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# Promoting health across the life course

## The life course approach

Promoting health and well-being across the life-course cuts across all areas of WHO's work, including the health of women before, during and after pregnancy, newborns, children, adolescents and older people. The aim is to reduce mortality and morbidity, and address the social, economic and commercial determinants of health of the population. By identifying critical stages in the life-course that influence health, opportunities for health promotion can be recognized and addressed along the continuum of care.

## Reproductive, maternal, newborn, child and adolescent health

Reproductive, maternal, newborn, child and adolescent health has been recognized as a priority in the roadmap for WHO's work in the Eastern Mediterranean Region (2017–2021). It is the cornerstone of the United Nations *Global strategy for women's, children's and adolescent's health (2016–2030)* and a prerequisite for achieving the SDGs by 2030. Maternal, neonatal and child mortality levels, and meeting the need for family planning, are core indicators in monitoring the progress being made by the reproductive, maternal, newborn, child and adolescent health programmes in Member States. Unfortunately, progress remains uneven, with clear setbacks in countries affected by humanitarian crises.

In 2017, WHO maintained technical support for national strategic planning. Iraq, United Arab Emirates and Yemen launched strategic plans, good progress was made in Afghanistan, Egypt, Libya, Morocco, Pakistan and Saudi Arabia, and focused support was provided for national efforts in Syrian Arab Republic and Tunisia. In September, WHO, jointly with the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF), held the third annual intercountry meeting of maternal and child health programme managers in the Region. The 19 participating countries developed plans of action to scale up national programmes towards achieving the health related SDG targets and promoting the transfer of knowledge and expertise to Member States. The meeting released a joint statement expressing the commitment of the H6 global health partnership to the health of women, children and adolescents. The H6 partnership pulls together six United Nations agencies, related organizations and programmes to improve the health and save the lives of women and children, namely WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the World Bank.

In response to the specific reproductive and maternal health needs that exist in crisis situations, WHO and UNFPA held an informal consultation in August on improving the existing reproductive health emergency kits. In addition, a project to improve family planning practice in emergency situations was initiated with an assessment of practice in refugee camps in Lebanon based on WHO practice recommendations on safe and effective contraceptive use.

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To improve the quality of care for reproductive and maternal health, up-to-date WHO maternal and newborn quality of care standards and tools, including the *Standards for improving quality of maternal and newborn care in health facilities* (WHO 2016) were introduced to Member States. The Islamic Republic of Iran adapted the existing tools to their local context, providing a model for other countries in the Region. In addition, technical support was provided to Palestine and Sudan on early essential newborn care coaching, and to the Syrian Arab Republic on Integrated Management of Childhood Health (IMCI) and caring for the newborn at home in humanitarian settings.

Throughout 2017, close follow-up with countries was maintained to support the strengthening of family planning services through the implementation of evidence-based guidelines and best practices, with a focus on countries with low contraceptive prevalence rates, to assist them in developing plans of action funded by the Bill & Melinda Gates Foundation. As part of this project, a training-of-trainers course on evidence-based guidelines for strengthening family planning services was conducted for national gynaecology and obstetrics societies and midwifery associations in the Region. This resulted in plans of action to strengthen the role of the private sector in providing family planning services in countries. National training activities were also assisted, such as in Morocco and Tunisia, and WHO disseminated the publication *Medical eligibility criteria wheel for contraceptive use* (WHO 2015) to Member States to support national capacity-building activities and enhance service quality.

