## WORLD HEALTH ORGANIZATION Regional Office for the Eastern Mediterranean ORGANISATION MONDIALE DE LA SANTE Bureau régional de la Méditerranée orientale





# Address by DR ALA ALWAN REGIONAL DIRECTOR WHO EASTERN MEDITERRANEAN REGION

to the

### SIXTY-FIRST SESSION OF THE WHO REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Tunis, Tunisia, 19-22 October 2014

Your Excellency Mr Tawfik Jelassi, your Excellency Dr Mohamed Saleh Ben Ammar, your Excellency Dr Ahmed bin Mohamed bin Obaid Al-Saidi, Excellencies, Director-General, Ladies and Gentlemen,

I welcome you all here to the Sixty-first session of the Regional Committee.Let me thank our host the Government of Tunisia for its kind invitation to hold this year's session here in Tunis, and His Excellency Dr Mohamed Saleh ben Ammar, Minister of Health, for his generous hospitality.

It is a great pleasure to be holding this session of the Regional Committee in Tunisia, a country which in the past three years has been associated with serious change in addressing health reform. A few weeks ago, I was pleased to attend a national dialogue involving all sectors with a stake in health in Tunisia. I was impressed by the depth, the breadth and the seriousness with which all participants engaged in the dialogue. I hope we will see more Member States following your lead in this way.

Our session this week is a special session, in the sense that we all recognize, I am sure, that these are not ordinary times. We have just come out of a major humanitarian tragedy in Gaza. The world has witnessed the extent of damage and suffering imposed onthe people in Gaza. The international humanitarian community, including WHO and UNRWA, did its best to alleviate the suffering but the task was beyond the scope and the capacity of all of us. Moreover, WHO is now responding to five high-level grade 3 emergencies around the world, two of them in this region. It is unprecedented since the era of the second world war to see

such numbers of people affected. The humanitarian crisis in Syria was the first emergency ever to be categorized as a grade 3. The crisis in Iraq followed and I fear we may expect more. Indeed the health situations in Libya and in Yemen are of major concern to WHO and to the international community. In total, of the 22 Member States, 16 are facing or have faced recently major emergencies and crises. The situation is intense and the potential health threats and consequences are wide and frightening.

Our experience in managing emergencies and the current global experience in managing the Ebola outbreak, demonstrate the extent to which the world, including our region, is ill prepared to respond to serious public health emergencies. In particular, public health capacity to detect, adjust and respond to emerging health threats needs to be considerably strengthened. This morning, we talked thoroughlyabout enhancing response to Ebola outbreak, this morning, and the Director-General will talk, after me, about this issue. We will discuss it again tomorrow in the agenda item on health security. Let me highlight two far-reaching decisions in our response to emergencies that were previously made by the Regional Committee and that are still waiting to be implemented. In 2010 the Committee requested Member States to establish a regional emergency solidarity fund and to substantially increase surge capacity to respond to crises. In 2012 the Regional Committee requested Member States to consider the possibility of increasing the level of assessed contributions to the Organization through collective action in the governing bodies. I hope in this session we can find mechanisms and approaches to move forward in implementing these two important requests.

On a more positive note, let me commend the positive action taken by Saudi Arabia to ensure a successful outcome to the Hajj this year. Its engagement with the accompanying medical missions was welcomed by participating countries around the world.

#### Ladies and Gentlemen,

I have reached the middle of my 5-year term of office. I have no hesitation in saying that we have all made considerable efforts to move forward in the five areas that you endorsed in 2012 as priorities for the Region. Let me quickly remind you of these five priorities: health systems strengthening, control of communicable diseases, maternal and child health, noncommunicable diseases and emergency preparedness and response. Having agreed together on the broad vision, we have addressed each area in a systematic way, identifying the challenges for Member States, and the gaps in WHO's performance and

response. We agreed on strategies, road maps and frameworks for action. We are building, year on year, on your progress, and on ours as reflected by WHOannual reports. We will go into the details of the achievements made and the tasks remaining during over the coming days.

#### Ladies and Gentlemen,

Some Member States have made huge achievements in the past 50 years in the provision of curative health care, in both the public and private sector. However, we have not made similar achievements in promoting and protecting health. We have only to see the rising levels of air pollution and environmental neglect across the Region, the daily death toll on our roads and highways, the constant increase in risk factors for noncommunicable diseases and the lack of community awareness of common health risk factors to know that this is true. Climate change is a creeping reality, and a reality that will have increasing impact on our arid region. Are we prepared? Are we doing enough? Do we coordinate adequately with other government sectors in addressing such challenges? This year, I hope this issue will receive due attention.

Also, our region excels in producing top quality, highly qualified clinicians. But it is critically lacking in public health capacity. I strongly encourage Member States to put in place incentives and programmes to nurture public health professionals and leaders. To kick start such a move, wehave initiated, with the support of the Chair of the Sixtieth session, a regional leadership programme in public health focusing on mid-level and senior public health officials and you will have an opportunity to hear of this, too, during this session in order to cooperate with you in its implementation.

#### Ladies and Gentlemen,

Now, building on previous work, we need to move forward on universal health coverage, and on strengthening the health system components that will facilitate this.

In maternal and child health, we need to maintain the momentum we have achieved over the past two years and implement the national plans to accelerate action on Millennium Development Goals 4 and 5.

We need to reduce the devastating epidemic of heart disease, diabetes, cancer and lung disease in the Region. Let me remind you that action taken to date by Member States to

reduce risk factors like tobacco use, unhealthy diet and physicalinactivity is behind the rest of the world.

In communicable diseases, we must complete the job of polio eradication. The coming six months will be the most critical so far in the history of tackling this terrible disease globally. The action we take in this region will determine whether polio will be eradicated from the world in 2016. And we must ensure readiness to implement the International Health Regulations (2005). Health security is on everyone's minds these days. Emerging disease threats like Middle East Respiratory Syndrome (MERS-CoV) and Ebola virus disease test the resilience of our public health capacity and send a sharp reminder that a threat anywhere is a threat everywhere.

Your Excellencies, Ladies and Gentlemen,

As part of our commitment to improve our support to Member States, I have also sought to address the challenges and gaps within WHO itself, in the Regional Office and in the country offices with which you engage directly, daily. We have adopted good governance and transparency as principles in our work and have strengthened, and will continue to strengthen, several of our country offices by shifting resources from the Regional Office. And there are areas where we still have much work to do to find solutions; for example, in how to attract competent experienced public health experts to support you.

Let me close by returning to the importance of ensuring the coordination with other sectors in addressing the health challenges. Public health is not just about the health system, every sector, every ministry has a part to play.

For the past three years we have hosted in the Regional Office an annual seminar on health diplomacy. At a time when an increasing number of health challenges canno longer be resolved at the technical level only but require politicalnegotiations and solutions, and a wide range of actors, these seminars have proven a valuable opportunity to bring together key actors. The third seminar, held earlier this year, was attended with particular enthusiasm by members of parliament, ambassadors and senior officials from ministries of foreign affairs and ministries of health.

It only remains for me to thank the current Chair of the Regional Committee, His Excellency the Minister of Health of Oman. I have enjoyed tremendous support from him in the past year. He has been most generous with his time, an excellent role model in assuming

responsibility and has engaged with us on a number of initiatives and activities. I look forward to a productive session here in Tunis, and to working with the new Chair throughout the coming year.

Thank you.