

Regional Committee BULLETIN

Volume 1, Issue 2 • 29 October 2013



Regional Committee for the Eastern Mediterranean continues its working sessions

Today, the Regional Committee for the Eastern Mediterranean continues its working sessions that commenced yesterday morning in the Omani capital, Muscat, by a review of the Regional Director's Annual Report for 2012, submitted by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. The first session witnessed the election of Dr Ahmed Bin Mohamed Al-Saidi, Minister of Health of Oman, as Chair of RC60.

Upon the request of Member States, polio eradication has been included

today in the agenda. Dr Bruce Aylward, Assistant Director-General, Polio and Emergencies Emergencies and Country Collaboration, presented a paper on urgent action to address the escalating polio emergency that now threatens all countries in the Eastern Mediterranean Region.

Members of the Regional Committee continue their discussions on other issues, including the global plan of action for the prevention and control of noncommunicable diseases, the launch of the World Health Report 2013 about

the importance of research for universal health coverage and a side event to launch a regional initiative to end the HIV treatment crisis.

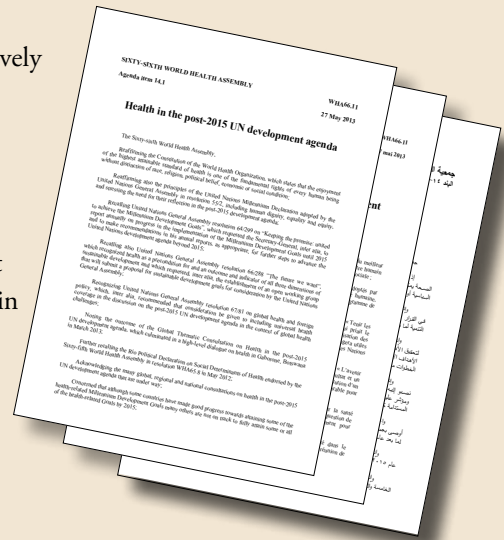
Dr Ahmed Bin Mohamed Al-Saidi, Minister of Health of Oman, announced a US\$ 5 million contribution from Oman to support efforts to eradicate polio.

Health in the post-2015 development agenda

Resolution WHA 66.11 requested the Director-General “to include the discussion of health in the post-2015 UN development agenda as an agenda item in the 2013 meetings of the WHO regional committees and to present a report on those discussions, through the Executive Board at its 134th session in January 2014, to the Sixty-seventh World Health Assembly. It also urges Member States “to ensure that health is central to the post-2015 UN

development agenda” and to actively engage in relevant discussions.

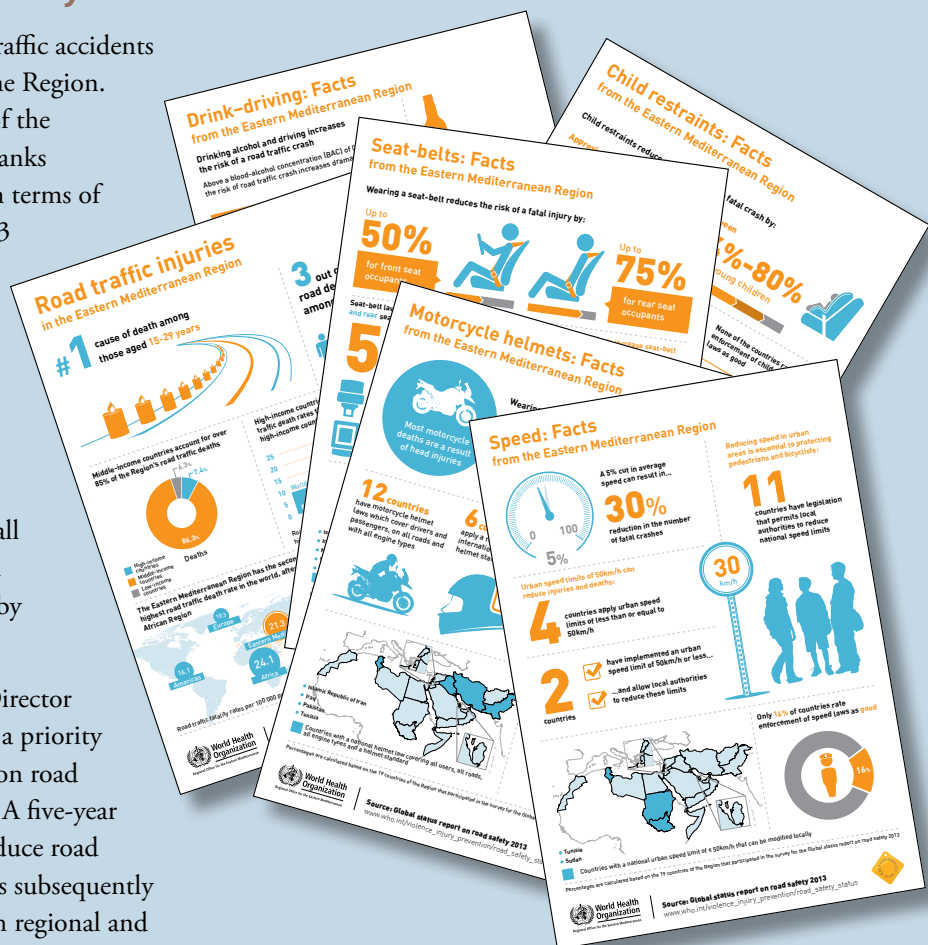
The process of framing a new set of global development goals reached the end of its first phase culminating in a Special Event at the 68th UN General Assembly in September 2013. There remains a further two years to go during which a full inter-governmental process will decide on the framework and goals to be adopted.



