



Introduction of the Annual Report

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to the

SIXTY-FIRST SESSION OF THE WHO REGIONAL COMMITTEE

FOR THE EASTERN MEDITERRANEAN

Tunis, Tunisia, 19–22 October 2014

Mr Chairman, Your Excellencies, Ladies and Gentlemen,

It is my pleasure to present my annual report for 2013. You also have, among the progress reports before you, a mid-term progress report on where we stand in relation to the five regional strategic priorities to which I committed when I took office and which the Regional Committee endorsed, two years ago. As you know, the five regional priorities are: health system strengthening to achieve universal health coverage; the unfinished agenda in communicable diseases; maternal and child health; including nutrition; prevention and control of noncommunicable diseases; and emergency preparedness and response.

I have highlighted in the introduction of the report itself the important milestones that have been achieved in 2013 and early 2014. There have been some significant strategic developments in each of the **priority areas**. We have undoubtedly made major achievements in many areas although progress in some areas has been slower than I wanted. As I referred to in my opening address, the Region is currently experiencing crises on an unprecedented scale. Specific regional and local challenges are affecting many of our Member States, and the work of WHO with countries, forcing us to constantly adjust our approaches. But these challenges did not affect our determination to make a difference to the health of our populations or to the way WHO supports Member States.

At the middle of my term of office, let me review with you the key developments and progress in the five strategic priorities. Later in this session you will have opportunity to discuss these areas under other agenda items.

Ladies and Gentlemen,

First, the area on which all areas depend, and which itself influences most health programmes is that of **health systems**. We have continued to work systematically to implement the recommendations made by you in 2012. The question the Regional Committee has considered in depth in the past two years is how to strengthen national health systems in order to move towards universal health coverage. Our assessments show significant gaps in all countries in the different health system components.

I have asked the Director of Health Systems to review with you the outcome of our assessment on the strengths and challenges of the health system in each country. I look forward to your feedback. I want to agree with you on the areas where WHO support is most needed.

Ladies and Gentlemen,

A major impediment in many countries is the high share of direct out-of-pocket expenditures for health. Many people are paying more than they need to, at a time when they can least afford it. The poor and the vulnerable either cannot afford treatment or, by paying for treatment, are pushed further into poverty. Expatriate populations are a particular case in point, and I am pleased that some Member States have, in the past year, started to look at the options available for them. I hope, Your Excellencies, that you will continue to move forward in this important area. For our part, we have strengthened our technical capacity to support Member States in developing health financing policies, and we are conducting training and sharing international experience and expert advice with Member States.

Health workforce development continues to be a serious challenge in most countries. Work started in 2013 to develop a comprehensive strategy to guide countries in implementing effective approaches in the production, distribution, training and retention of health professionals. A study on medical education in the Region has been conducted this year and we are now working with Member States on clear strategic directions for this area of work, including an intercountry meeting which will be held in Cairo next month.

In order to address the challenges in the area of essential medicines and health technologies, our work has focused on building up regulatory capacity, updating national

medicines policies and strengthening good governance for medicines. Here again, we have developed an assessment of the pharmaceutical sector in each country, including the status of key components of the national medicines policy. I have already sent the assessment to you to review and I am sharing a copy with you during this session of the Regional Committee session.

The predominant challenges in the area of health service delivery concern the questions of how to expand access, improve quality of care and strengthen referral systems. All countries require support in building and sustaining effective family medicine programmes. An assessment of the current status of family practice in the Region has been conducted and later this year a consultation will be organized on this issue.

Your Excellencies,

Sound health information systems lie at the heart of your decision-making. Last year the Regional Committee endorsed a two track approach. First, it endorsed a regional strategy on strengthening civil registration and vital statistics systems, based on extensive work conducted with representatives of Member States over the previous two years. Let us remember that our assessment revealed that only six countries have satisfactory systems. All Member States, without any exception, need to act now by developing and implementing an action plan based on the priorities of the regional strategy and their specific needs.

