



Introduction

This annual report describes the work undertaken by WHO in the Eastern Mediterranean Region during 2016. It focuses on the important milestones achieved in response to the five strategic priorities endorsed by countries of the Region in 2012: health systems strengthening towards universal health coverage; maternal and child health; noncommunicable diseases; communicable diseases; and emergency preparedness and response.

The goal of universal health coverage continues to be at the heart of our work in the Region. In 2016, a regional framework for action on advancing universal health coverage was updated and provides a clear roadmap for countries on the key activities needed to realize this goal. The framework also serves as a guide for monitoring progress and specifies the type of support that WHO and other development partners can provide.

To respond to the challenges of health workforce capacity in the Region, an action framework for health workforce development was developed based on the global strategy on human resources

for health endorsed by the World Health Assembly in May 2016. Recognizing family practice as the principal approach for delivering integrated, person-centred primary health care in the Region, the Regional Office, in collaboration with American University of Beirut, developed a six-month online course to scale up the production of family physicians in the Region. Further efforts were made to strengthen medical education through implementation of the framework for action on reforming medical education. A comprehensive regional framework to strengthen nursing and midwifery was launched in 2016 and is guiding the development of national strategies.

Our work in strengthening health information continues. Key indicators for monitoring progress towards the Sustainable Development Goals were incorporated in the regional core indicators list and countries were supported to undertake comprehensive reviews of their health information system. Comprehensive health profiles of the current situation, challenges, gaps, opportunities and way forward for each country were published in 2016. By the end of the year, all countries except one had completed comprehensive assessments of their civil registration and vital statistics systems and developed national plans of action for improving the systems.

Building on the achievements made through the implementation of maternal and child health acceleration plans in countries with a high burden of maternal and child deaths, WHO, in collaboration with UNICEF and UNFPA, focused on supporting countries to address the main causes of maternal, neonatal and child deaths by adopting cost-effective, high impact interventions, prioritizing maternal and neonatal health quality of care and strengthening the promotion of preconception care. The Regional

Office also revived efforts to prevent and manage congenital and genetic disorders.

WHO tools to support the integration of gender, equity and human rights in national policies and planning were developed and piloted in 2016. Close cooperation continued with concerned United Nations agencies and the Arab League to promote health and human rights and gender in the Arab world. In the area of road safety, WHO continued to play a normative technical role through its work on different aspects of road traffic injury prevention and control. Expert consultations were organized to seek the input of key regional and global experts on strengthening action for road traffic injury prevention and emergency care in the Region.

In 2016, there was a focus on building national capacities in the development of national multisectoral plans of action on physical activity and plans for social marketing and mass media campaigns. Technical support was also provided to countries in growth monitoring, food-based dietary guidelines, obesity control and prevention, and promoting healthy diet.

As with previous years, support was provided to countries in implementing the regional framework for action on noncommunicable diseases. Efforts focused on developing multisectoral noncommunicable disease action plans, incorporating noncommunicable diseases into national development plans, including United Nations development assistance framework and cooperation plans, and setting relevant national targets. Support was also provided to countries to strengthen noncommunicable diseases and risk factor surveillance systems. During 2016, countries participated in the country capacity survey to assess progress in this area. The results

will be used to inform planning and to support countries in reporting on their progress to the United Nations General Assembly and World Health Assembly in 2018. In the area of cancer control, WHO supported the development of regional guidance on the early detection of five priority cancers in the Region and the first draft of a regional framework on cancer prevention and control. Tobacco control activities focused on implementation of the WHO Framework Convention on Tobacco Control at the national level. In the area of mental health, efforts continued to support Member States in implementation of the regional framework to scale up action on mental health.

Progress achieved in polio eradication is promising, and the Region has never been as close to eradicating this disease as it is today. The two polio-endemic countries, Afghanistan and Pakistan, reduced the number of cases by 50% from 2015, with 33 cases in 2016. In addition to the efforts in these two countries, a further 10 countries in the Region carried out supplementary immunization activities at national or subnational level to achieve high levels of population immunity and reduce risk. All countries successfully made the transition from trivalent to bivalent oral polio vaccine by mid year, in line with the global plan.

In the area of prevention and control of other vaccine-preventable diseases, WHO's support to Member States focused on increasing immunization coverage, improving the supply chain, data quality and surveillance, implementation of measles campaigns and establishing a regional verification commission for elimination of measles/rubella and hepatitis B. WHO supported the development of national action plans on antimicrobial resistance and identified a roster of experts in relevant fields of

human and animal health to assist countries in this exercise.

Health security continues to occupy a major area of concern in the Region. Between April and December 2016, WHO and partners supported 10 countries in the Region to conduct joint external evaluations of the capacities required under the International Health Regulations (IHR 2005). Two countries have since developed national action plans for health security based on the outcomes of the joint external evaluation, and support is continuing for the remaining countries to conduct their evaluations and develop national action plans.

As the Region continued to witness an unprecedented magnitude and scale of crises, this year saw the implementation of the new WHO health emergencies programme at regional level. The new programme not only recognizes WHO's operational role in theory, but ensures more rapid and streamlined rules and work in practice. To support countries in responding to infectious disease outbreaks and other health emergencies, the Global Outbreak Alert and Response Network was expanded in the Region to include new international partners with a pool of regional experts. Cholera outbreaks in Yemen and Somalia were effectively responded to through appropriate public health interventions which helped to avert major international spread. For the first time in several years, WHO was able to reach all 18 besieged areas in the Syrian Arab Republic, providing people in need with life-saving health care.

High-level meetings for ministers and representatives of Member States and permanent missions in Geneva continued to be held prior to the World Health Assembly and Executive Board. These meetings provided an excellent opportunity to review with ministers of health and senior government officials the progress in addressing key priorities since the previous meetings. They have also had a positive impact in strengthening the engagement of Member States in global discussions on health and WHO reform. Daily briefings during the Executive Board meeting and Health Assembly provided additional opportunities for Member States from the Region to interact and agree on common positions that affect the Region.

After assuming office in February of this year, I embarked with the support of an interdepartmental taskforce on developing a clear regional roadmap which outlines a set of strategic actions to guide WHO's work in the Region for the coming five years. The roadmap focuses on five priority areas of public health which we have identified for targeted action: emergencies and health security; prevention and control of communicable diseases; prevention and control of noncommunicable diseases; maternal, neonatal, child and adolescent health; and health systems strengthening towards universal health coverage. Progress in addressing these priority areas will only be possible through our sustained commitment and collaboration in a multisectoral approach.

Dr Mahmoud M. Fikri
WHO Regional Director for the
Eastern Mediterranean