In October 2017, resolution EM/RC64/R.4 on the operationalization of the adolescent health

component of the *Global strategy for women's, children's and adolescents' health (2016–2030)* was endorsed at the 64th session of the Regional Committee. The resolution urged Member States to develop and/or update national adolescent health action plans using the Accelerated Action for the Health of Adolescents (AA-HA!) implementation guidance towards a comprehensive approach to the planning, monitoring and evaluating of adolescent health interventions. Ten Member States received training in the use of the guidance, with Sudan being the first country in the world to apply it in developing a country strategic plan for adolescent health and development. In addition, partnerships with concerned United Nations agencies were strengthened through the implementation, monitoring and evaluation of the *Regional framework of joint strategic actions for young people in the Arab States/Middle East and North Africa Region (2016–2017)*. Meanwhile, a regional implementation framework for newborn, child and adolescent health (2018–2025) and a regional operational field guide for child and adolescent health in humanitarian settings were developed in consultation with Member States.

The roadmap of WHO's work in the Region provides a solid platform to foster national efforts to improve reproductive, maternal, newborn, child and adolescent health using up-to-date WHO evidence-based interventions. Cross-programme proposals have been developed to support the implementation of priority areas for reproductive, maternal, newborn, child and adolescent health within the roadmap for implementation in 2018–2019. Partnerships, especially with the concerned United Nations sister agencies and key donors, resource mobilization and national capacity-building will remain critical in supporting Member States to achieve the SDGs by 2030.

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## Nutrition

The Region continues to suffer from a double burden of malnutrition. In 2016, the total number of stunted children under 5 years in the Region was estimated to be 20.3 million (representing 25.6% of this age group). Meanwhile, the Region is also experiencing a nutritional transition that has contributed to high rates of overweight and obesity, and is closely linked to physical inactivity and unhealthy diet. Moreover, during 2011–2016, an estimated 40% of infants under 6 months of age globally were exclusively breastfed, compared to 29% in the Region, where only Afghanistan and Palestine have exclusive breastfeeding rates over 50%, thereby meeting the global target.

In 2017, supplementation and food fortification with essential micronutrients occurred in almost all countries in the Region. Eight countries have developed nutrition surveillance systems, generating evidence for programme development. However, technical support on quality control and assurance is still needed by most Member States. The adoption of regulations implementing the International Code of Marketing of Breast-milk Substitutes has been fully achieved in six countries and partially achieved in 12.

WHO will continue to support the adoption and implementation of the UN Decade of Action on Nutrition (2016–2030) to address the double burden of malnutrition. It is working with Member States to develop a framework of action for scaling up work on nutrition and to support the development of national policies, establishment of targets, implementation of strategies and monitoring of national plans of action.

## Ageing and health

In 2015, WHO published the first *World report on ageing and health*. This was followed in May 2016 by the World Health Assembly's adoption of the *Global strategy and plan of action on ageing and health*. Both reflect a new conceptual model of healthy ageing that is built around the functional ability of older people, rather than the absence of disease. In 2017, WHO continued to foster national efforts in line with the global strategy and plan of action, collaborating with countries in a global survey to monitor its implementation. The survey provided up-to-date information on country commitments to action on healthy ageing, the development of age-friendly environments, the aligning of health systems to the needs of older populations, the development of sustainable and equitable systems for providing long-term care, and monitoring and research for healthy ageing. Furthermore, WHO conducted a regional survey on active, healthy ageing and old age care, and on the age-friendly cities and age-friendly primary health care initiatives. The collected information was presented at the Seventy-first World Health Assembly in May 2018 and will be used in strengthening national programmes. Meanwhile, a regional technical guide on strengthening ageing and health services in countries is being developed.

The age-friendly cities initiative has been implemented in several cities in the Region. Sharjah has made remarkable progress in creating an age-friendly environment for its senior citizens and demonstrating a successful model for other cities, not only in the United Arab Emirates, but in other countries in the Region. Joint efforts and coordination with key partners will be vital to overcome the limited resources available to support healthy ageing programmes in countries.

Close collaboration and networking is required in strengthening national programmes to respond to the unmet health needs of older people, especially in countries in emergency situations.