Road map for road safety

Reducing the number of road traffic accidents represents a real challenge for the Region. The Region accounts for 10% of the world’s road traffic deaths and ranks second among WHO regions in terms of the road traffic fatality rate (21.3 per 100 000 population, compared to a global rate of 18.03 per 100 000 population). Young males at their prime productive age of 15–44 years are at highest risk, with serious implications for national development. Among all road users the highest death toll is among pedestrians, followed by motorcyclists and bicyclists.

In 2012, the WHO Regional Director designated injury prevention as a priority programme with specific focus on road traffic injuries and trauma care. A five-year plan covering 2013–2017 to reduce road traffic injuries in the Region was subsequently developed, in collaboration with regional and international experts.



Mixed news on maternal and child health

According to the United Nations Interagency Group on Child Mortality Estimation (2012 report), the Region has six countries in which under-5 mortality rates are among the lowest in the world, namely Bahrain, Lebanon, Oman, Qatar, Saudi Arabia and United Arab Emirates, ranging from between 7 and 10 per 1000 live births. Kuwait also has similarly low under-5 mortality.

The bad news is that around 923 000 children under-5 years of age and 39 000 women of childbearing age still die every year as a result of common childhood diseases and pregnancy-related complications, respectively, as the pace of progress is slow in the Region, especially in the six countries which contribute to 82% of total under-5 deaths. As a result, the Region is unlikely to achieve the targets set for Millennium Development Goals (MDGs) 4 and 5 by 2015 unless intensive and accelerated progress is made.



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Varied progress in development of IHR core capacities

Progress has been made in the development of IHR core capacities in States Parties in the Region with data showing an average score across the capacities of 66%.

State Parties in the Region have reported an average score of more

than 75% for attributes relating to legislation, laws, regulations, administrative requirements, national IHR focal point, surveillance infection prevention and control and laboratory services. However, an average score of less than 50% was

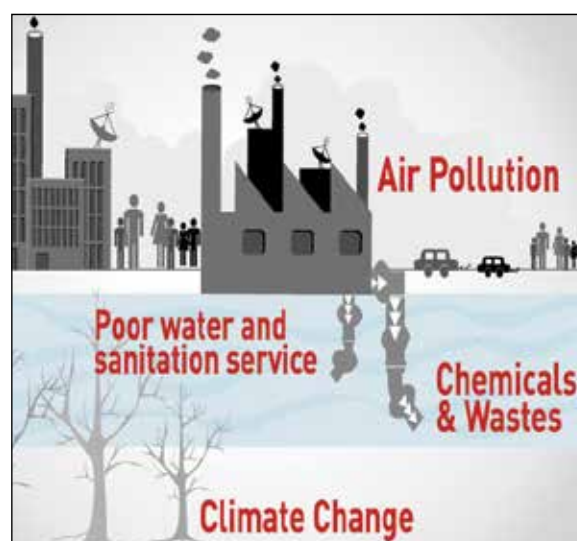
observed for attributes relating to mapping out of priorities, effective response at points of entry and mechanisms for the detection, alert and response to chemical emergencies.

38 million DALYs lost each year in the Region

Environmental hazards are responsible for about 24% of the total burden of disease in the Region. This burden includes more than 1 million deaths and 38 million DALYs lost each year. In economic terms, these can be translated into an estimated annual loss of US\$ 144 billion. Those mainly affected are children and women who live and work in areas that are polluted or have fragile ecosystems, and who are at greater risk from diverse environmental factors.

The main environmental risk factors include poor water and sanitation, indoor air pollution, and exposure to chemicals and wastes. These contribute significantly to the burden of both communicable and noncommunicable diseases.

The key objective of the regional strategy on environmental health and plan of action in the Eastern Mediterranean Region 2014–2019 is to support countries in concerted multisectoral efforts to reduce the toll of morbidity and premature mortality caused by environmental risks.



Report of Technical Advisory Committee

The first report of the Technical Advisory Committee advised the Regional Director on health system strengthening; health information systems and the way forward in supporting Member States and addressing the gap in civil registration and vital statistics;

strengthening technical expertise within WHO; communicable diseases and challenges in the global eradication of polio; the International Health Regulations; noncommunicable diseases and how to make a difference in the Region implementation of the Dubai

Declaration; the need for a regional public health leadership programme; antimicrobial resistance; political and social changes and implications on public health; and the current status of WHO's image, use and performance in the Region.

Civil registration and vital statistics

Almost 40% of total annual births and 67% of deaths in the Region remain unregistered while causes of death are reasonably assigned for less than 9% of all annual deaths. The proposed regional strategy for the improvement of civil registration and vital statistics systems is intended to contribute to the improvement of evidence-based policy-making, efficiency in resource allocation and good governance.

Regional Committee award ceremony

WHO honoured yesterday four prominent public health figures who have contributed to the health and well-being of populations in the Eastern Mediterranean Region. The Chair of the RC60 H.E Dr Ahmed Bin Mohamed Al-Saidi, Minister of Health of Oman, and WHO Regional Director Dr Ala Alwan presented the awards. The ceremony started with a presentation by Dr Richard Horton, Editor in chief of The Lancet and concluded with the distribution of the Dr A.T. Shousha Foundation Prize for 2013.



Dr Malek-Afzali, from the Islamic Republic of Iran



Dr Mamdouh Gabr from Egypt



The late Dr Ali Jaffer Mohamad from Oman was represented by his son Mr Faisal Mohamad (pictured here)



Dr Abdul Rahman Al Awadi from Kuwait



Dr A.T. Shousha Foundation Prize for 2013 was awarded to Dr Mohamad-Reza Mohammadi from the Islamic Republic of Iran



Dr Richard Horton, Editor in Chief of The Lancet



HRH Princess Muna Al-Hussain and Dr Ala Alwan, WHO Regional Director