
Conclusion

This annual report on the work of WHO in the Eastern Mediterranean Region in 2013 reflects the first full year in which we sought to move forward to implement the commitments I agreed with Member States of the Region. Having established the health situation, the needs and the priorities the previous year, strategic plans were laid down to move towards universal health coverage, to save lives of mothers and children, to agree core indicators for measuring health development, to implement the regional framework for noncommunicable diseases, and to improve health security. I sought to involve the Regional Committee throughout these strategic decisions to ensure that our proposals were practical and feasible for Member States. Some of our work was constrained by crises around the Region and the need to respond to emergencies, nevertheless a lot was achieved in the circumstances. With important groundwork now completed, we will

continue to move forward to implement global and regional commitments with ever greater focus on the strategic priorities at country level, full transparency, and a higher level of technical competence. We will stay the course and there is much for WHO and Member States to do in the coming year, and beyond.

The focus in the area of health system strengthening will be on supporting countries in the strategic areas outlined in the road map endorsed by the Regional Committee in 2012: move towards universal health coverage; strengthen leadership and governance in health; strengthen health information systems; promote a balanced and well managed health workforce; improve access to quality health care services; engage with the private health sector; and ensure access to essential technologies (essential medicines, vaccines, medical devices and diagnostics). Particular emphasis will be directed at development of national strategies for universal health coverage and national plans to strengthen



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↑ The WHO Regional Committee for the Eastern Mediterranean met for its Sixtieth Session, in Muscat, Oman, and discussed key issues for the future of public health in the Region

health information systems, including civil registration and vital statistics. Strengthening of national regulatory authorities and development of laboratory support to primary and secondary care will also be important. A regional strategy on health information systems and a regional strategic framework to promote a balanced and well managed workforce will be developed to support and provide guidance to Member States in these areas.

Emphasis will continue to be placed on accelerating progress towards achievement of MDGs 4 and 5 under the initiative on saving the lives of mothers and children. It is essential that Member States maintain high-level advocacy for the maternal and child health acceleration plans in order to sustain commitment at different levels of the government and among partners and mobilize resources to bridge funding gaps. The quality of implementation of acceleration plans needs to be monitored and appropriate operational research conducted. WHO will invest in strengthening further joint work with UNFPA and UNICEF and partnership with key stakeholders.

Despite the high-level political commitment to the UN Political Declaration on noncommunicable diseases and the regional framework for action, it is clear that there are important gaps in implementation and countries are facing challenges in moving to concrete action. We will continue to provide the sound and evidence-based technical guidance required for the implementation of the key interventions and measures included in the regional framework but progress will mainly depend on political commitment and the initiatives of governments. Unless serious action is taken, the epidemic of heart disease, diabetes and cancer will continue to escalate in the Region.



↑ *The Eastern Mediterranean Health Journal is published monthly*

With regard to health security, events around the Region in the past year demonstrate vividly the continuing need to focus on ensuring readiness to implement the International Health Regulations in all countries by the agreed deadlines. The emergence and re-emergence of infectious diseases, often in explosive outbreaks, have once again exposed the vulnerability of the Region to infections that can spread rapidly. Such vulnerability is amplified by the situations of protracted conflict and humanitarian crisis prevailing in many parts of the Region. Sharing of information is key. In addition, antimicrobial resistance is rapidly growing in magnitude and poses a threat that may have profound impact and economic consequence for health systems across all countries. Concerted and coordinated efforts to solve the specific political, societal and security challenges affecting access to children for polio vaccination in Pakistan and Somalia remain essential. The support advanced by the Islamic Advisory Group is making a great difference and must continue and should be complemented by further regional health diplomacy. All countries,

without any exception, need to do more in expanding coverage, not only in relation to access to quality health care but also in strengthening prevention and health promotion work.

With regard to emergency preparedness and response, the development of clear policies and legislation based on an all-hazard and 'whole health' approach will continue to be the main focus. WHO will provide technical support to Member States that are committed to developing an effective emergency preparedness programme with emphasis on communities most at risk. With regard to regional emergency response, a means to activate the long-planned regional emergency solidarity fund will be sought in order to ensure sustained funding and continued implementation of life-saving activities for the health needs of affected populations. It will also be important to strengthen WHO's country offices to manage graded events.

WHO has worked to improve its own performance in a range of areas, in line with the commitments made under WHO management reform. The achievements noted in this report were complemented and facilitated by structural reorganization, particularly in the area of health systems, noncommunicable diseases and evidence and information for health. Measures taken in 2013 to improve transparency and accountability will continue. Country offices

are being strengthened to assure more efficient managerial processes, better linkage between the country cooperation strategies and operational planning, and an adequate control environment. Greater attention has been given to performance management, especially to managerial aspects of performance at senior level, with the aim of improving compliance and adherence to the WHO regulatory framework. Ongoing work on reinforcing internal control mechanisms will continue through quality assurance processes and a more effective regional compliance function. Funding remains a challenge and, together with Member States, we must make greater efforts to address the low level of resource mobilization from within the Region, which remains the lowest among WHO regions.

We are all witness to the rapidly changing political, social and economic scenarios unfolding in the Region. There are days when our work seems to be driven by the imperatives of crisis management, emergency response and adjustment to new realities. Undoubtedly we must remain flexible, but looking at what we have been able to achieve in the past year, I believe we have established some solid foundations on which to build a brighter health future, in partnership with our Member States. These are challenging times but also times of great opportunity. Let us not miss those opportunities.