outlined to you last year, improved technical support to Member States requires a renewed look at **WHO's managerial processes**, with the main challenges lying in the areas of planning, financing, human resources and the existence of a robust control environment. Over the past 18 months, we have made significant advancements in these areas but gaps and challenges remain and must be addressed. The initiatives we have embarked on are in line with the WHO global reform process and, in some areas, we have taken the lead in the Organization.

With respect to planning, we have, for 2014-2015, changed the way we conduct our planning processes through a more focused approach on priorities, identified through an improved bottom-up approach. There will be a presentation on the "new" process so I will not go into more detail at this point.

Financing continues to be a major challenge with regional contributions still considerably lower than for other regional offices. Here we have not yet finalized our resource mobilization strategy but have focused our efforts on strengthening the function in the Regional Office and we expect to move forward with this in the coming year. It will, however, require the support and commitment of Member States.

We continue to face many challenges in the area of human resources, particularly in reducing recruitment time and attracting the most competent candidates; more outreach is envisaged, particularly with Member States. Low capacity in many locations continues to have an impact on the efficiency and effectiveness of the Organization. In terms of improving the quality of technical support provided to Member States through the use of consultants, we are in the process of populating rosters with highly qualified experts which should address this shortcoming.

In the area of governance, last year you endorsed a number of changes to the rules of procedure of the Regional Committee and this is the first year in which these are being implemented. Among the developments arising from these changes, a Technical Advisory Committee was constituted to advise me on policy options for WHO collaboration with Member States. The committee held its first meeting in April this year and you will find the report in your folders. I look forward to your feedback.

You also endorsed continuation of a day of technical meetings prior to the Committee session, which we first tried out last year. As a result, yesterday many of you attended a full day of supplementary briefings on areas that, while not on our agenda, we wished to bring you up to date on. I hope you found the topics of interest and, again, I will be happy to receive your observations on the usefulness of the day.

Finally, I would like to seek your views on the use of national languages and the global Arabic programme. As you know, we have always been keen in this Region to promote the sharing of knowledge in national languages, including Arabic. This is not only for the benefit of students, but also for patients who are so often confused by the use of terms in languages they do not understand. The global Arabic programme has long supported the development of Arabic terminology in the field of health sciences. Several years ago the World Health Assembly endorsed a policy on multilingualism in relation to priority information products and we make every effort to translate key publications into Arabic and other national languages. We will be commencing an evaluation of the current Arabic programme with a view to ensuring it meets your needs in future and will be inviting input in the coming months.

Ladies and Gentlemen,

This concludes the introduction of my report. I hope you will take the time to review the full report, if you have not done so already, and I look forward to hearing your views.

Thank you.