

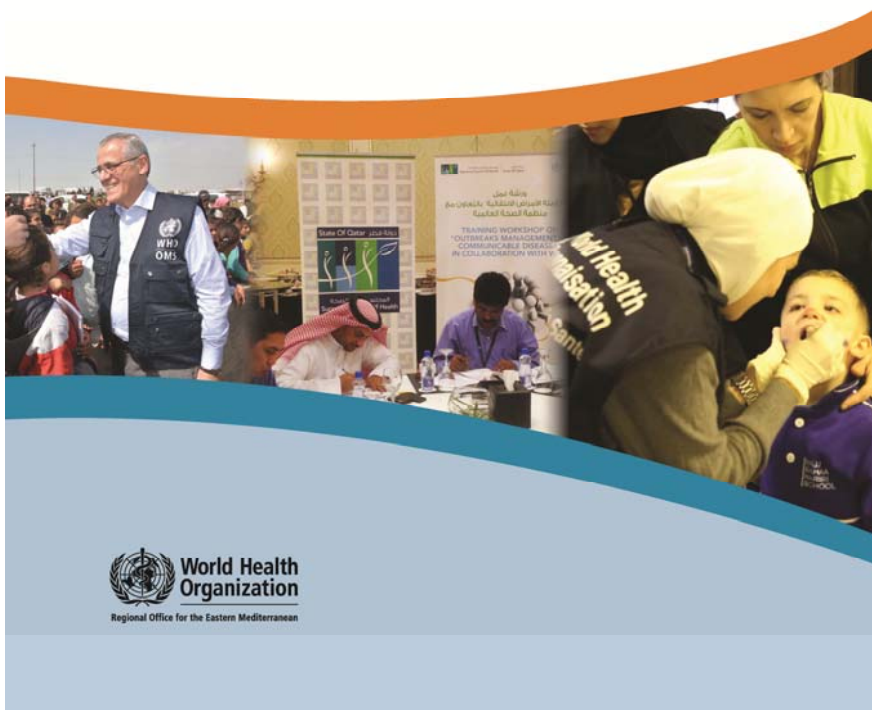
Introduction of the Annual Report

**Dr Ala Alwan
WHO Regional Director for the Eastern
Mediterranean**

**Agenda item 2
62nd Session of the WHO Regional Committee for the
Eastern Mediterranean
5–9 October 2015, Kuwait**

The Work of WHO in the Eastern Mediterranean Region

Annual Report of the
Regional Director 2014



 **World Health
Organization**
Regional Office for the Eastern Mediterranean

Activité de l'OMS dans la Région de la Méditerranée orientale

Rapport annuel du
Directeur régional pour 2014



 **Organisation
mondiale de la Santé**
Bureau régional de la Méditerranée orientale

 **World Health
Organization**
Regional Office for the Eastern Mediterranean

Introduction of the Annual Report Dr Ala Alwan WHO
Regional Director for the Eastern Mediterranean


5 strategic priorities for the Region 2012-2016

- Health system strengthening towards universal health coverage
- Health security and control of communicable diseases
- Maternal and child health and nutrition
- Prevention and control of noncommunicable diseases
- Emergency preparedness and response

Health systems strengthening towards universal health coverage



Framework for action on advancing universal health coverage in the Region

 World Health Organization <small>Regional Office for the Eastern Mediterranean</small>		
Framework for action on advancing universal health coverage (UHC) in the Eastern Mediterranean Region		
Commitments	Actions for countries	WHO support
Developing a vision and strategy for universal health coverage	<ul style="list-style-type: none"> Conduct a health system review for UHC to assess the status of financial protection, service coverage and population coverage Establish a multisectoral steering mechanism for UHC, under the stewardship of the Ministry of Health, including other public sector entities, civil society organizations and private sector representatives Develop a roadmap for UHC with short, medium and long-term perspectives Establish/strengthen a UHC coordinating/implementation mechanism under the aegis of the Ministry of Health Develop and launch a UHC communication strategy Promote applied research for UHC with the involvement of academia and research institutions 	<ul style="list-style-type: none"> Generate and compile evidence and share international experience on UHC Facilitate national policy dialogues to develop evidence-based UHC strategies Provide technical support for establishment of multisectoral steering mechanisms for UHC Facilitate exchange of experiences across countries Organize capacity development courses on health system strengthening for UHC
Enhancing financial risk protection	<ul style="list-style-type: none"> Review the health financing situation and arrangements using health expenditure surveys, health accounts analysis and institutional organizational assessment (OASIS) Establish/expand prepayment arrangements, including social health insurance and general revenue(tax)-based arrangements, to limit direct out-of-pocket payments Explore innovative health financing approaches to enhance sustainability, efficiency and equity, such as: sin taxes, demand-side financing (e.g. income support schemes, conditional cash transfer, etc.), health endowments, earmarked indirect taxes (e.g. levies on financial transactions, taxes on airline tickets, etc.) Consider the merger or harmonization of different tax-based and insurance-based financing arrangements to enhance efficiency and equity and reduce fragmentation Establish and/or strengthen an independent or quasi-independent purchasing body that facilitates the separation of financing from provision of health care Track the incidence of catastrophic health expenditures and impoverishment, differentiated along socioeconomic and demographic dimensions Develop and implement an evidence-informed health financing strategy in support of UHC 	<ul style="list-style-type: none"> Build capacities and provide technical support in conducting health expenditure surveys, health accounting, OASIS, and economic evaluation for priority-setting Prepare implementation manuals of prepayment arrangements, including social health insurance Develop and disseminate information products on innovative financing approaches and communicate evidence to policy-makers Provide technical support to pilot innovative health financing approaches Support policy dialogue around the architecture of the health financing system Develop guidance for establishing and/or strengthening purchasing bodies and their functions Build capacities in measuring financial risk protection Support the development of health care financing strategies in support of UHC
Expanding the coverage of needed health services	<ul style="list-style-type: none"> Design and implement a package of essential services that includes needed promotive, preventive, curative, rehabilitative and palliative personal- and population-level services Improve quality, safety and continuity of care by expanding person-centred integrated health service delivery, increasing the availability of skilled health workforce, and enhancing access to essential medicines and technology Strengthen the engagement with not-for-profit and for-profit private sector in service provision in support of UHC 	<ul style="list-style-type: none"> Develop and disseminate information products on designing, costing and implementing a package of essential services Develop a regional roadmap for accelerating implementation of integrated people-centered health services Support the establishment of effective and replicable family practice programmes Develop and disseminate guidance on family practice, private health care, quality and safety, and community health workers and outreach teams Build capacity in modalities for assessing, regulating and partnering with the private sector
Ensuring expansion and monitoring of population coverage	<ul style="list-style-type: none"> Progressively expand coverage to vulnerable groups, particularly the poor, those in the informal sector, the unemployed, refugees or internally displaced, and migrant or expatriate workers Collect data disaggregated by income, region, locality, gender and other stratifiers, to monitor equity and progress towards population coverage, and integrate it in the national health information systems 	<ul style="list-style-type: none"> Share experience from countries on mechanisms to cover informal and vulnerable groups Develop a framework for monitoring population coverage and UHC

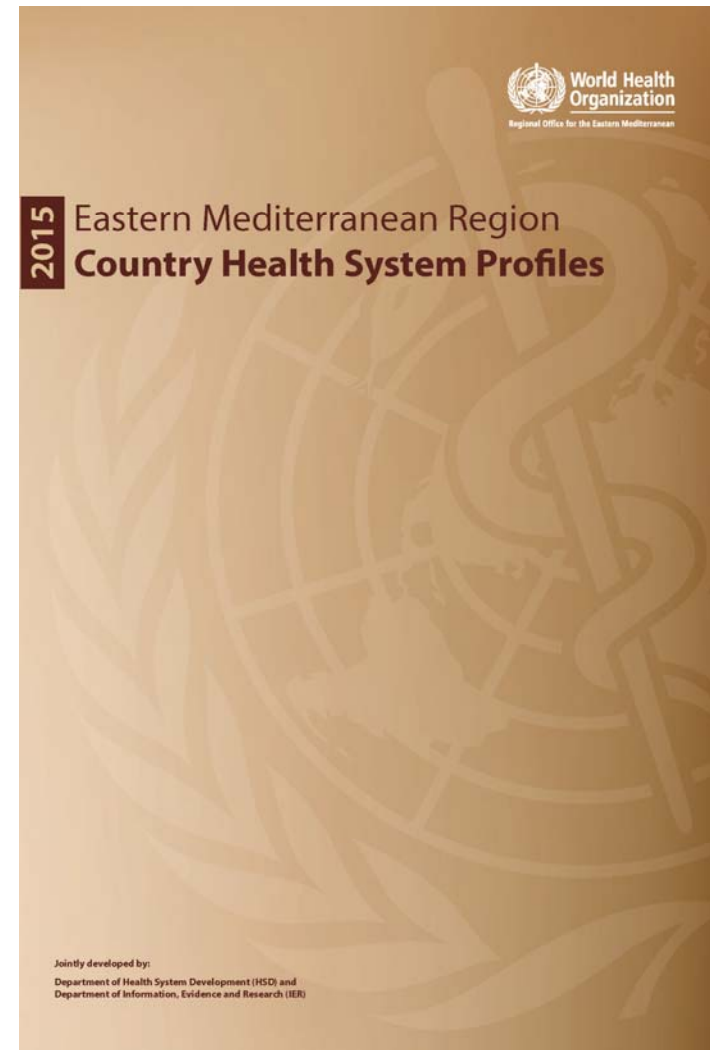
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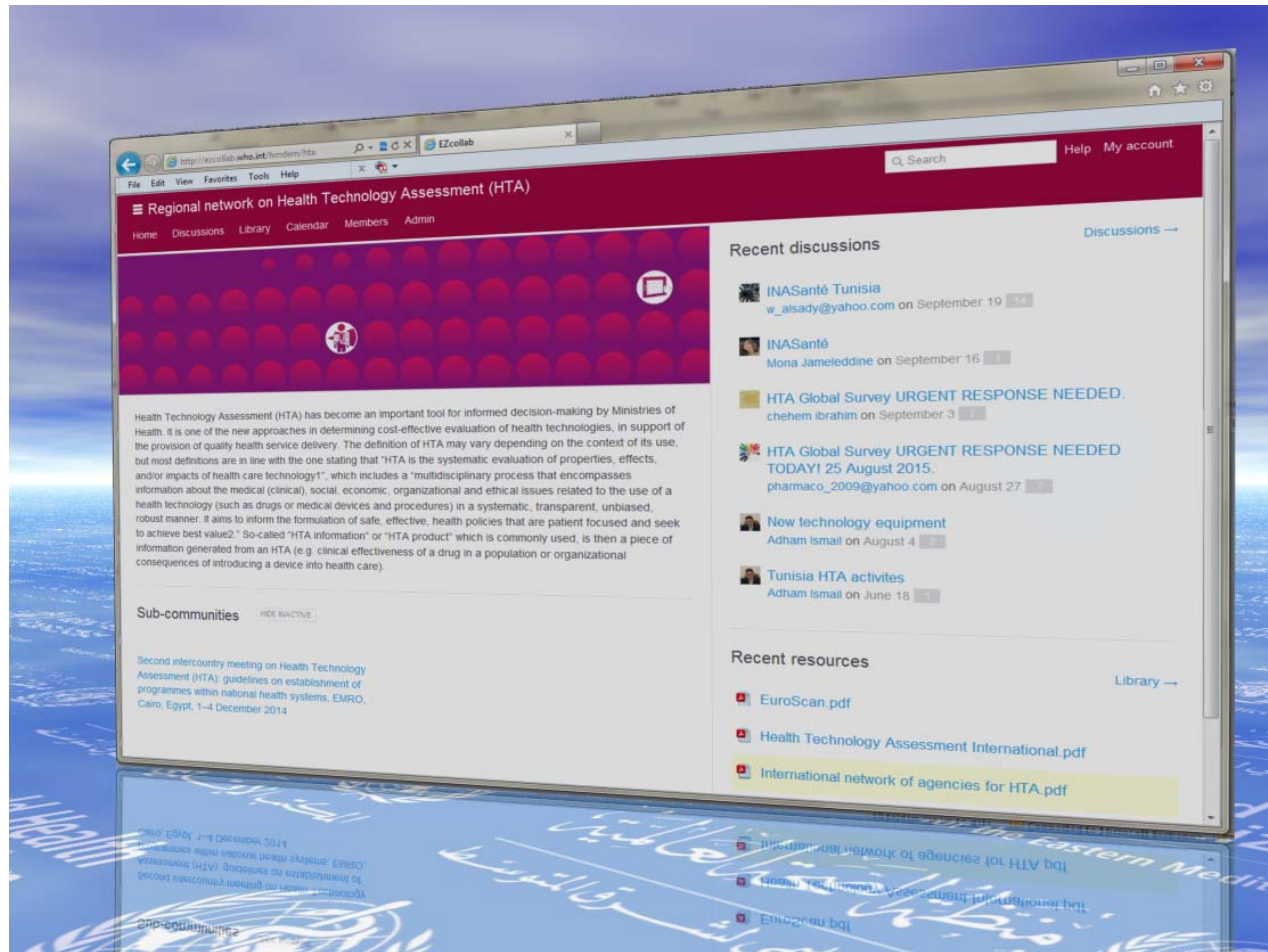
Universal health coverage

