

**Address to the Regional Committee for the
Eastern Mediterranean, Sixty-second Session
Kuwait City, Kuwait, 5 October 2015**

Mr Chairman, honourable ministers, distinguished delegates, Dr Alwan, ladies and gentlemen,

I thank the government of Kuwait for hosting this event, and also for doing so much to promote better health in the Eastern Mediterranean Region.

I join Dr Alwan in expressing profound sadness over the tragic loss of life during this year's Hajj. Our deepest sympathies go to the families of those who died, to the many who were injured, and to the dedicated health professionals who are overseeing their recovery.

This is a year of transition. The world has changed dramatically since the start of this century, when the Millennium Development Goals became the focus of international efforts to reduce human misery.

At that time, human misery was thought to have a discrete set of principal causes, like poverty, hunger, poor water and sanitation, several infectious diseases, and lack of essential care during pregnancy, childbirth, and childhood.

The result of that focus, and all the energy, resources, and innovations it unleashed, exceeded the wildest dreams of many. It demonstrated the power of international solidarity and brought out the best in human nature.

Last month, the United Nations General Assembly finalized a new agenda for sustainable development. The number of goals has grown from 8 to 17, including one for health. The related targets increased 8-fold, from 21 to 169.

The factors that now govern the well-being of the human condition, and of the planet that sustains it, are no longer so discrete. The new agenda will try to reshape a very different world.

Since the start of this century, newer threats to health have gained prominence. Like the other problems that cloud humanity's prospects for a sustainable future, these newer threats to health are much bigger and more complex than the problems that dominated the health agenda 15 years ago.

Chronic noncommunicable diseases have overtaken infectious diseases as the leading killers worldwide. The climate is changing. More and more antimicrobials are failing as pathogens develop resistance to mainstay medicines. Highly-resistant “superbugs” now haunt emergency rooms and intensive care units around the world.

These newer threats do not neatly fit the biomedical model that has historically guided public health responses. Their root causes lie outside the traditional domain of public health.

The health sector acting alone cannot protect children from the marketing of unhealthy foods and beverages, persuade countries to reduce their greenhouse gas emissions, or get industrialized food producers to reduce their massive use of antibiotics.

In a world of radically increased interdependence, all of these newer threats are transboundary threats. The globalized marketing of unhealthy products respects no borders. By definition, a changing climate affects the entire planet. As sharply illustrated by multidrug-resistant tuberculosis and bacteria carrying the NDM-1 enzyme, drug-resistant pathogens travel well internationally.

The refugee crisis in Europe has taught the world that wars in faraway lands will not stay remote.

Ladies and gentlemen,

This session takes place in the midst of humanitarian crises and violent armed conflicts of unprecedented severity. As noted in your Regional Director’s annual report, these escalating emergency and humanitarian crises dominate the work of WHO in the region. Statistics set out in that report and in relevant documents for this session paint an extremely grim picture of the consequences for health.

Yet despite a substantial shortfall in funding, the region has tackled heavy humanitarian adversity with impressive innovation.

You have established a dedicated operations and logistics hub, strengthened country offices, expanded the roster of trained emergency responders, increased internal surge capacity, and set up a regional emergency solidarity fund that will be activated in January 2016.

You have also streamlined procedures relating to administration, finance, and human resources during emergencies, eliminating lengthy multi-layer approvals.

These innovations align well with WHO reforms requested by our governing bodies and initiated following the independent assessment of WHO's performance during the Ebola outbreak.

As noted by your Regional Director, half the countries in this region are experiencing a humanitarian crisis or recovering from one. This is a familiar statistic. But the other half are stable or at peace. Many are prospering, also in health.

The emphasis given to strengthening health systems continues. This emphasis is reflected in your commitment to universal health coverage, the health technology assessments undertaken in several countries, your quest to train more nurses and midwives, and the attention being given to different options for social health insurance.

You are making a systematic effort to improve systems for civil registration and vital statistics. Though much remains to be done, efforts over the past year have resulted in a sharp increase in mortality data submitted to WHO, particularly on death notification and certification forms.

Accountability means counting. Reliable information is vital for evidence-based policy-making and efficient resource allocation. UHC is not cheap. But with the right policies in place, it is affordable.

The region has shown great solidarity in its response to polio outbreaks in the Syrian Arab Republic and Iraq, and in the Horn of Africa. These outbreaks were controlled by some extraordinary public health work, aided by generous funding from your countries. Our thanks to the workers who made this possible.

The polio programmes in Pakistan and Afghanistan have undergone striking improvements, with good results. However, more regional solidarity will be needed to finish the job.

Ladies and gentlemen,

This session also takes place under the long shadow cast by the Ebola outbreak in West Africa.

Your document on global health security was especially frank and stern in its warnings. It describes the MERS and H5N1 situations in this region as "two of the biggest threats to global health security since the outbreak of Ebola virus disease in West Africa".

It warns that, if greater efforts are not made, the next global health crisis could originate in the region, especially as emergencies readily amplify epidemic threats.

The recent outbreak in the Republic of Korea demonstrated that, when the MERS virus appears in a new setting, widespread transmission can occur, with severe disruption to the health system, the economy, and society.

The most recent report of the IHR Emergency Committee expressed an equally high level of alarm. It cites insufficient awareness about the urgent dangers posed by the virus, insufficient engagement by all relevant sectors, and insufficient implementation of measures for infection control, especially in emergency departments. Requests for information, and for research, have not been consistently met. Several large nosocomial outbreaks should never have happened.

The recent surge in cases has some alarming features, including the failure of early case detection and infection control, the number of health care workers infected, and the number of critical cases in younger adults with no co-morbidities.

The Emergency Committee concluded that, until current efforts improve, “individual countries and the global community will remain at significant risk for further outbreaks.”

I urge you, in the strongest possible terms, to heed these warnings.

Thank you.