Second, we have worked intensively on the structure of health information systems and the aspects we need to focus on in monitoring health. The result is a practical framework for health information systems. As part of this initiative, the Regional Committee agreed on the development and application of a list of core indicators to monitor the three components of the framework: health risks and determinants, health status and health system performance in the Region. I am pleased to say that this objective has been achieved through intensive work with representatives of the relevant sectors in Member States over the past 12 months. Tomorrow we will present the final list which we will use together as common benchmarks to monitor health and measure progress in all countries.

Overall, then, there has been meaningful progress in creating the environment for strengthening health systems, but let me emphasize that all countries have challenges to address.

Your Excellencies,

The picture with regard to **communicable diseases** in the Region is more challenging now than has been the case in many years. The crises and conflicts occurring in several countries, and the high numbers of people on the move across the Region, are having a major impact on public health in general. This has resulted in serious difficulties and set-backs in some programmes, particularly polio eradication and measles elimination. After several years of interrupted poliovirus transmission and low measles incidence rates, in 2013-2014, the Syrian Arab Republic witnessed a serious polio outbreak, which threatened all the neighbouring countries, as well as a number of measles outbreaks which rapidly affected Iraq, Lebanon and Jordan. Routine immunization has been seriously affected in the Syrian Arab Republic, and mobile and outreach activities for immunization have been affected in Afghanistan, Pakistan and Yemen. As a result, the regional average for DPT3 vaccination coverage dropped by 4% in 2013 compared with 2010, with only 14 countries in the Region able to maintain more than 90% coverage.

Our response has been prompt. Substantial support was extended by WHO to ameliorate the situation and maintain the previous achievements. This included reviews of immunization programmes, strengthening disease surveillance networks and vaccine management, and conducting supplementary immunization activities. However, the 2015 regional measles elimination target is now at serious risk. Accessing children in certain insecure and hard-to-reach areas is our main problem now. Unless affected countries, together with partners, re-double their efforts and find appropriate ways and mechanisms to overcome accessibility problems, this target will not be achieved. No country will be secure if the current situation continues. I appeal to everyone here to work with us to tackle this issue.

The same applies to polio. As mentioned yesterday, last year the Regional Committee declared the international spread of wild poliovirus an emergency for all Member States in the Region. Since then, progress on polio eradication has been mixed. On the one hand, the rapid, well-coordinated and comprehensive response, across several countries, to the polio outbreak in the Middle East has successfully prevented an explosive outbreak within the Region. In the Horn of Africa transmission is now restricted to focal areas in Somalia. Although, there are still significant risks of transmission largely because of the continuing insecurity and large-scale population movements, the response to the call made by the

Regional Committee at its session in Muscat last year, and the sustained action that followed, has been appreciated by the international community.

The serious situation in Pakistan was discussed yesterday. In Afghanistan, the persistence of transmission in the south, south-east and east is of continuing concern. Indeed in May, WHO declared polio a public health emergency of international concern. So, overall the situation is very serious. We now have a plan to implement. Failure to act during the coming months will have grave consequences in both the Region and the world.

Your Excellencies,

Any kind of threat to our collective health security can only be tackled by working together. The emergence of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in 2012 has exposed gaps in Member States' capacities for prevention, early detection and rapid response to emerging health threats. Two years on, the risk of people dying from MERS-CoV, and of health care workers getting infected in their work places, continues. As a novel virus of regional origin, we need to find answers to the key questions that have still not been answered: the route of transmission, the exposure that may result in transmission, and the capacity of the virus to become easily transmissible among humans.

Full compliance with the International Health Regulations (2005) will provide health security. We will have the opportunity to discuss this issue later in this session so I will not go into further detail. Suffice to say that global health security is uppermost in all our minds these days and we need to ensure no further delay in implementing the International Health Regulations in all Member States.

Ladies and Gentlemen,

This leads me to address a third priority for the Region, which is **emergency preparedness**. In no other region of the world are there so many emergencies sited at any one time. The current humanitarian situation in the Region is unprecedented. It is a huge challenge for public health, both for ensuring basic health services and for long-term rehabilitation of health systems. It has also set back hard-fought health gains by many years.