- Extending population coverage
- Delivering the essential package of services
- Financial risk protection

Health system country profiles



Health technology assessment



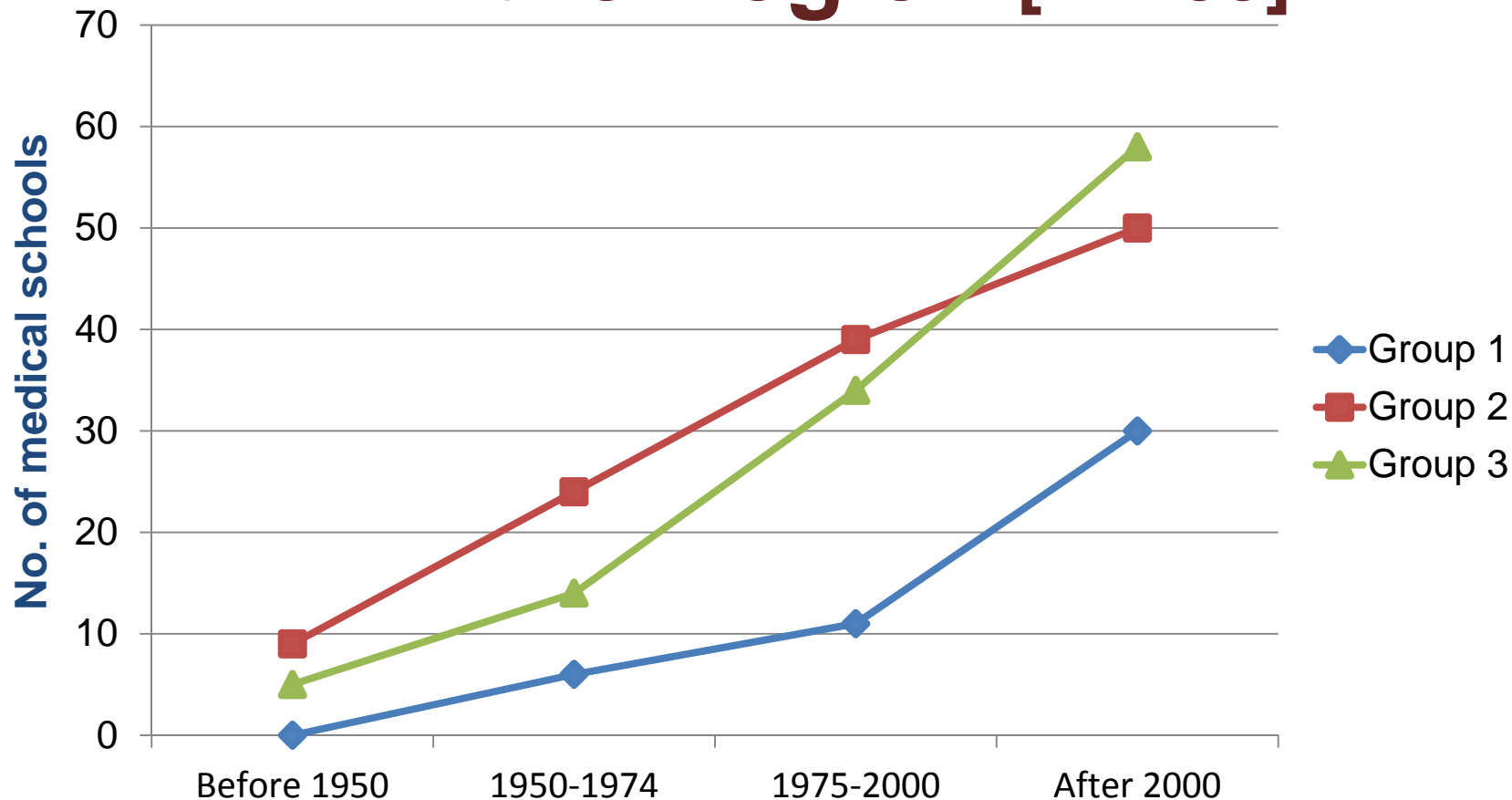
Family practice approach



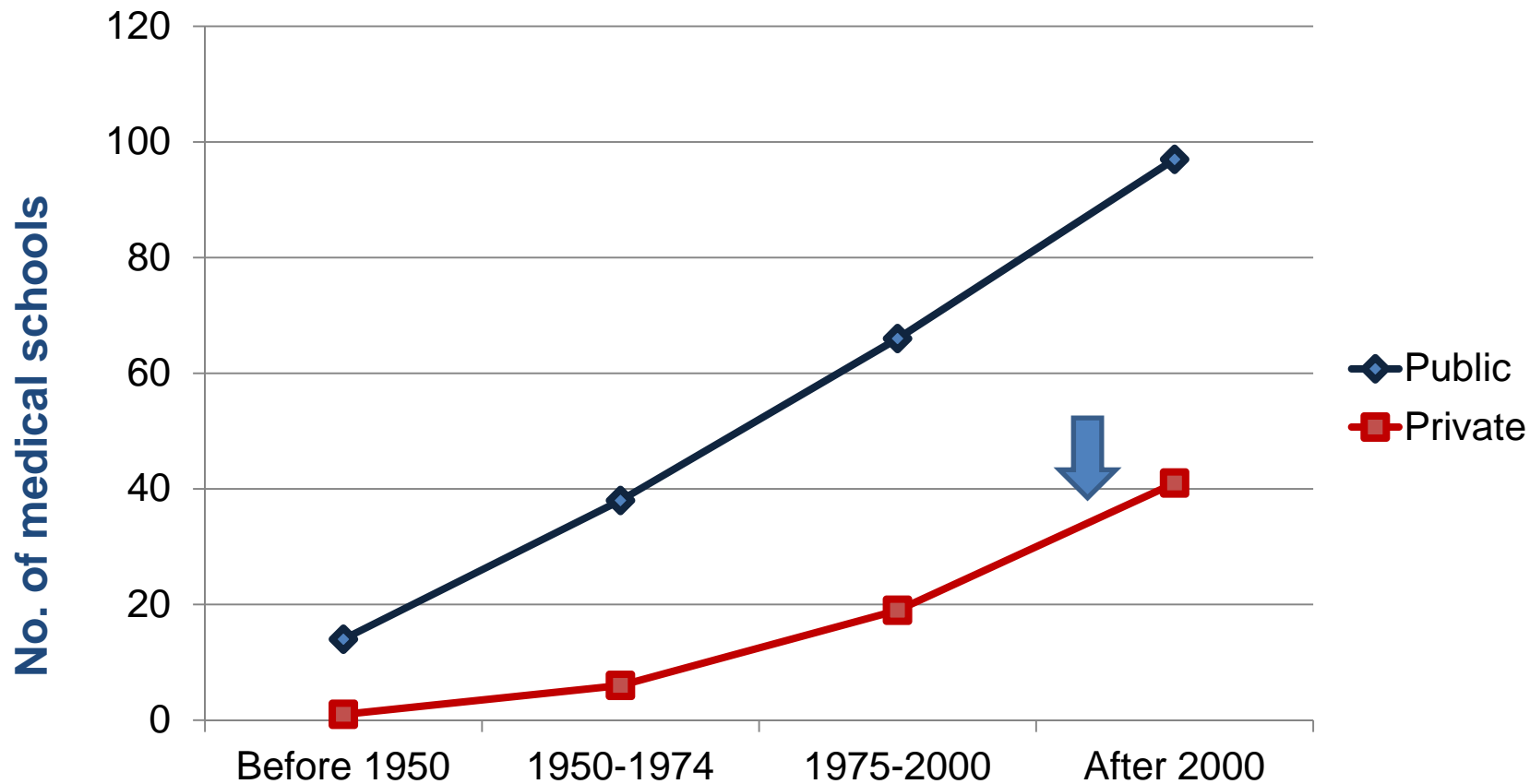
Family practice approach

Scaling up production and retention of family physicians

Medical education: trends in establishment of medical schools in the Region [$n=153$]



Trends in medical schools in the public and private sectors [n=138]



Hospital care and management



Private sector

Developing technical guidance to
strengthen national capacity to
assess, regulate and partner with the
private sector

Regional framework for health information and core indicators

Eastern Mediterranean Region Framework for health information system and core indicators for monitoring health situation and health system performance



EMR Core Indicators Framework

Health Determinants & Risks

Demographic & socio-economic

- Population size
- Population growth
- Total fertility
- Adolescent fertility (15-19)
- Net primary School enrolment
- Proportion of population below the international poverty line
- Adult literacy rate (15-24)
- Access to improved drinking water
- Access to improved sanitation facilities

Risk factors

- Low birth weight
- Breastfeeding exclusively for 6 months
- Children under 5 who are stunted
- Children under 5 who are wasting
- Children under 5 who are overweight
- Children under 5 who are obese
- Overweight (13-18)
- Obesity (13-18)
- Overweight (18+)
- Obesity (18+)
- Tobacco use (13-15)
- Tobacco use (15+)
- Insufficient physical activity (13-18)
- Insufficient physical activity (18+)
- Raised blood glucose (18+)
- Raised blood pressure (18+)
- Anemia among women of reproductive age

Health Status

Life expectancy & mortality

- Life expectancy at birth
- Neonatal mortality
- Infant mortality
- Under-5 mortality
- Maternal mortality ratio
- Mortality rate by major cause of death (Age-standardized)
- Mortality between ages 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
- Road traffic death rate

Morbidity

- Cancer incidence by type
- TB Case notification rate
- Estimated number of new HIV infections
- Number of newly reported HIV cases
- Incidence of confirmed malaria cases
- Incidence of measles cases

Health System Response

Health financing

- General government expenditure on health as % of general government expenditure
- Per capita total health expenditure
- Share of - out - of pocket as % of total health expenditure
- Population with catastrophic health expenditure
- Population that gets impoverished due to out-of-pocket health expenditure

Health workforce

- Density of health workers: a-Physicians, b-nurses, c-midwives, d-pharmacists, e-dentists
- Density of graduates of registered health profession educational institutions

Health information system

- Births registration coverage group
- Deaths registration coverage group

Medicines & medical devices

- Availability of selected essential medicines in public and private health facilities
- Density per million population of 6 selected medical devices in public and private health facilities

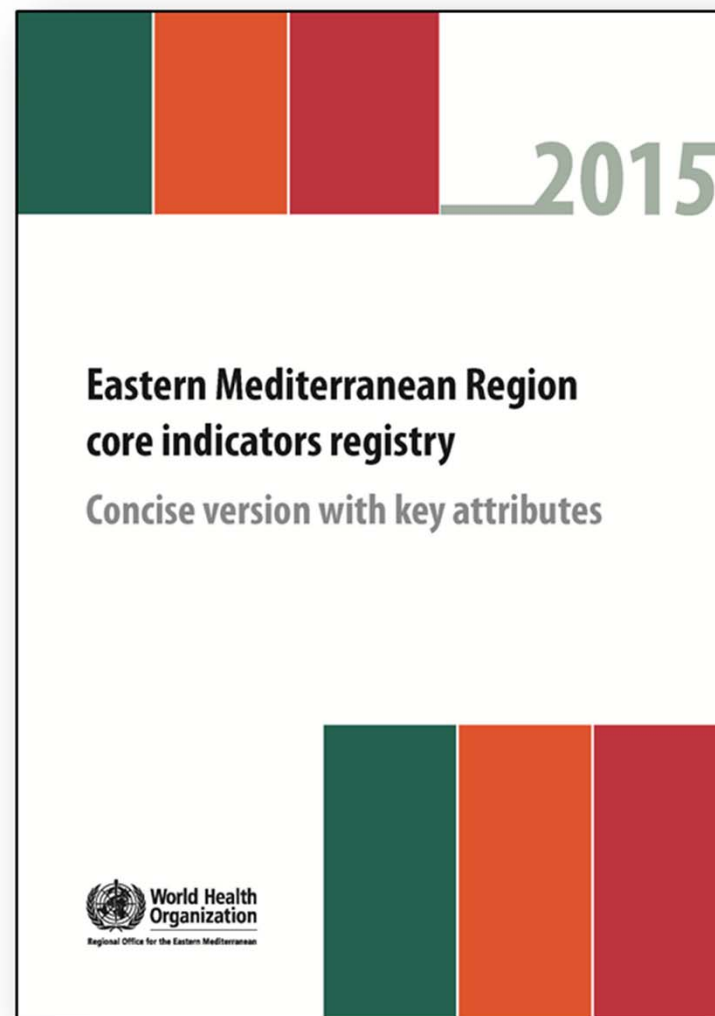
Service delivery

- Density of primary health care facilities
- Density of inpatient beds (hospitals)
- Surgical wound infection rate
- Annual number of outpatient department visits, per capita

