

Introduction of the Annual Report

DR AHMED AL-MANDHARI

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Your Excellencies Ministers of Health and Heads of Delegations, Director-General, Ladies and Gentlemen,

It is my honour and pleasure to present to you the annual report on WHO's work in the Eastern Mediterranean Region. In this year's Regional Committee session, we are focusing on the theme of *Working Together for Greater Impact in Countries*. The annual report includes many examples of our work with you, and I will highlight some of them in my presentation, but above all I would like to focus on the road ahead of us.

In my presentation to you last year—my first as Regional Director – I introduced WHO's new vision for the Region, *Vision 2023*, and our core aim of achieving Health for All, by All. This year, I want to look in more detail at what *Vision 2023* entails. I will take each of our four regional strategic priorities, note some of the main challenges and outline WHO's strategy for tackling them in the next few years. But before I do that, I would like to stress one key message.

Ladies and gentlemen,

Our Region faces many challenges.

Far too many of our people lack the health care they need.

When services are provided, they are often poor quality and have limited effect.

Even in those countries with adequate resources, health systems are often suboptimal and many people make unhealthy life choices.

And of course on top of all this, many countries face the devastating health and humanitarian consequences of emergencies on an unprecedented scale.

But problems are not the whole story. Success is possible even in difficult circumstances. Already, countries of the Eastern Mediterranean are making encouraging progress and

innovating in many different areas of public health. I have seen this with my own eyes. As I said in my speech this morning, since I took office in June last year I have visited 20 of the 22 countries of the Region. I have been deeply moved by what I have seen – terrible suffering, yes, but also incredible, inspiring examples of hard work, resilience and hope.

In the margins of this RC session, we are featuring an exhibition of success stories from different countries of the Region – just a brief selection of the many impressive initiatives that are underway. We plan to showcase more stories in the coming years. Because change for the better is possible in our Region. We can make it happen. It is already happening. That is the core message that I want to share with you – and with the world.

So with that can-do spirit in mind, I turn to our first strategic priority: expanding universal health coverage.

Three weeks ago, I was honoured to join WHO's Director General, Dr Tedros, and colleagues attending the first High-level Meeting on Universal Health Coverage of the United Nations General Assembly. It was a landmark event. As you probably know, world leaders issued a Political Declaration committing to step up actions to advance towards universal health coverage as one of the Sustainable Development Goals.

I was pleased to witness this global promise, and even more pleased to note that the Eastern Mediterranean Region had led the world in making such a clear public commitment. In September 2018, all our countries signed the UHC2030 Global Compact and the Salalah Declaration, pledging to work together to accelerate progress towards universal health coverage based on primary health care.

But now it is time to make good on that commitment, and when it comes to results the Eastern Mediterranean is lagging behind. The latest UHC Global Monitoring Report, published just last month, confirms that essential health service coverage here is significantly lower than in most other world regions.

We have a lot to do. Achieving universal health coverage requires action on many fronts:

- developing comprehensive integrated health systems, including financial protection systems to make care affordable for all;
- ensuring that health services are provided by well-trained professionals;
- making sure that infrastructure, equipment and medicines are all of good quality;
- implementing high-impact interventions to combat diseases and protect health;
- and collecting and analysing information to measure progress and guide decision-making.

WHO is working with you to enhance health systems. Our regional framework for action on advancing universal health coverage is designed to guide you in identifying and implementing the right measures for your country, and that support is now reinforced by our new regional strategy in support of *Vision 2023*, which aims to focus our work for maximum impact. Let me briefly note some key recent initiatives in this regard.

We have established a new Parliamentary Forum for Universal Health Coverage, bringing together past and current policy-makers from across the Region to consider all the challenges and opportunities in expanding health coverage.

We have developed a regional priority health benefits package and will now work to support each country in adapting it to your distinctive national situation and choosing the essential health services that all your people should have.

We are working with countries and the American University in Beirut to roll out bridging qualifications in family medicine, to help plug the shortfall in qualified family doctors.

And in collaboration with our partners at UNICEF, the Bill and Melinda Gates Foundation and WONCA, we have launched the Primary Health Care Measurement and Improvement Initiative to track progress on PHC in the Region through rigorous comparative analysis – because, as the saying goes, what gets measured, gets done.