So what should countries do? We obviously need to strengthen our response in the area of humanitarian health relief, but strategically what is equally crucial is for countries to adopt a comprehensive national emergency management strategy which addresses all hazards and covers all sectors. In the past year we have supported countries in developing and

reviewing their national plans for emergency preparedness and response, but most countries still have no plans and there is a long way to go yet.

With regard to **emergency response**, WHO's capacity to respond to the multiple events across the Region has been, and is being, stretched to the limit. There is critical underfunding which continues to have an impact on our ability to reach affected populations. In the past year, we have revised the structure and focus of the Emergency Support Team, based in Jordan, to be able to better support our response to evolving health needs as a result of the situation in and around the Syrian Arab Republic. We have deployed and shifted resources to where they are most needed at any given time.

Your Excellencies,

Noncommunicable diseases are also a priority. The burden of these diseases is rising rapidly as populations age and lifestyles change. All Member States are facing challenges in responding to this burden. The joint programme of work of WHO and Member States in this area focuses on putting into action the regional framework for action, endorsed by the Regional Committee in 2012, to scale up the implementation of the United Nations Political Declaration on the Prevention and Control of noncommunicable diseases. We have the right vision and we have a clear road map. For this reason, WHO has focused, over the past two years, on supporting Member States in implementing the strategic interventions agreed in the four priority areas of the framework. We have developed practical technical guidance and are building capacity in order to implement these interventions

Your Excellencies,

As I said yesterday there are serious gaps in the response of all Member States to this growing epidemic. Only a few countries have so far developed national multisectoral action plans so this, along with national targets for prevention and control, is a priority for all. Prevention is a key issue but little action has been taken so far to implement the proven, high-impact interventions against the main risk factors. The Region should do much more in tobacco control. Some progress has been achieved in regard to unhealthy diet, with several countries having initiated population-level salt reduction programmes. All countries should follow suit and extend to the area of fat reduction and elimination of trans-fat. And while risk factors such as tobacco use and harmful use of alcohol are fairly well understood in the Region, the risks to health posed by lack of physical activity are really not taken seriously. Our region has the highest rates of physical inactivity in the world.

So what can we do to move from commitment to action? Scale-up needs to take place on two fronts. We need countries to take action to reduce tobacco consumption, promote healthy diet and reduce physical inactivity. And we need regional cooperation to address tobacco promotion, tobacco smuggling and trade in illicit products. In this respect I would like to call on the two Member States that have not yet ratified the WHO Framework Convention on Tobacco Control to take action.

I would also call on you all to take a decisive stand on the unopposed pernicious marketing of unhealthy foods, which is having a disastrous impact on our children and young people. I hope that the Regional Committee will take decisive action on this issue during the session on noncommunicable diseases.

With regard to physical activity, WHO organized a high-level forum earlier this year, attended by ministers and senior officials from strategic sectors. The outcome of the forum was a regional call to action. Your Excellencies, your leadership in the process of multisectoral planning to implement the call for action on physical activity will be vital.

You will be discussing noncommunicable diseases in greater detail tomorrow, including an updated regional framework for action. We will propose for your consideration a set of process indicators, based on the consensus of Member States of this region. Adoption of these would not only make the Region a leader in monitoring implementation of the UN Political Declaration, but more important will provide you, the Member States, with benchmarks against which to measure your progress. Using these indicators, we will be producing annual reports on the progress made by countries in the four areas of the regional framework.

Ladies and Gentlemen,

This brings me to the fifth regional priority and our collective drive to accelerate progress in reducing **maternal and child mortality**. An estimated 39 000 mothers and 899 000 children under 5 years of age died in 2012 in our region. Around 95% of the burden of maternal and child mortality is in nine Member States.

Last year we took a major step forward. The Regional Committee endorsed a regional initiative on 'Saving the lives of mothers and children' and together with Member States, UNICEF and UNFPA, we developed maternal and child health acceleration plans for the nine high-burden countries, focusing on human resources, life-saving medicines and commodities,

quality of care and information systems. By January 2014, all nine countries were implementing priority activities in their plans using start-up funds allocated by WHO.