Coverage group of interventions

- Need for contraception satisfied
- Antenatal care coverage group (1+ :4+)
- Skilled birth attendance
- DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age
- Measles immunization coverage (MCI1)
- Percentage of suspected malaria cases that have had a diagnostic test
- Percentage of individuals who slept under an ITN the previous night
- Percentage of key populations at higher risk (injecting drug users, sex workers, men who have sex with men) who have received an HIV test in the past 12 months and know their results
- adults and children currently receiving ARV therapy among all adults and children living with HIV
- Treatment success rate of new bacteriologically confirmed TB cases
- Oral rehydration therapy
- Service coverage for severe mental disorders

Eastern Mediterranean Region core indicators registry



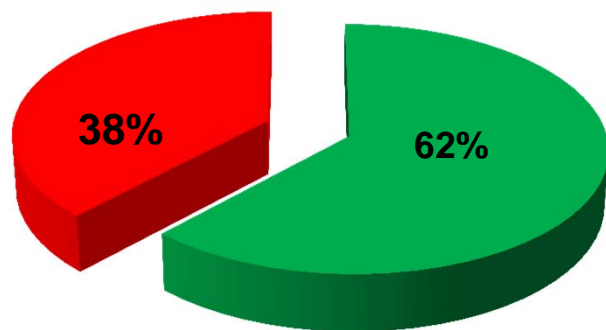
Civil registration and vital statistics: estimated coverage of birth and death registration

(Data available 2012-2015)

Birth registration

Unregistered

Registered



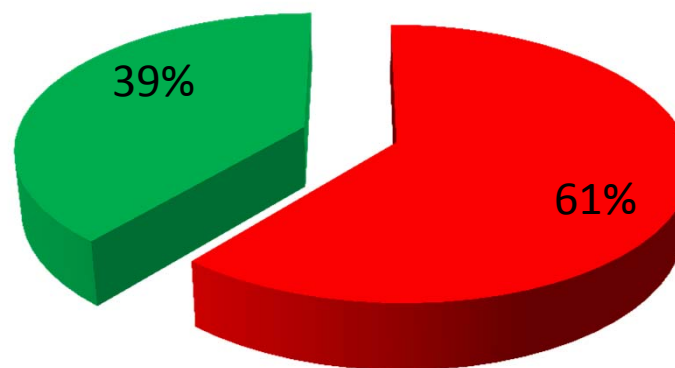
> 6 million

10 million

Death registration

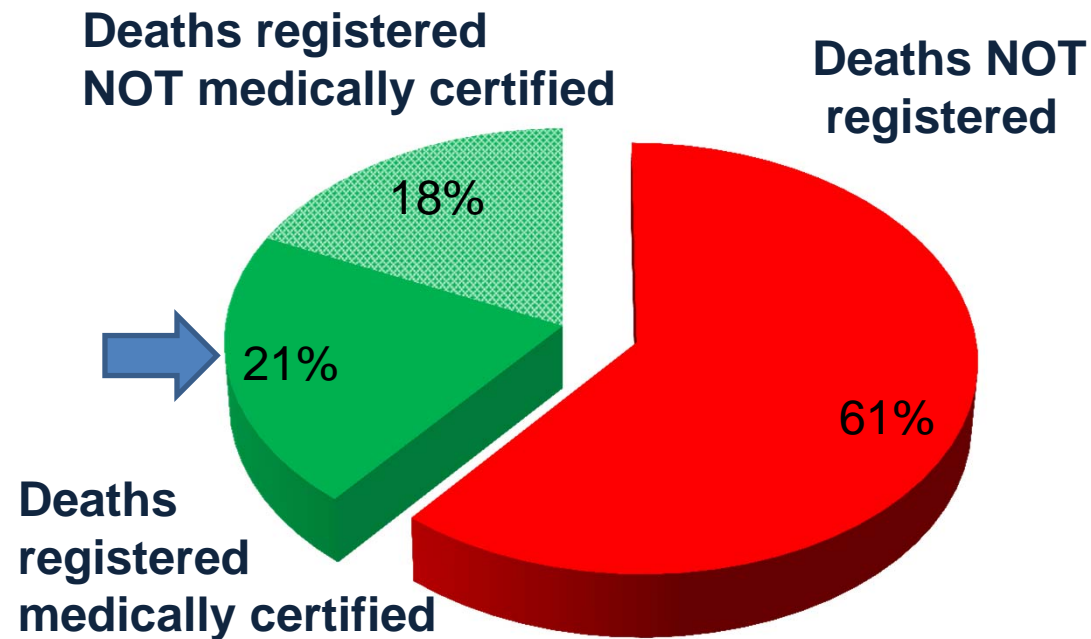
Registered

Unregistered



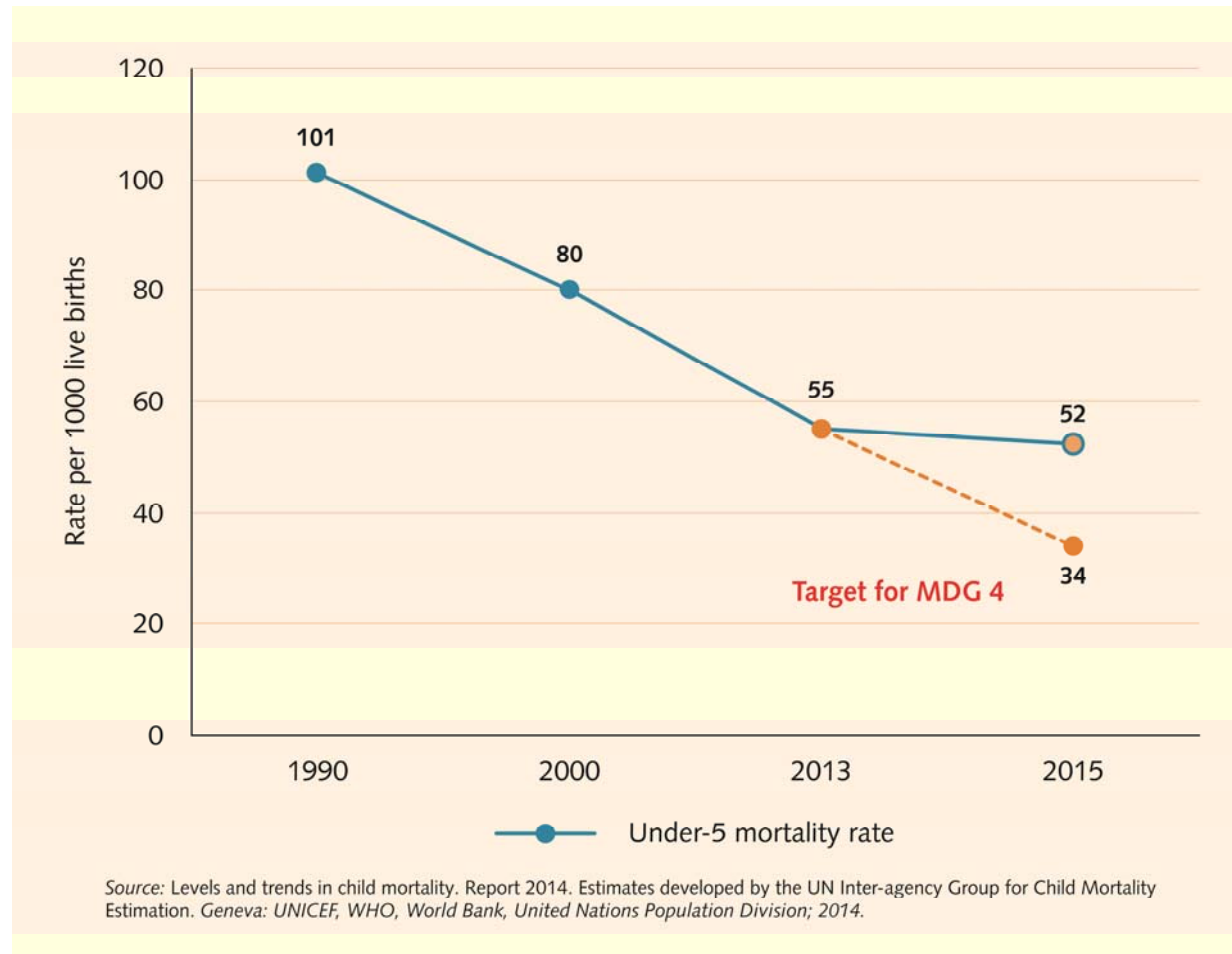
Civil registration and vital statistics: medical certification of death (%)

(Data available 2012-2015)