This session of the Regional Committee includes several important opportunities to advance work on health system strengthening.

As the culmination of a long-running workstream to strengthen the evidence base for health policy, we will invite you to consider a new framework for action to enhance countries' institutional capacity for evidence-based policy-making. Better, more solid evidence can support better decisions and ultimately better outcomes, but the knowledge base for health policy in our Region is underdeveloped and underused. That must change.

We are also presenting a new framework on the hospital sector. Hospitals consume a huge share of public health spending in the Region. We need to reorient provision towards primary health care, and make sure that every hospital is integrated into a system based on PHC.

And we will present an analysis of the nursing workforce in our Region. Achieving universal health coverage is impossible without large numbers of highly skilled nurses, but the Eastern Mediterranean Region is not producing nearly enough. Next year is the International Year of the Nurse and Midwife. Let us use the momentum of that campaign to finally create the workforce we need. We have been talking about it for long enough.

But perhaps most of all, expanding universal health coverage means implementing effective interventions to fight diseases. Here, too, we still have much to do.

Communicable diseases and conditions are blighting the lives of millions. There are 36 million people in our Region chronically infected with viral hepatitis B and C – the highest prevalence in the world. Vector-borne diseases such as malaria and leishmaniasis are re-emerging. The number of people infected with HIV is growing faster here than in any other WHO region, and only one in five of those infected receive antiretroviral therapy.

Most shockingly of all, Yemen is experiencing the worst outbreak of cholera the world has ever seen. Some two million people suffering from an infection that could essentially be prevented by clean water.

None of this should be happening. These diseases could and should be prevented or controlled through known and very effective interventions.

As part of our regional strategy, WHO is working to strengthen the systems that prevent and control communicable diseases:

- effective surveillance and laboratory testing, for early detection and reliable screening;
- infection prevention and control to stop outbreaks before they start;
- and services to treat the infected and help them to manage their conditions.

But above all, we are encouraging and supporting immunization. Universal health coverage must include reaching everyone with high-quality, proven vaccines that can protect them and their communities from many infectious threats.

I am delighted to report that thanks to coordinated, sustained action at country level with many partners, we are making progress in tackling some communicable diseases.

Measles elimination has been verified in Bahrain, Oman and also of course, very recently, here in the Islamic Republic of Iran.

Rubella elimination has been verified in those same three countries.

The elimination of maternal and neonatal tetanus in Djibouti was declared in 2018.

And – perhaps most impressively – lymphatic filariasis elimination was verified in Yemen, despite all the challenges facing that country.

These achievements prove that success is within our grasp. We can do it when we work together. Difficult circumstances are not an excuse. But we need to do more. Despite strenuous efforts, one in every five children still misses out on at least one dose of the DTP3 vaccine. Yesterday's pre-RC technical discussions included an important session on our regional Vaccine Action Plan. I very much hope that, together, we can go the final mile and make sure that everyone is covered, and no one left behind.

This brings us to our second strategic priority: protecting people from emergencies. As you all know only too well, the Eastern Mediterranean Region is currently facing emergencies on an unprecedented scale.

More than 70 million people in the Region need humanitarian assistance – that is over 53% of the global total.

The Region is the source of the largest number of forcibly displaced people.

And it hosts the largest number of forcibly displaced people – 25.4 million as at the end of 2018, with all that that means in terms of health needs, pressure on health systems, risk of infection, and so on.

WHO is working energetically with a range of partners to bring help to those who need it. We are currently responding to 15 major emergencies in the Region, including three at Grade 3, and monitoring 21 public health events across the Region.

In recent years, we have strengthened our management of emergencies, including implementing the Incident Management System and other global emergency best practices. The benefits are clear, including more rapid and effective response to acute emergencies, such as recent floods here in the Islamic Republic of Iran, the escalation of violence in Libya and the current cholera outbreak in Yemen.

In spite of many operational challenges, we are having real impact at country level, in collaboration with partners.

In Yemen, over 85% of children with severe acute malnutrition have been cured consistent with international standards.