## Violence, injuries and disabilities, including prevention of blindness and deafness

WHO continues to play a normative technical role through its work on different aspects of road traffic injury prevention and control, which is a priority area in the roadmap of WHO's work in the Region (2017–2021). In 2017, a regional road safety report was finalized in collaboration with the Johns Hopkins Bloomberg School of Public Health, the survey for the fourth *Global road safety status report* was implemented in 19 countries, studies to estimate the cost of road traffic injuries were finalized in Egypt and Tunisia, and assessments of emergency care systems were completed in Egypt and Pakistan.

During the year, stronger collaboration and coordination was pursued with United Nations agencies in the area of gender-based violence. Multisectoral regional meetings were jointly organized on gender-based violence, female genital mutilation and essential services for women and girls subject to violence, while support was maintained to strengthen the health sector response to gender-based violence in Afghanistan and Pakistan. Meanwhile, the reports of an assessment of child maltreatment prevention readiness in regional high-income countries were finalized in collaboration with the national family safety programme of Saudi Arabia, and a regional workshop on the seven INSPIRE strategies to end violence against children was organized during the

fifth Arab regional conference on the prevention of child abuse and neglect, held in November in Dubai, United Arab Emirates.

In terms of disability, and to operationalize resolution EM/RC63/R.3 on improving access to assistive technology, a rapid assessment was done in 17 countries of the Region and a report produced to support the development of a strategic action framework. A side-event on assistive technology was also organized during the 64th session of the Regional Committee to launch the Islamabad Declaration for Improving Access to Assistive Technology.

To date, 16 Member States have developed and revised their five-year national action plans on eye health in line with the *WHO global action plan on universal eye health (2014–2019)*. In 2017, assessments were finalized of the status of eye care services in six countries, and of diabetic retinopathy and diabetes management systems in eight. WHO continued its collaboration with the International Agency for the Prevention of Blindness and hosted a regional meeting on eye health care for displaced



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↑ Health care providers in Afghanistan were trained on treatment protocols to improve the health sector's response to gender-based violence

populations in December in Cairo, Egypt. An ear and hearing care situation analysis was conducted in two countries, while national plans for ear and hearing care were documented in eight. The declared political commitment in countries now needs to be translated into programmatic action and the required resources allocated. Coordination, multisectoral action, enforcement, implementation, and the evaluation of policy and legislative frameworks all need further attention.

## Health education and promotion

Insufficient physical activity is one of the 10 leading risk factors for global mortality, and the Region has a high prevalence of physical inactivity (31%) of all WHO regions. In 2014, a high-level multisectoral regional forum on the life-course approach to promoting physical activity held in Dubai, United Arab Emirates, issued a regional call to action on physical activity with a set of interventions for specific sectors. The Regional Steering Committee on Physical Activity was subsequently established to support implementation of the call to action, and a toolkit developed to guide the integration of physical activity into primary health care in countries. The next step is to pilot test the instrument in eight selected countries. In August 2017, an intercountry training of trainers workshop was organized in Cairo to support capacity-building on physical activity policies and programmes in 13 countries.

In 2017, the development of a regional strategy for oral health was initiated in coordination with the WHO Collaborating Centre for Training and Research in Dental Public Health in the Islamic Republic of Iran, and oral health guidelines developed by the WHO Regional Office for Africa were translated into Arabic for dissemination in

the Region. Also in 2017, a national health literacy capacity-building workshop was held in Sudan to support key stakeholders to understand and use health literacy in efforts to achieve the SDGs. WHO will continue to advocate for the need for health promotion in general, and physical activity and health literacy in particular, to improve the health status of the population throughout the life-course. Coordination among concerned sectors and partnerships with key stakeholders are critical elements in this.