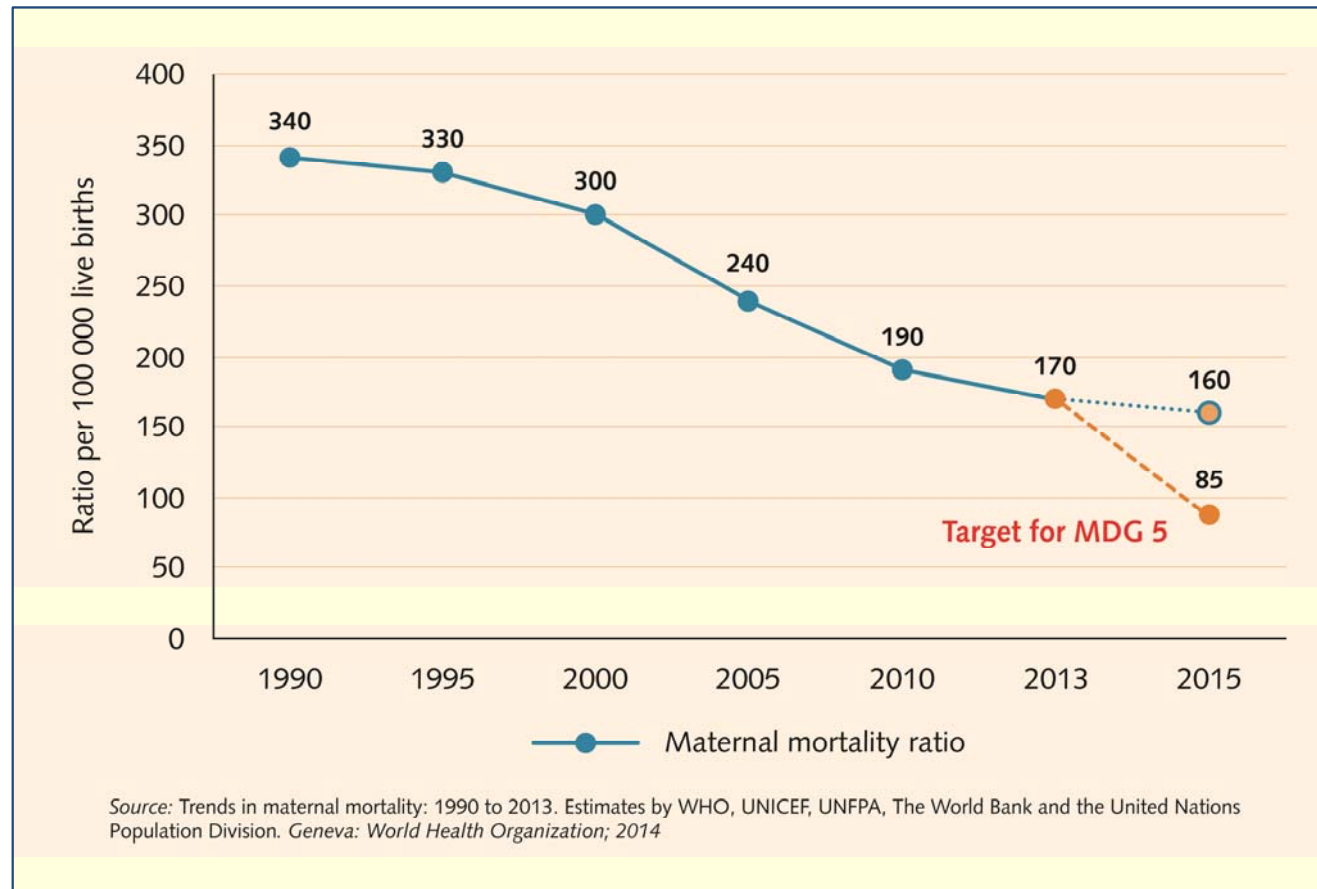


Public health law and legislation

Maternal and child health



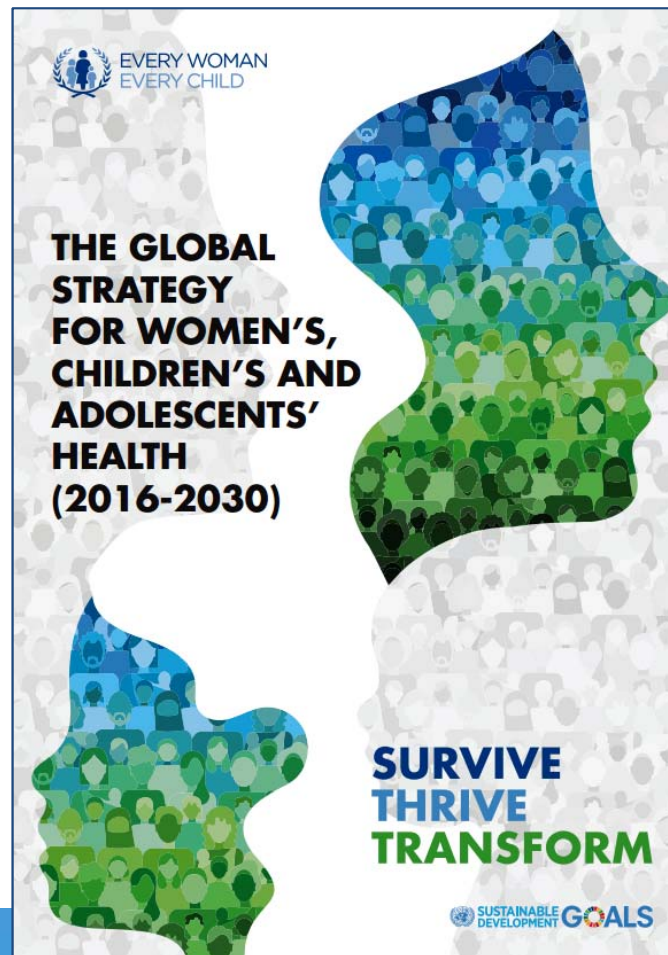
Maternal and child health



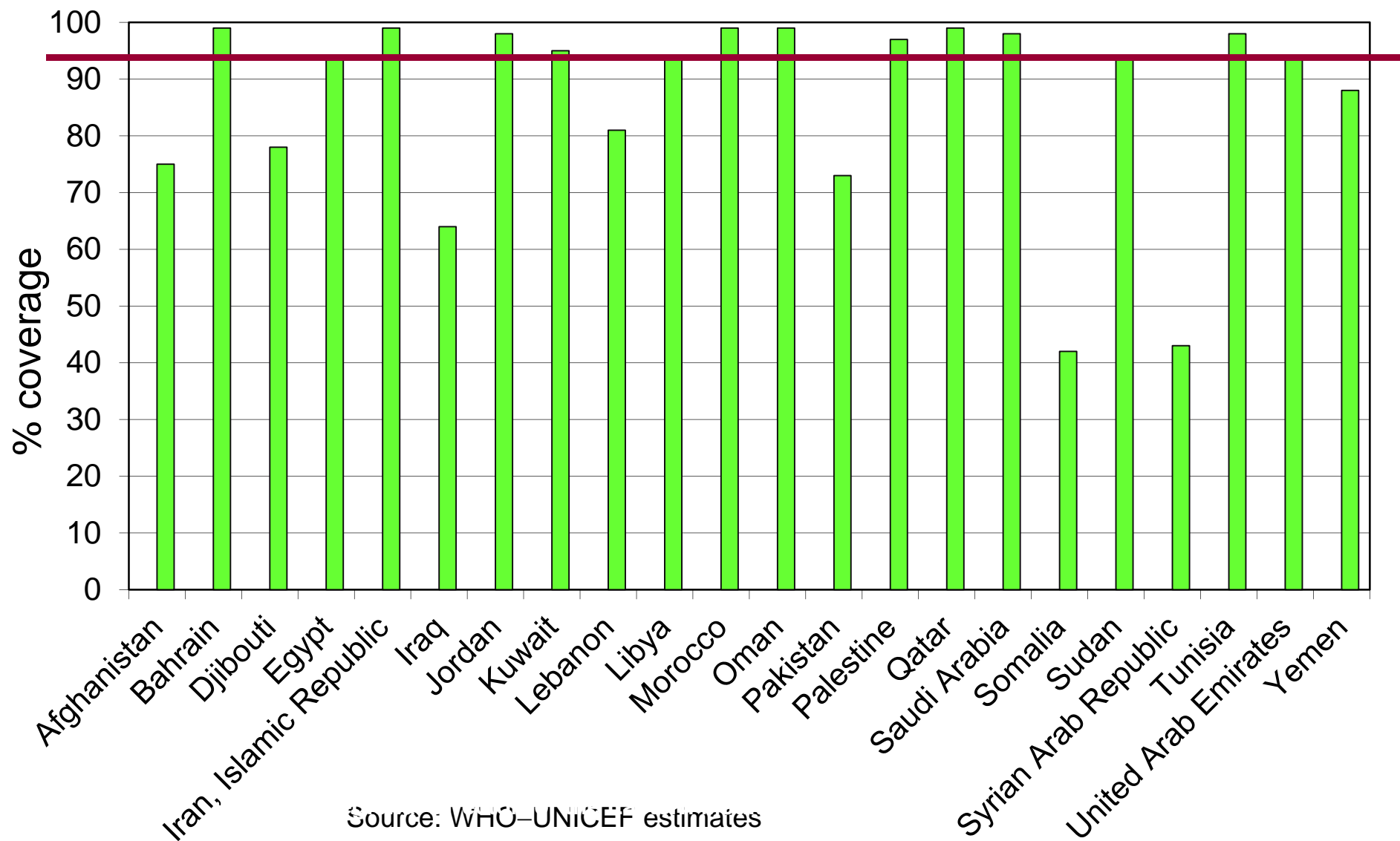
Saving the lives of mothers and children



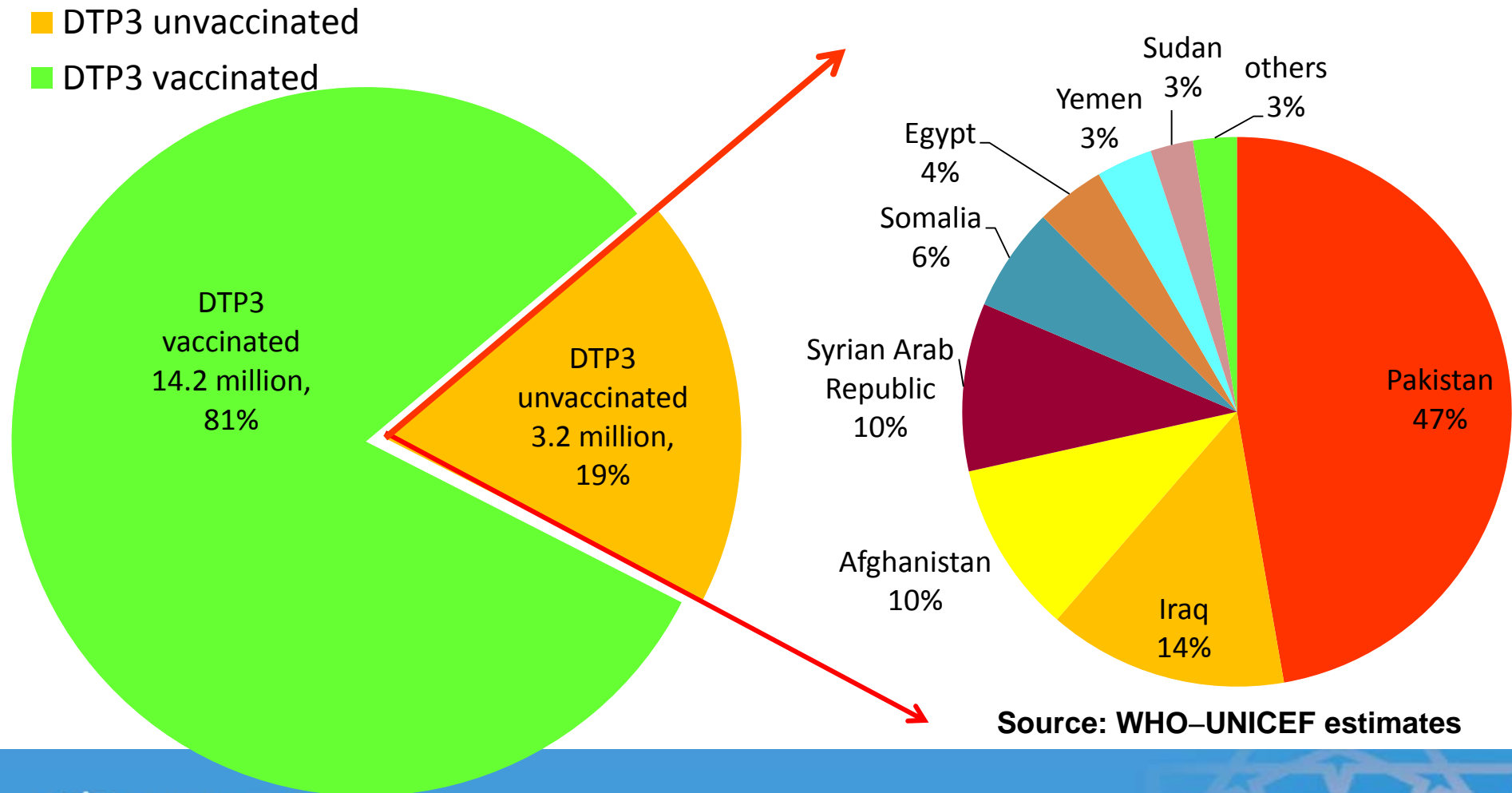
Global strategy for women's, children's and adolescents' health,