In Palestine, a new trauma referral pathway that WHO helped to establish has saved up to 1700 lives.

And our logistics hub in Dubai has been a game changer in rapidly distributing life-saving medicines, supplies and equipment. We have expanded our warehouse from 3,000 to 14,000 square meters. Although the hub primarily serves the Region, it has become a global asset. During 2019 it disbursed supplies to 24 countries across three WHO regions.

We are also striving to prevent or minimize the impact of emergencies before they begin by supporting countries to assess and prepare for all hazards. Eighteen countries of the Region have now completed the joint external evaluation process to test and strengthen their capacities under the International Health Regulations, and 17 have completed and costed their national action plans for health security. The challenge for us all now is to implement those plans.

WHO's new global and regional strategies place increasing emphasis on strengthening health systems to survive emergencies, and on using the aftermath of crisis as an opportunity to build back better. In the Eastern Mediterranean Region, we are exploring innovative ways to strengthen preparedness and to maintain or even improve health services during and after emergencies.

For example, we have developed a new kit containing basic diagnostic equipment and essential medicines to help manage the most common noncommunicable diseases in emergency settings.

We are using the regional Emergency Operations Centre to run simulation exercises as well as coordinating response to actual emergencies.

And we recently established the Health Systems in Emergencies Lab, a new unit within the Regional Office dedicated to exploring health system resilience.

Ladies and gentlemen,

The global spread of polio remains a Public Health Emergency of International Concern. Wild poliovirus cases have spiked in Afghanistan and Pakistan, posing a risk of international spread within our Region and beyond. As the ongoing outbreak of circulating vaccine-derived poliovirus in Somalia and neighbouring countries in the Africa Region shows, polioviruses do not respect borders.

I know this threat is felt by all, and most deeply by the teams in Pakistan and Afghanistan. Let us redouble our efforts. Polio eradication is one of the best investments you can make. Not only can we achieve a polio-free world, but all the capacities and resources that have been developed to fight polio can be redeployed for other work as polio is vanquished.

WHO is gearing up for polio transition, globally and in our Region. We held a high-level consultation meeting at the Regional Office last month, and we have just re-established a steering committee to guide the transition process in our Region. Already, polio teams are being used for immunization campaigns against other diseases, and the mandate of the Islamic Advisory Group has been broadened to cover maternal and child health more generally. We will work systematically to get maximum value from these and other assets.

In short, victory against polio promises to be a true win-win for us all – but we need to keep up the momentum and get the job done. For good.

You will hear fuller progress reports on both polio elimination and the work of the WHO Health Emergencies Programme later today, but there is one more issue that I need to highlight – and sadly, it is one which I also had to highlight last year.

Attacks on health workers continue to afflict our Region. All too often, dedicated people – from WHO and other organizations – have to risk their lives to bring desperately needed help in emergencies. During 2018, WHO's Surveillance System on Attacks on Health Care documented 725 attacks in the Region, resulting in 137 deaths, and there have been more attacks and more deaths this year.

This is a scandal. It is shameful. It is contrary to international humanitarian law and the right to health, and it must stop. I call on you all to stand together and protect health workers.

Our third strategic priority is to promote health and well-being among all the people of the Region. Health promotion is not just a matter of raising awareness; it also requires us to address the risk factors and underlying determinants of ill health. It means confronting deeply ingrained cultural habits, injustice and inequity, and empowering people to take control over their lives and their health.

A few statistics will suffice to illustrate the magnitude of the task facing us.

The Eastern Mediterranean Region has the second-highest rate of neonatal mortality in the world, the second-highest child mortality rate, and the second-highest mortality rate for adolescents.

More than 800 000 children died in the Region before their fifth birthday in 2017, the vast majority of them in just nine countries.

And maternal mortality is also high, with 166 mothers dying for every 100 000 live births.

When we analyse the causes of these deaths, the role of economic, social and cultural factors becomes very clear. Income inequalities between and within countries are critical, but so too are gender disparities, environmental degradation and above all violent conflict.

Around half those needing humanitarian assistance in the Region are under 18 years of age.