Although the levels of maternal mortality and child mortality are showing a decreasing trend in 2013, and the Region has moved from having the second highest rates of maternal death among WHO regions to third highest after the African and South-East Asia regions, countries will still need stronger commitment, and partners and donors will have to provide more support.

This Region is the only WHO region to have taken such an initiative and launched acceleration plans. With just 15 months to the target date for achievement, both the countries and the regional and international community will need to act upon the acceleration plans and commit to implementing them and maintaining momentum. Although this initiative is going well, we still have a long way to go to 2015 and beyond.

Your Excellencies

I have outlined the key strategic actions taken, and required, in regard to the regional priorities. But of course we are also working with you on **other aspects of WHO's General Programme of Work**. Allow me to touch on a few of these.

Road traffic injuries are a leading cause of death for young people aged 15-29 years. In 2013, implementation of the regional five-year injury prevention plan started, focusing on road traffic injuries and trauma care. Mental, neurological and substance use disorders continue to exact a major toll in the Region, and we continue to see very serious gaps in both the public health response and in access to essential health care services. A comprehensive global mental health action plan 2013-2020 was endorsed by the World Health Assembly in May. Our approach over the last year was to focus on the essential measures that produce highest impact in addressing the gaps. The result of this initiative is an evidence-based framework to scale up action on mental health based on the provisions of the global action plan.

Last year, the Regional Committee endorsed a regional strategy on environment and health. Two countries are already working on national strategies and plans. A regional consultation is planned by the Regional Centre for Environmental Health Action (CEHA) for December 2014 in order to move forward with operationalizing the regional strategy in all countries. I urge you to engage with this process, in partnership with other sectors and stakeholders.

Your Excellencies,

You, the Member States, have asked WHO to undertake **reforms**. Since I took office I have made a concerted effort, with my staff, to improve our support to Member States, and to address processes that hinder good performance. We undertook a structural reorganization within the Regional Office and structural reviews in several country offices. We have strengthened a number of our offices – in Afghanistan, Egypt, Morocco and Somalia, for example. We recognize that this is just a beginning and we need to do much more. What we have achieved has been as a result of our willingness to shift resources from regional to country level. We have also taken concrete steps to improve managerial performance, transparency and compliance with rules and regulations.

In the Eastern Mediterranean Region we pioneered a major change in the approach to budgetary **planning** for the biennium 2014-2015, shifting from a conventional top-down approach to a bottom-up approach. In past years, we have budgeted across many programme areas, often resulting in little impact. This time, in our review and planning consultations with individual Member States, during the second half of 2013, we targeted an average of just ten priority programmes for WHO collaboration, based on the Twelfth General Programme of Work and the individual needs of each Member State. This resulted in more resources for our joint work in each of these areas, and I hope will result in real impact. I look forward to improving further on this approach as we continue to work on planning for the next biennium 2016-2017. We also made an effort to improve the planning process itself, with strategic discussions taking place at a higher level, involving my directors, and in some cases, myself.

Your Excellencies,

Together, we have made significant strategic decisions in the five priority areas for the long-term benefit of you, the Member States, and the Region as a whole. The key technical elements to realize this benefit are in place, in the form of regional strategies, roadmaps, frameworks and other guidance and tools.

What we need now is your commitment to implement the strategies we have developed together and agreed upon. We need engagement, on both our sides, to take action. And you need the engagement of other sectors. Like all areas of government, health does not stand in isolation. This year we are making the point that unless we take the social determinants into account in our work, we will not make a great difference in responding to many of the challenges in the five priority areas. Ultimately, success in each and every one of

the priority areas will require partnership across government, with civil society and nongovernmental organizations, with regional and global partners, and with neighbours. Your leadership, through health diplomacy, is crucial in galvanizing **multisectoral action** and partnerships to support stronger health systems, health security, emergency preparedness, and health throughout life. My staff and I are committed to excellence in our support to you. The peoples of the Region need action from all of us, together.

Thank you.