WHO–UNICEF estimates of DTP3 coverage, 2014

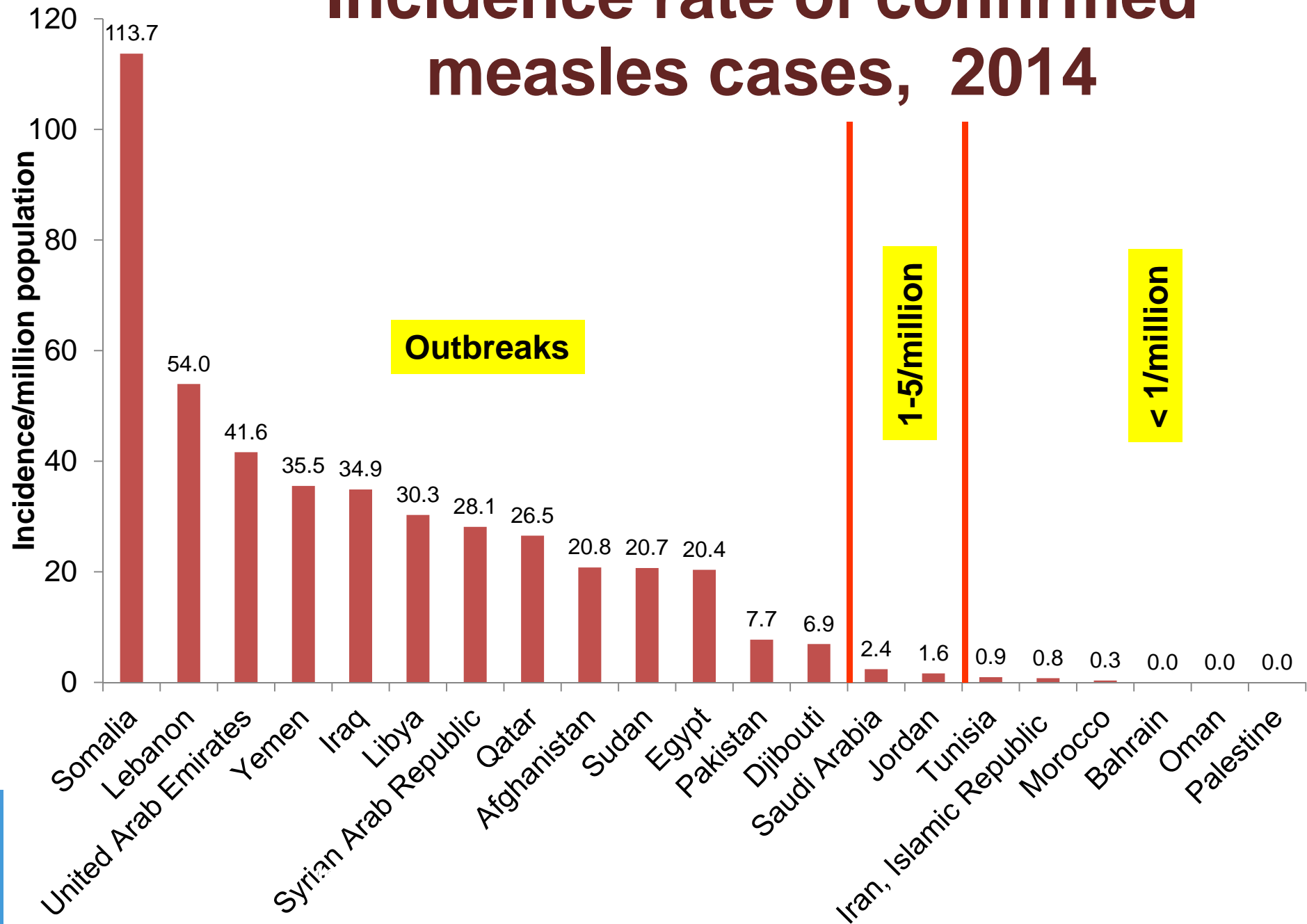


DTP3: 3.2 million unvaccinated infants in the Region, 2014



Source: WHO-UNICEF estimates

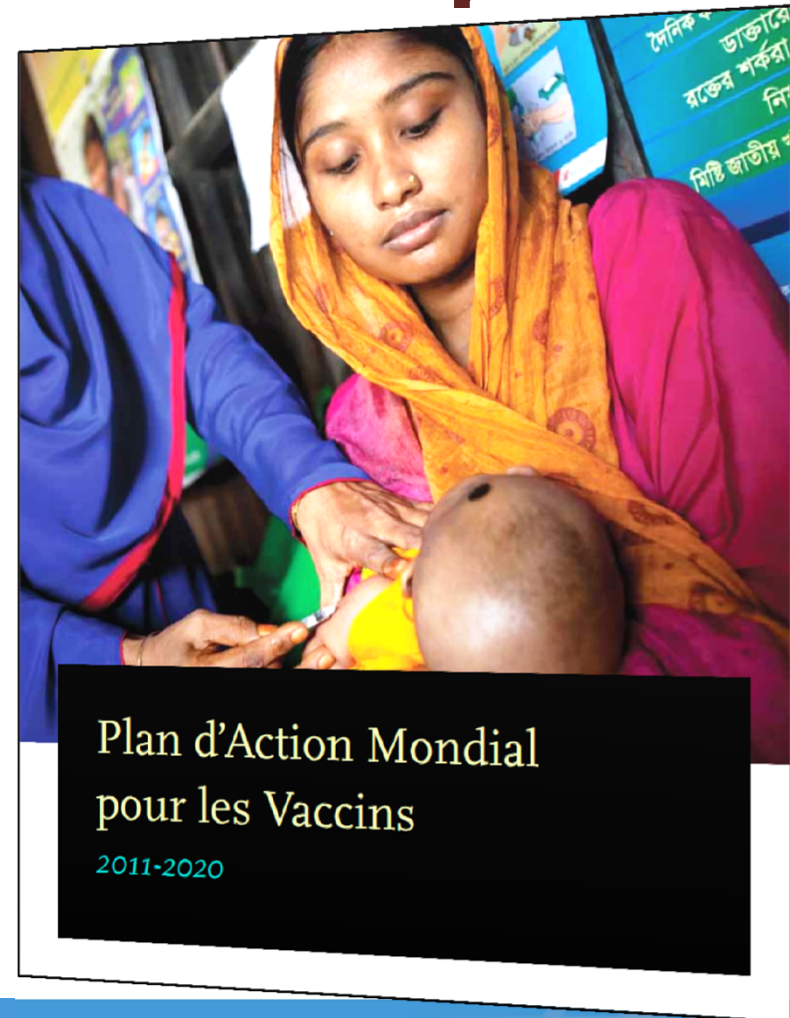
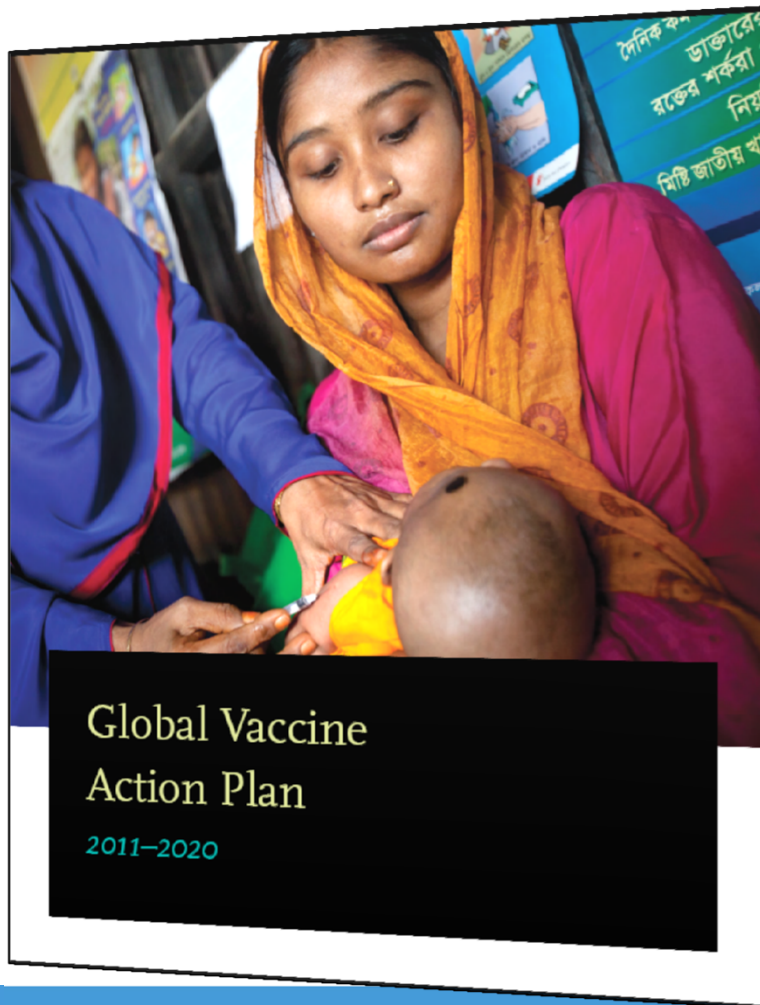
Incidence rate of confirmed measles cases, 2014



New vaccines

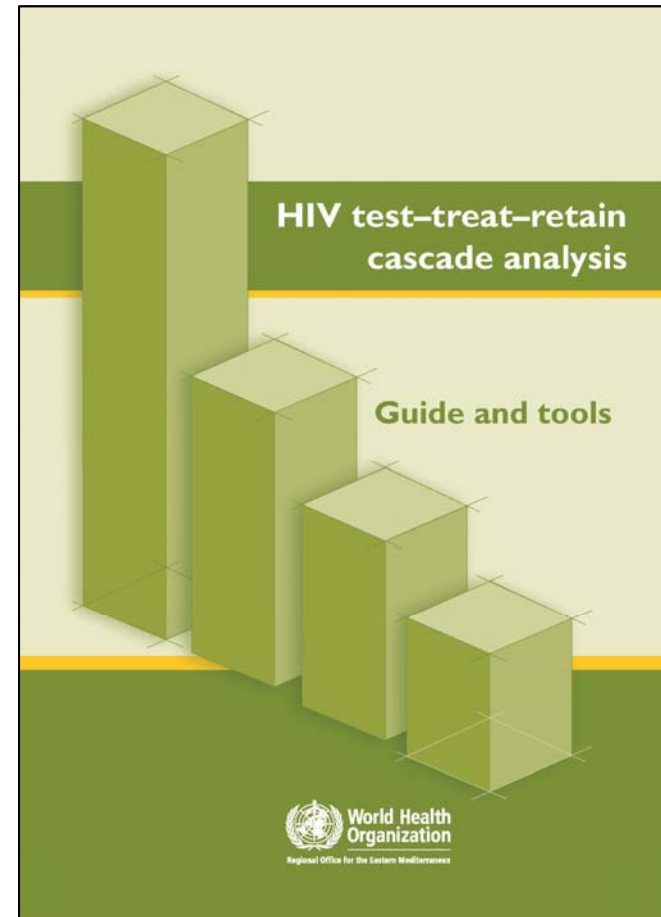


Global vaccine action plan



HIV/AIDS

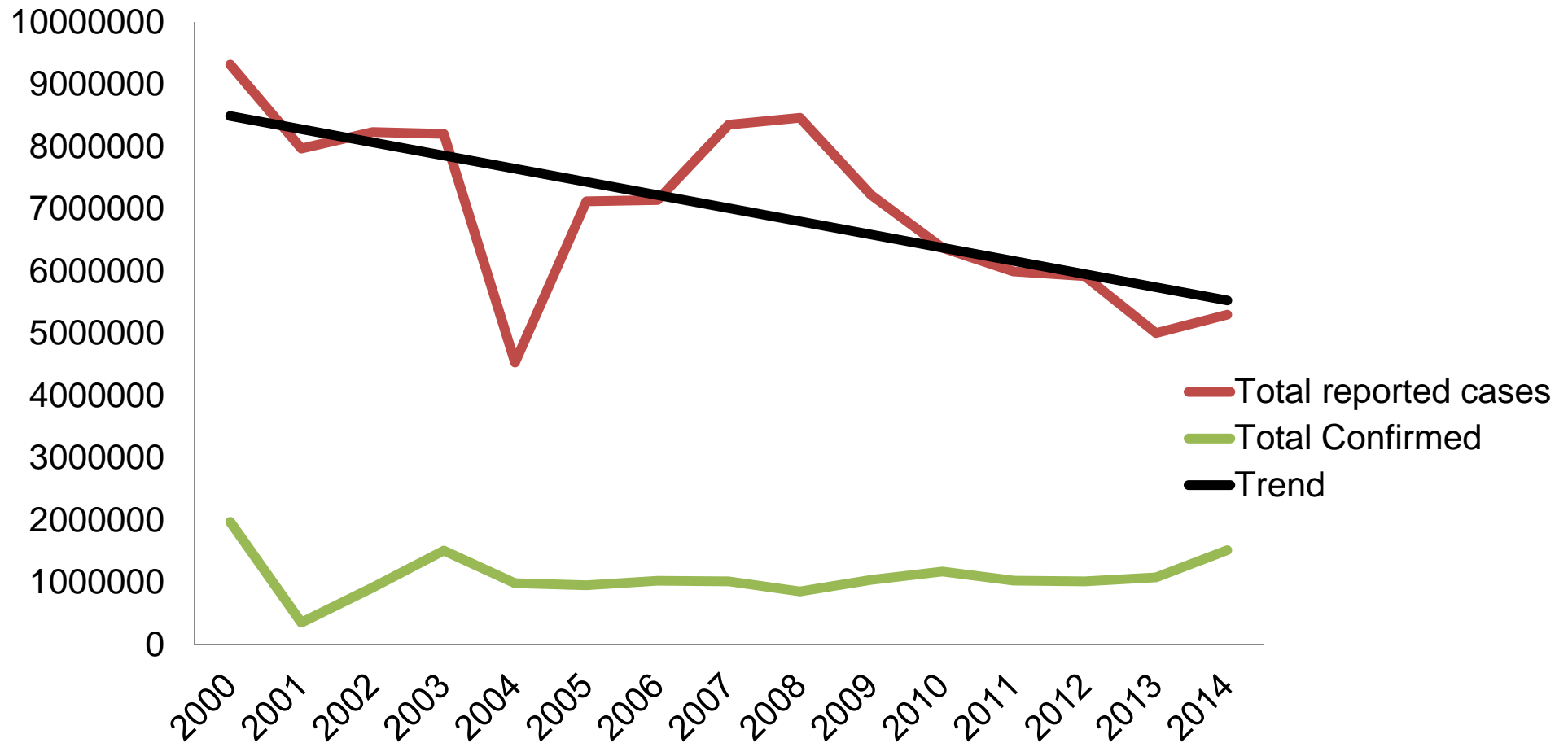
Eligible people
receiving antiretroviral
therapy