Almost half of all deaths among children under 5 could be prevented through interventions outside the health sector such as education, water and sanitation, and infrastructure.

Meanwhile, the main causes of death among adolescents – collective violence and legal intervention, road injuries, interpersonal violence, maternal conditions, self-harm – are also eminently preventable.

Tackling the deep-seated causes of deaths among both children and adults requires concerted, coherent action across sectors. By definition, this cannot be achieved instantly, but I am pleased to see signs of a growing consensus for change.

At last year's session of the Regional Committee, Member States adopted a resolution calling for the scaling-up of the Health in All Policies approach.

That same year saw the launch of a new regional Forum for Road Safety Legislators so that policy-makers can support each other and share best practice.

And more recently, in line with one of our major strategic objectives, we have been working to establish training programmes for health leaders: two courses have been run so far, in collaboration with partners including the UN System Staff College and Harvard Medical School, and more are on the way.

This year's RC session includes the latest step in our extensive work to improve health at key stages of the life course: a proposal for a comprehensive new regional implementation framework on ending preventable new-born, child and adolescent deaths and improving health and development.

And we are also proposing significant new measures to guide our shared endeavours in combating risk factors for noncommunicable diseases such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

This is an urgent priority. NCDs killed 2.6 million people in our Region in 2016 alone, and the toll is projected to rise to more than 3.8 million by 2030. We need to step up action massively to meet SDG target 3.4: to reduce by one third premature deaths from NCDs through prevention and treatment by 2030.

We are therefore continuing the long fight against tobacco. As the latest step in our work, we are today releasing a new information pack on ending tobacco industry interference in tobacco control.

We are also striving to improve nutrition in the Region. At this RC session, we are inviting you to adopt a draft strategy on nutrition and healthy diets, to help address the problems of underweight, obesity and food security.

We are inviting you to endorse a new framework for action to address a stubbornly persistent old problem: rheumatic heart disease. RHD is the leading cause of preventable cardiac deaths in people under the age of 25, and by endorsing this framework and implementing the actions it recommends, you can save young lives.

We are presenting an updated version of the regional framework for action on NCDs to take account of important changes in the global strategy on NCDs announced in last year's Political Declaration. The new approach recognizes the deadly danger of air pollution and the importance of NCD management in emergencies, among other things.

And we are also presenting a new framework for action on substance use to facilitate a coordinated multidimensional response to this important public health and development issue.

Let me also take this opportunity to urge you to attend the Global Meeting to Accelerate Progress on SDG Target 3.4, to be held in Muscat, Oman, in December.

Our final regional strategic priority is to transform WHO itself, to make sure that we are best placed to support you and maximize our positive impact where it counts – on the ground. We have now almost completed the functional review of WHO operations at country level which began last year, and there has also been a comprehensive evaluation of the regional Centre for Environmental Health Action in Amman. Next year, each department of the Regional Office will be reviewed, to optimize all our resources in line with our strategic priorities. We are strengthening our strategic communications and resource mobilization functions. And a regional Transformation Team has been established to oversee all these important reforms.

But transforming WHO is not just a matter of changing our structures; it also means changing our culture.

So we are eagerly embracing the new WHO Values Charter introduced by Dr Tedros in May.

We are strengthening our alignment with WHO headquarters so we can offer you a seamless service as “One WHO”.

We are recruiting more interns and fellows from our Region and beyond, to bring fresh blood to our Organization and give tomorrow's health leaders a headstart.

And we are strengthening and deepening our partnerships. Expanding the network of WHO Collaborating Centres. Enhancing our collaboration with other UN agencies. Reaching out to other stakeholders.

Just last month, I was pleased to attend the launch of the Global Action Plan for Healthy Lives and Well-being for All in New York. This new initiative brings together 12 multilateral organizations to work with countries to achieve the health-related SDGs. We need a concerted effort to accelerate progress and make the ambitious goals of the Sustainable Development Agenda a reality, and we will be holding a Regional Health Forum for all our key partners next year.

Our most important relationship remains with you, our countries.

The road ahead of us is daunting.

We have so much to do.

But if we all work together, I am confident that we can make a great positive impact on the health and lives of people in our Region.

Thank you.