## Social determinants of health, gender, and Health in All Policies (HiAP)

In 2017, WHO continued to support the implementation of the Rio Political Declaration on Social Determinants of Health in the Region and to strengthen country capacities in adopting the HiAP approach. This included the regional adaptation, piloting and implementation of WHO global frameworks to support the integration of gender, equity and human rights in national policies and planning. In addition, close cooperation with United Nations agencies and the League of Arab States was sustained to promote health and human rights and gender in the Arab world. The Regional Office also actively participated in gender-related United Nations collective efforts and inter-agency initiatives, including with UNFPA, UN Women and the League of Arab States. Technical support has continued to foster country efforts to strengthen the health sector's role in responding to gender-based violence, including in Afghanistan and Pakistan.

A regional workshop on applying the HiAP approach to achieve the SDGs was held in Cairo, Egypt, in February, and there was regional

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contribution and participation in the HiAP International Conference in Adelaide, Australia, in March, which focused on progressing the SDG agenda. At country level, in-depth assessments of the social determinants of health were conducted in Oman and United Arab Emirates; HiAP implementation training was provided in Saudi Arabia (to strengthen capacities to establish a unit in the Ministry of Health under Vision 2030 and the new health transformation plan) and United Arab Emirates; Pakistan was assisted in developing and reviewing a strategic framework for action on HiAP through an expert group meeting; and Sudan was supported in developing its road map for implementing the approach.

To support the increasing demand in the Region for support in applying the HiAP approach and addressing the social determinants of health, a mapping tool for work in the Region is being developed, along with a list of regional indicators for action on social determinants of health, a regional HiAP action framework and a regional methodology for social determinants of health assessment in countries. WHO will continue to support the implementation of the Rio Political Declaration, the effective integration of social determinants of health and gender within health programmes, the strengthening of country capacity to implement the HiAP approach, intersectoral action, and social participation to address the social determinants of health and gender.

## Health and the environment

Environmental risk factors, such as air, water and soil pollution, chemical exposures, climate change and radiation, contribute to more than 100 diseases and injuries in all countries. These avoidable environmental risks cause at least 850 000 deaths annually (22% of the total burden

of diseases, or 1 in 5 of total regional deaths). A triple environmental health burden is observed through the impact of emergencies, infectious diseases and noncommunicable diseases. Indoor and outdoor air pollution alone results in 400 000 regional deaths a year (or 1 in 8 of all deaths), with about 98% of the urban populations in cities of the Region exposed to air pollutants exceeding WHO safe levels. In the Region, more than 100 million people, including 32 million children, fall ill every year from foodborne disease. Of these, an estimated 37 000 die.

In 2017, the 64th session of the Regional Committee, in resolution EM/RC64/R.3, endorsed the framework for action on climate change and health in the Eastern Mediterranean Region (2017–2021), aligned with the WHO-led strategy on health and the environment in the Arab Region (2017–2030). National plans of action to implement the regional strategy on health and environment and its related framework for action (2014–2019) have been developed and are being implemented in eight countries. Furthermore, eight Member States have begun updating their national health and climate profiles, while 82 cities in 16 countries of the Region report their air quality data through the WHO burden of disease database. Status reports on water and sanitation, including in-depth monitoring of SDG6 targets in five Member States, have also been commenced.

During the year, WHO conducted regional training on sanitation and wastewater safety planning. WHO also worked with the United Nations Economic and Social Commission for Western Asia (ESCWA) to develop a report and training kit on climate change adaptation in the health sector using integrated water resource management tools. Furthermore, support was given to the Arab Institute for Occupational Health and Safety to finalize Arabic guidelines

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on occupational exposures and to translate into Arabic the WHO publication *Safe management of wastes from health-care activities*. Regional training was also held on developing national plans of action for food safety, and technical support was provided to several countries to reduce the burden of foodborne and zoonotic diseases. On chemical safety, support was given to address the health aspects of the Strategic Approach to International

Chemicals Management (SAICM) framework, the Minamata Convention on Mercury and the phasing-out of lead in paints and mercury in the health sector. Finally, a process to evaluate the *WHO Global plan of action on workers' health (2008–2017)* was initiated so that the needs and priorities of the Region are reflected in the new plan.