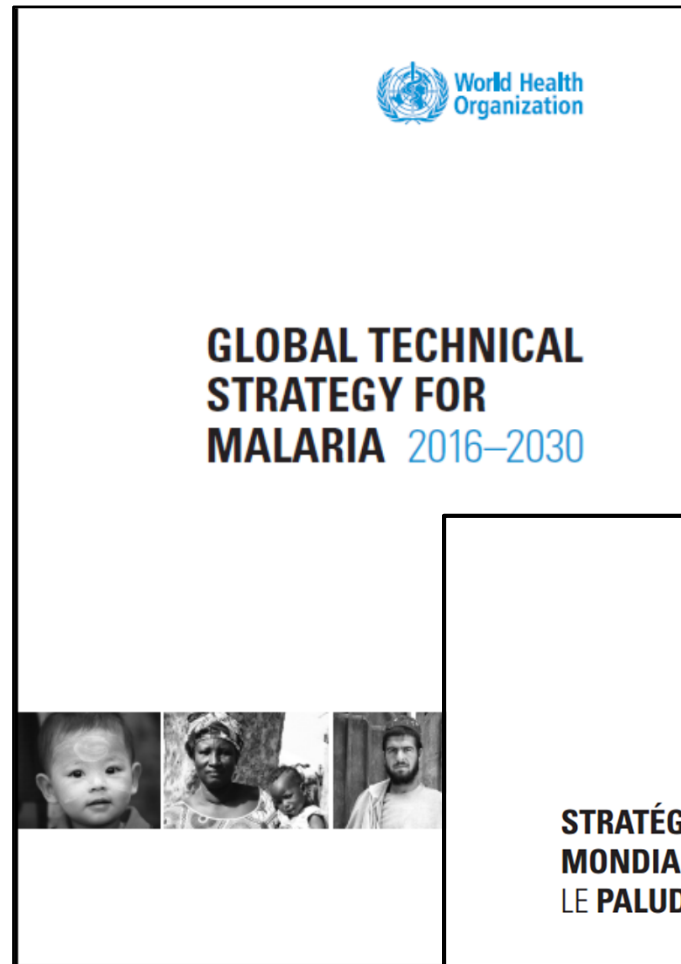
Hepatitis



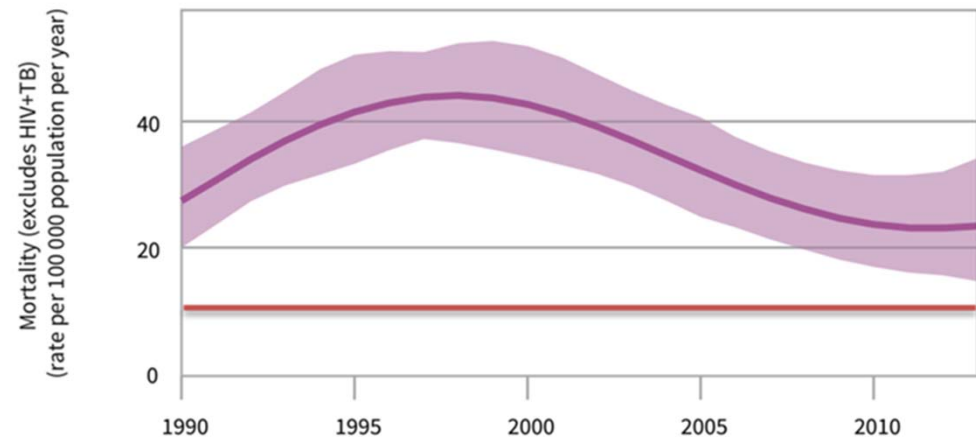
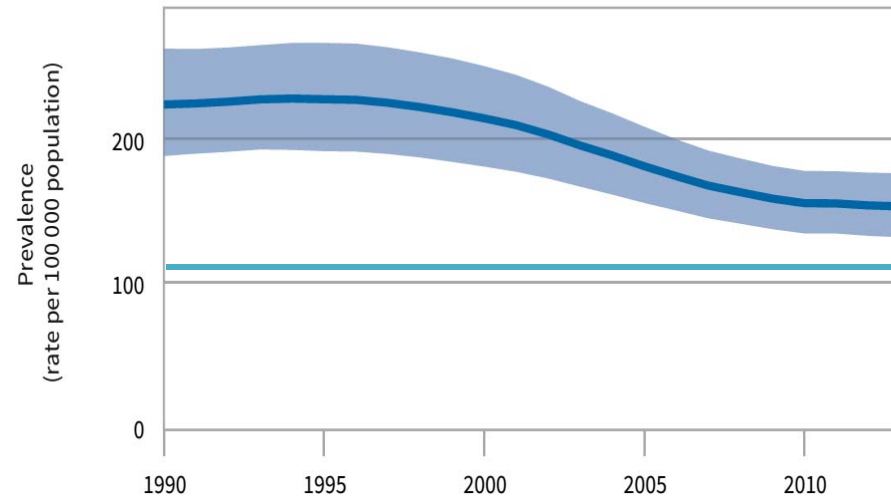
Reported malaria cases in the Eastern Mediterranean Region, 2000-2014



Global technical strategy for malaria 2016-2030

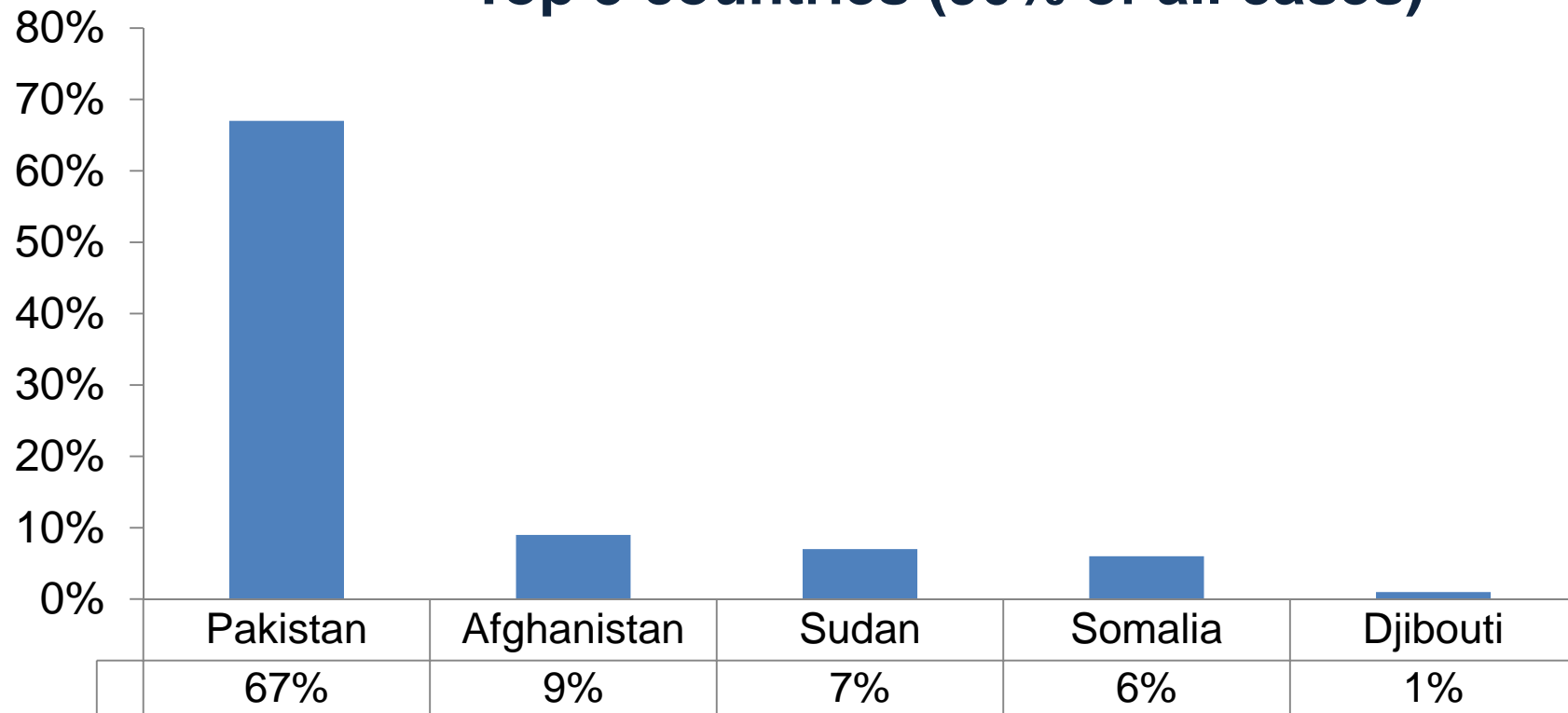


Tuberculosis prevalence and mortality 1990-2013



Tuberculosis: contribution to the regional gap between estimated and notified cases

Top 5 countries (90% of all cases)



Health security: assessment, surveillance and rapid response to health threats



Health security: Ebola preparedness assessment missions



Health security: infection prevention and control

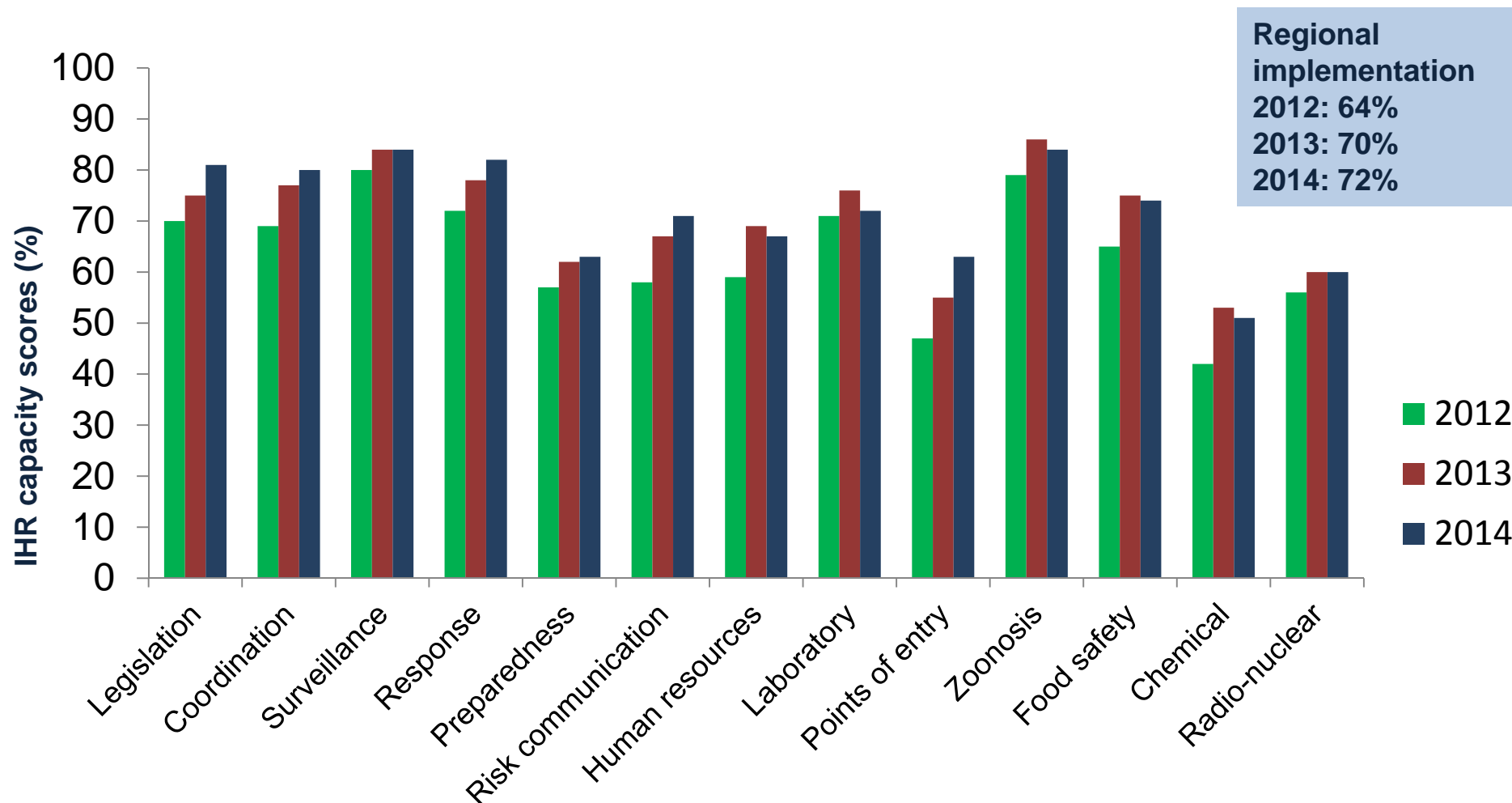


Health security: closing knowledge gaps



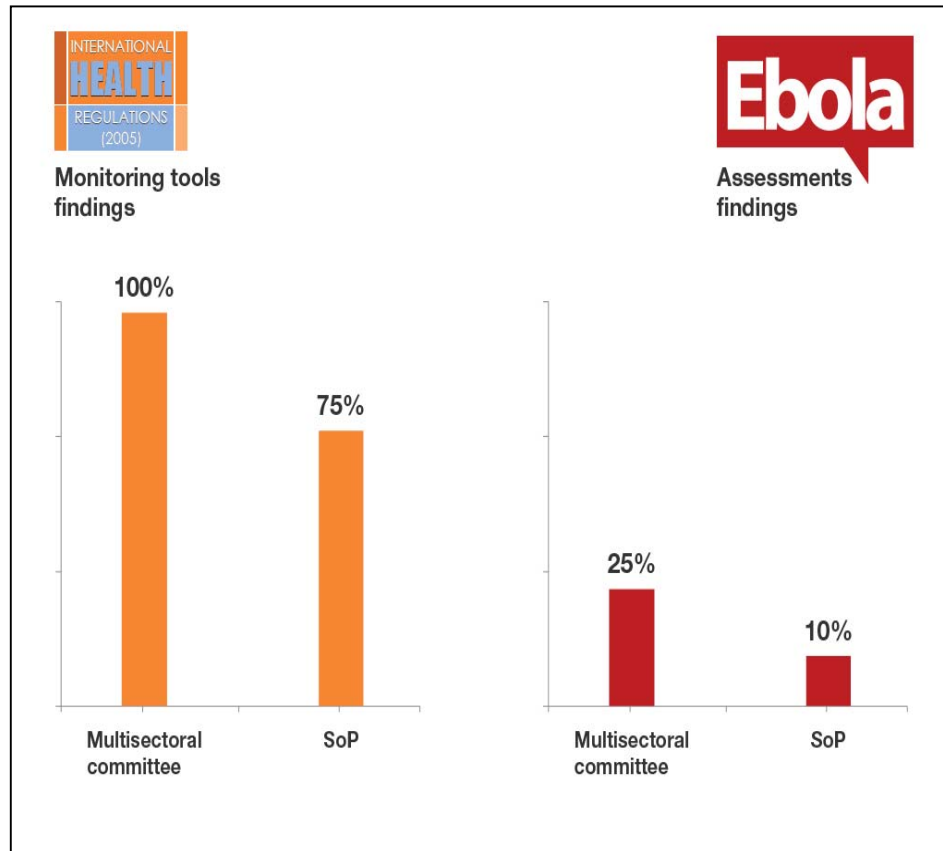
Regional IHR implementation

(Source: 2012–2014 IHR monitoring tool)

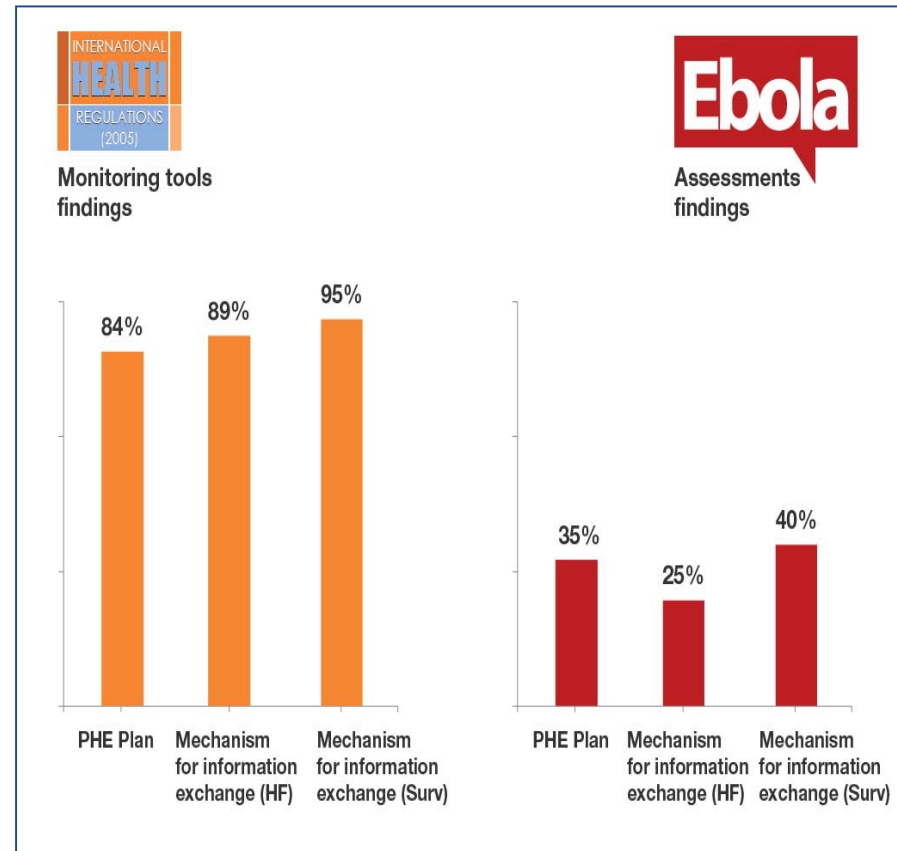


Regional IHR implementation and Ebola preparedness assessment missions: major gaps identified

Multisectoral coordination



Capacities at points of entry



Food safety

HOW SAFE
IS YOUR FOOD?



From farm to plate,
make food safe

WORLD HEALTH DAY 2015
#safefood | www.who.int/whd/food-safety



VOS ALIMENTS
SONT-ILS
VRAIMENT SÛRS ?



De la ferme à l'assiette,
vous avez tous un rôle à jouer

JOURNÉE MONDIALE DE LA SANTÉ 2015
#safefood | www.who.int/whd/food-safety

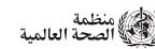


ما مدى سلامة غذائك؟





من المزرعة إلى الصحن، احرص على سلامة الغذاء

يملأ العالم أجمع بحلول 2015
#safefood | www.who.int/whd/food-safety



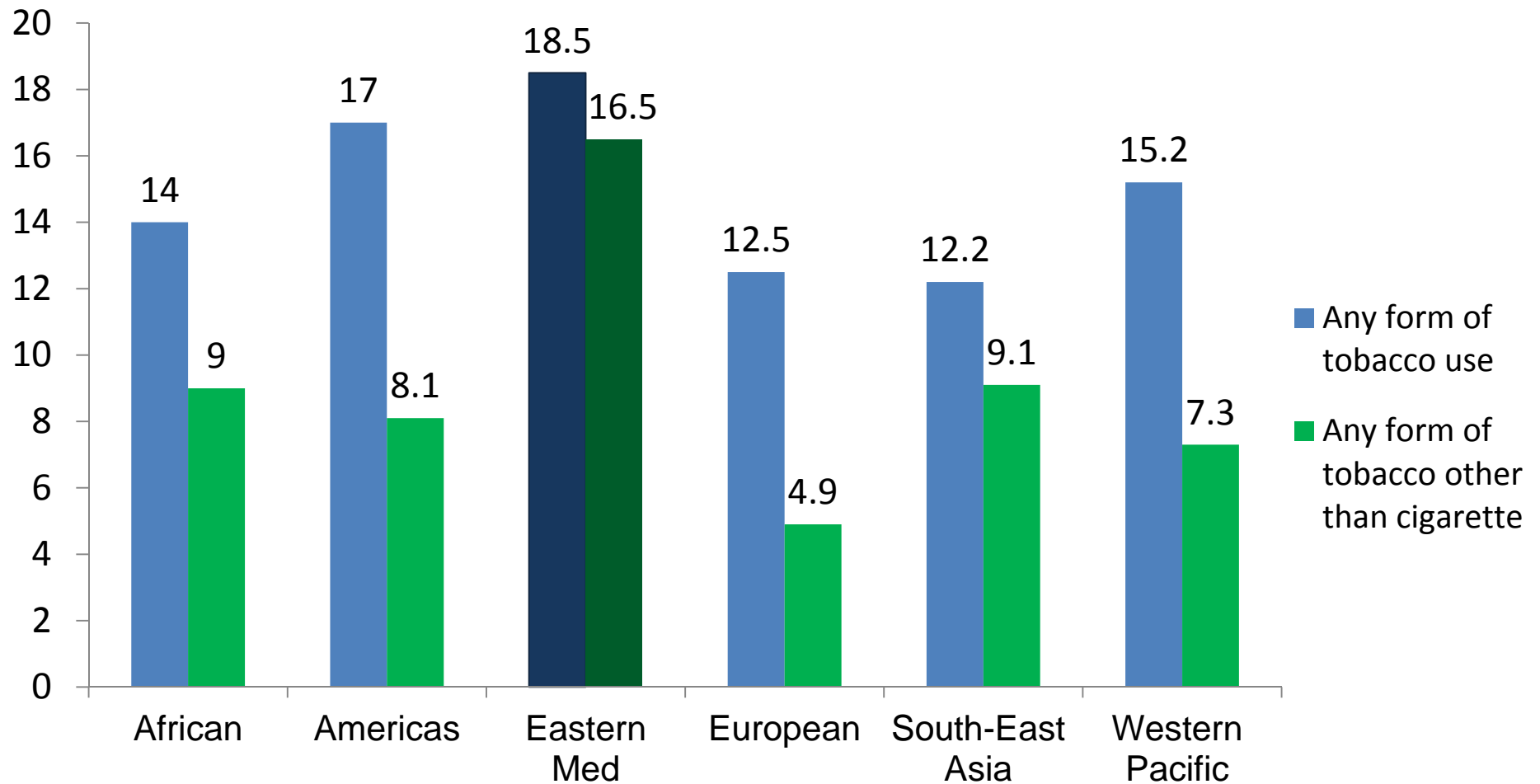
Noncommunicable diseases: regional framework for action

 World Health Organization <small>Regional Office for the Eastern Mediterranean</small>			Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018 <small>Updated October 2015, based on resolutions EM/RC59/R.2 & EM/RC60/R.4</small>		
Commitments	Strategic interventions	Progress indicators			
In the area of governance	Each country is expected to: <ul style="list-style-type: none"> Integrate noncommunicable diseases into national policies and development plans Establish a multisectoral strategy/plan and a set of national targets and indicators based on national situation and WHO guidance Increase budgetary allocations for noncommunicable diseases prevention and control including through innovative financing mechanisms such as taxation of tobacco, other unhealthy products Periodically assess national capacity for prevention and control of noncommunicable diseases using WHO tools 	 Organisation mondiale de la Santé <small>Bureau régional de la Méditerranée orientale</small>	Cadre d'action pour la mise en oeuvre de la Déclaration politique des Nations Unies sur les maladies non transmissibles, y compris les indicateurs afin d'évaluer les progrès des pays d'ici 2018 <small>Mise à jour d'octobre 2015, sur la base des résolutions EM/RC59/R.2 & EM/RC60/R.4</small>		
		Engagements	Interventions stratégiques	Indicateurs de processus	
		Dans le domaine de la gouvernance	Chaque pays doit : <ul style="list-style-type: none"> intégrer les maladies non transmissibles dans les politiques et plans de développement nationaux mettre en place une stratégie/un plan multisectoriel(le) et un ensemble de cibles et d'indicateurs nationaux pour 2025 sur la base de la situation nationale et des orientations de l'OMS augmenter les allocations budgétaires pour la prévention et la maîtrise des maladies non transmissibles, notamment par la mise en oeuvre de mécanismes de financement novateurs tels que la taxation du tabac, de l'alcool et d'autres produits nocifs pour la santé évaluer périodiquement les capacités nationales de lutte contre les maladies non transmissibles à l'aide des instruments de l'OMS 	Le pays : <ul style="list-style-type: none"> est doté d'une stratégie/d'un plan d'action national(e) multisectoriel(le) opérationnel(le) intégrant les principales maladies non transmissibles et leurs facteurs de risque communs a fixé des cibles/indicateurs assortis de délais sur la base des orientations de l'OMS 	
In the area of prevention and reduction of risk factors	Each country is expected to: <ul style="list-style-type: none"> Accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC) and ratify Protocol to Eliminate Illicit Trade in Tobacco Products Ensure healthy nutrition in early life and childhood including breastfeeding promotion, regulating marketing of foods and non-alcoholic beverages to children Reduce average population salt intake in line with WHO recommendations Virtually eliminate transfat intake and reduce intake of saturated fatty acids Promote physical activity through a life-course approach Implement the best buys to reduce the harmful use of alcohol 				
		Engagements	Interventions stratégiques	Indicateurs de processus	
		Dans le domaine de la prévention et de la réduction des facteurs de risque	Chaque pays doit : <ul style="list-style-type: none"> accélérer la mise en oeuvre de la Convention-Cadre de l'OMS pour la lutte antitabac et ratifier le protocole pour éliminer le commerce illicite des produits de tabac garantir une alimentation saine au début de la vie et dans l'enfance, y compris la promotion de l'allaitement au sein et la réglementation de la commercialisation des aliments et des boissons non alcoolisées destinés aux enfants réduire l'apport en sel moyen dans la population conformément aux recommandations de l'OMS éliminer virtuellement l'apport en graisses trans et réduire l'apport en acides gras saturés promouvoir l'activité physique par une approche prenant en compte toutes les étapes de la vie mettre en oeuvre les meilleures options afin de réduire l'usage nocif de l'alcool 	Le pays : <ul style="list-style-type: none"> met en oeuvre totalement quatre mesures visant à réduire la demande figurant dans la Convention-cadre de l'OMS pour la lutte antitabac applique quatre mesures visant à lutter contre l'alimentation malsaine met en oeuvre au moins un programme national de sensibilisation du public récent en matière d'alimentation et/ou d'activité physique applique trois mesures, comme il convient, en fonction du contexte national, pour réduire l'usage nocif de l'alcool, conformément à la stratégie mondiale de l'OMS en la matière. 	
In the area of surveillance, monitoring and evaluation	Each country is expected to: <ul style="list-style-type: none"> Implement/strengthen the WHO surveillance framework that monitors mortality, morbidity, risk factors and determinants, and health system capacity and response Integrate the three components of the surveillance framework into the national information system Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation 				
		Engagements	Interventions stratégiques	Indicateurs de processus	
		Dans le domaine de la surveillance, du suivi et de l'évaluation	Chaque pays doit : <ul style="list-style-type: none"> mettre en oeuvre/renforcer le cadre OMS de surveillance pour la mortalité et la morbidité, les facteurs de risque et des déterminants et les capacités des systèmes de santé et leur réponse intégrer les trois composantes du cadre de surveillance dans le système national d'information sanitaire renforcer les ressources humaines et les capacités institutionnelles pour la surveillance, le suivi et l'évaluation 	Le pays : <ul style="list-style-type: none"> a un système fonctionnel pour produire systématiquement des données fiables sur la mortalité par cause spécifique réalise une enquête STEPS ou une enquête complète sur les examens de santé tous les 5 ans 	
In the area of health care	Each country is expected to: <ul style="list-style-type: none"> Implement the best buys in health care Improve access to early detection and management of major noncommunicable and risk factors by including them in the essential primary health care package. Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases Improve access to essential palliative care services 				
		Engagements	Interventions stratégiques	Indicateurs de processus	
		Dans le domaine des soins de santé	Chaque pays doit : <ul style="list-style-type: none"> mettre en oeuvre les meilleures options en matière de soins de santé améliorer l'accès au dépistage et à la prise en charge rapides des principales maladies non transmissibles et des facteurs de risque en les intégrant dans l'ensemble essentiel de soins de santé primaires améliorer l'accès à des technologies et médicaments essentiels sûrs, d'un coût abordable et de qualité pour les principales maladies non transmissibles améliorer l'accès aux services de soins palliatifs essentiels 	Le pays : <ul style="list-style-type: none"> dispose de directives/protocoles/normes fondés sur des bases factuelles au niveau national pour la prise en charge des principales maladies non transmissibles dans le cadre d'une approche de soins de santé primaires, qui soient reconnus/approuvés par le gouvernement ou l'autorité responsable de ce domaine fournit des traitements médicamenteux, dont le contrôle de la glycémie, des conseils aux personnes à risque élevé qui remplissent les conditions afin de prévenir les infarctus du myocarde et les accidents vasculaires cérébraux, mettant l'accent sur les soins de santé primaires 	

Noncommunicable diseases: reducing risks, promoting health

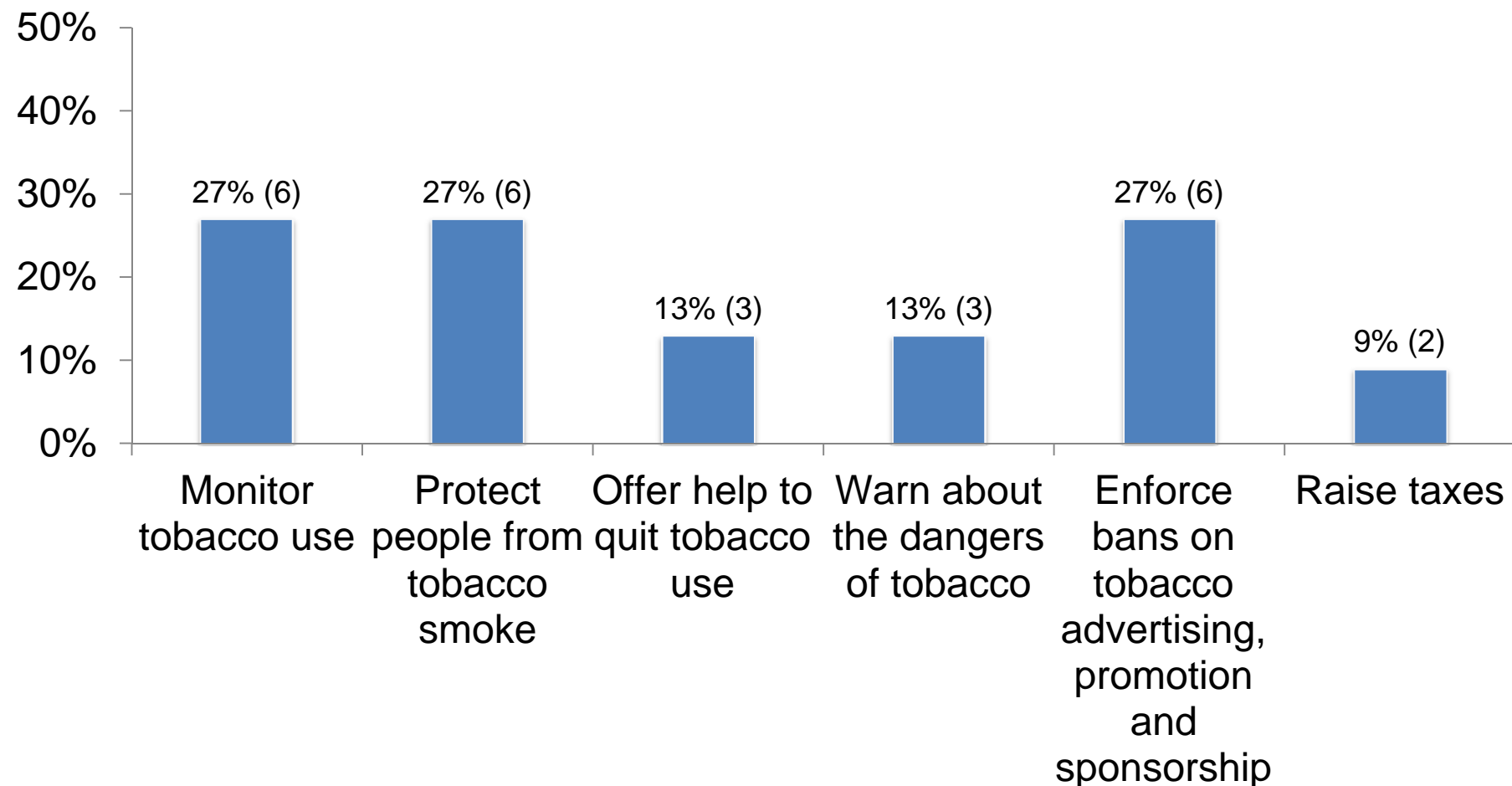


Tobacco use among youth by WHO Region



Source: WHO Report on the Global Tobacco Epidemic 2015.

Implementation status of tobacco control among countries of the Region



Noncommunicable diseases: regulatory actions



Implementing the Political Declaration of the United Nations General Assembly on Noncommunicable Diseases

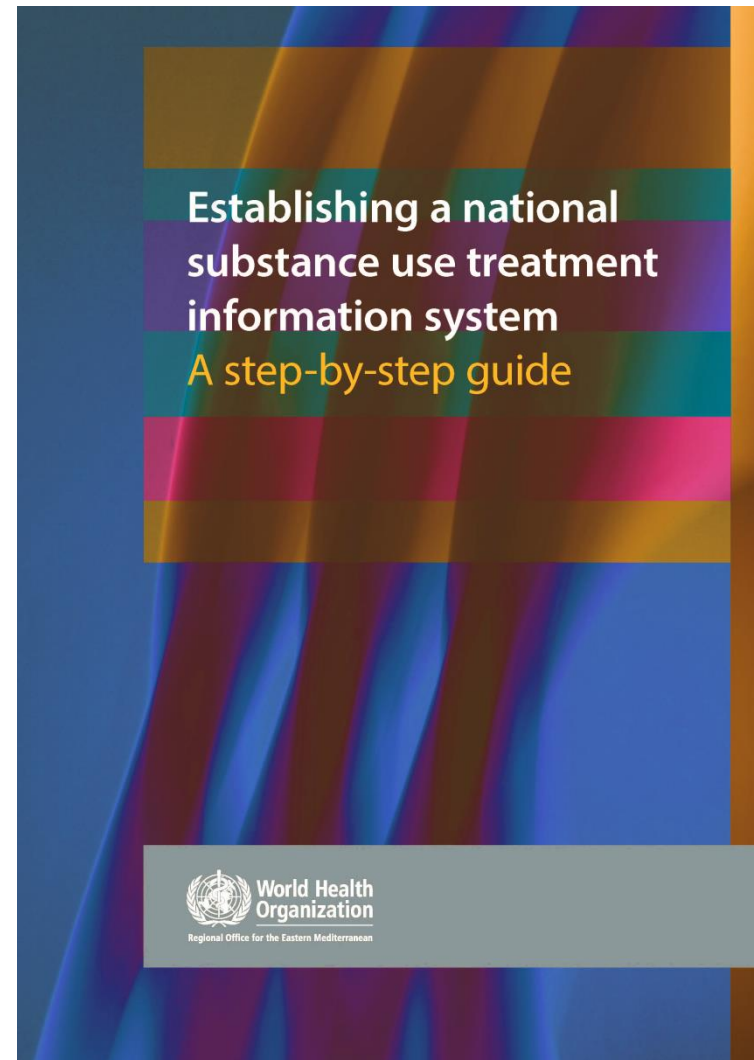


UN General Assembly (New York, 19-20 September 2011)

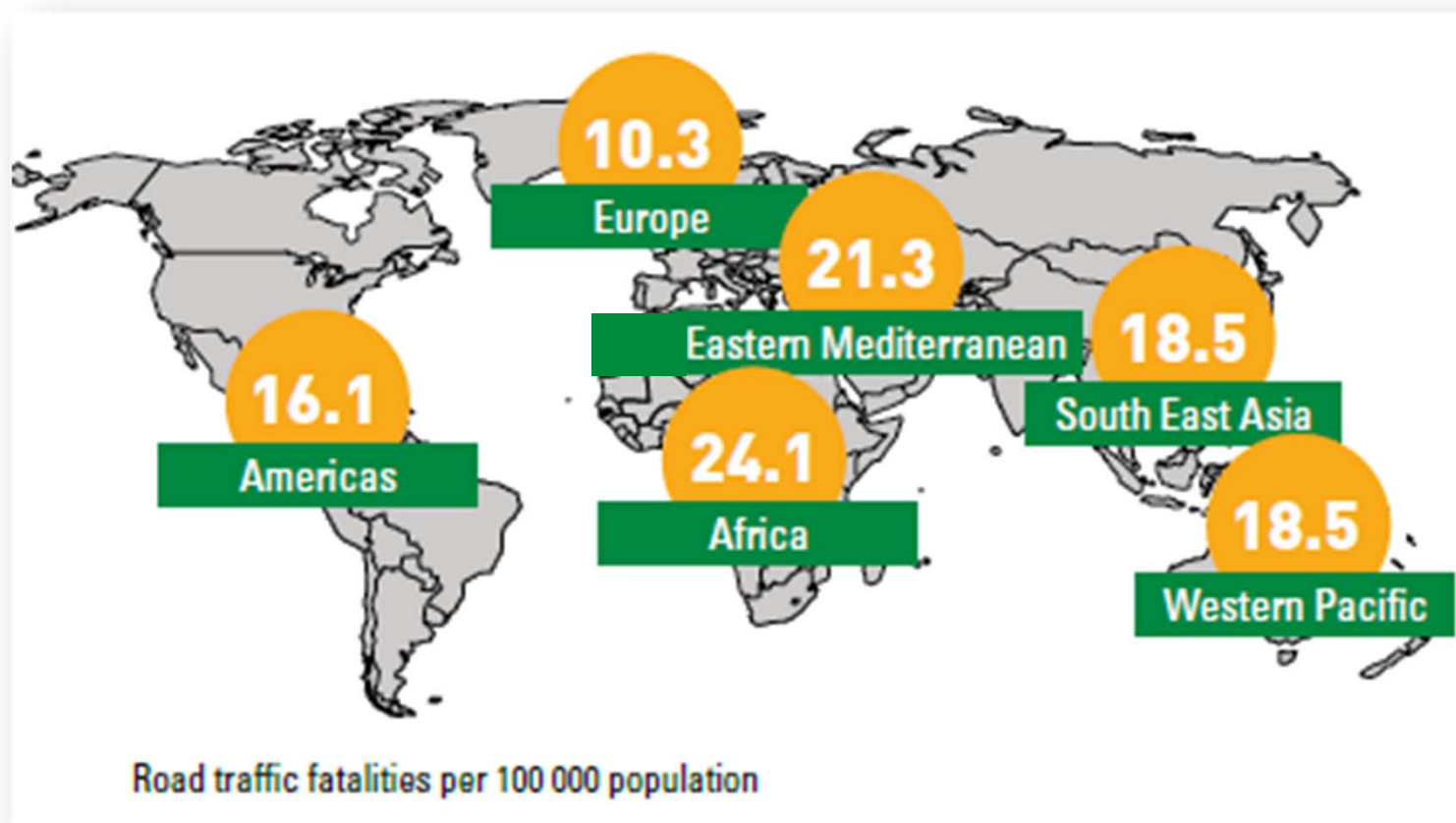
Mental health interventions: “Best buys”

Health care	Promotion and prevention	Emergencies
<ul style="list-style-type: none"> Integration of early recognition and management of depression, anxiety, psychosis disorders, epilepsy in the basic health delivery package 	<ul style="list-style-type: none"> Legislative and regulatory measures that restrict access to the means for self-harm/suicide 	<ul style="list-style-type: none"> Embedding mental health and psychosocial support in national emergency preparedness response and recovery plans
<ul style="list-style-type: none"> Downsizing of long stay mental institutions and relocation to community-based care 	<ul style="list-style-type: none"> Mass public awareness campaigns promoting mental health literacy and reducing stigma and discrimination 	<ul style="list-style-type: none"> Provision of psychological interventions through community workers in complex emergencies
<ul style="list-style-type: none"> Continuing care for severe mental disorders (such as psychosis) through non-specialist service delivery 	<ul style="list-style-type: none"> Universal and targeted social and emotional learning programmes using a whole school approach 	<ul style="list-style-type: none"> Recognition and management of mental health problems that are relevant to emergencies
<ul style="list-style-type: none"> Provision of care for complex and severe mental disorders in psychiatric units in general hospital settings 	<ul style="list-style-type: none"> Parenting skills programmes 	

Substance abuse



Eastern Mediterranean Region: 2nd highest road traffic death rate (2010)



Emergency preparedness and response

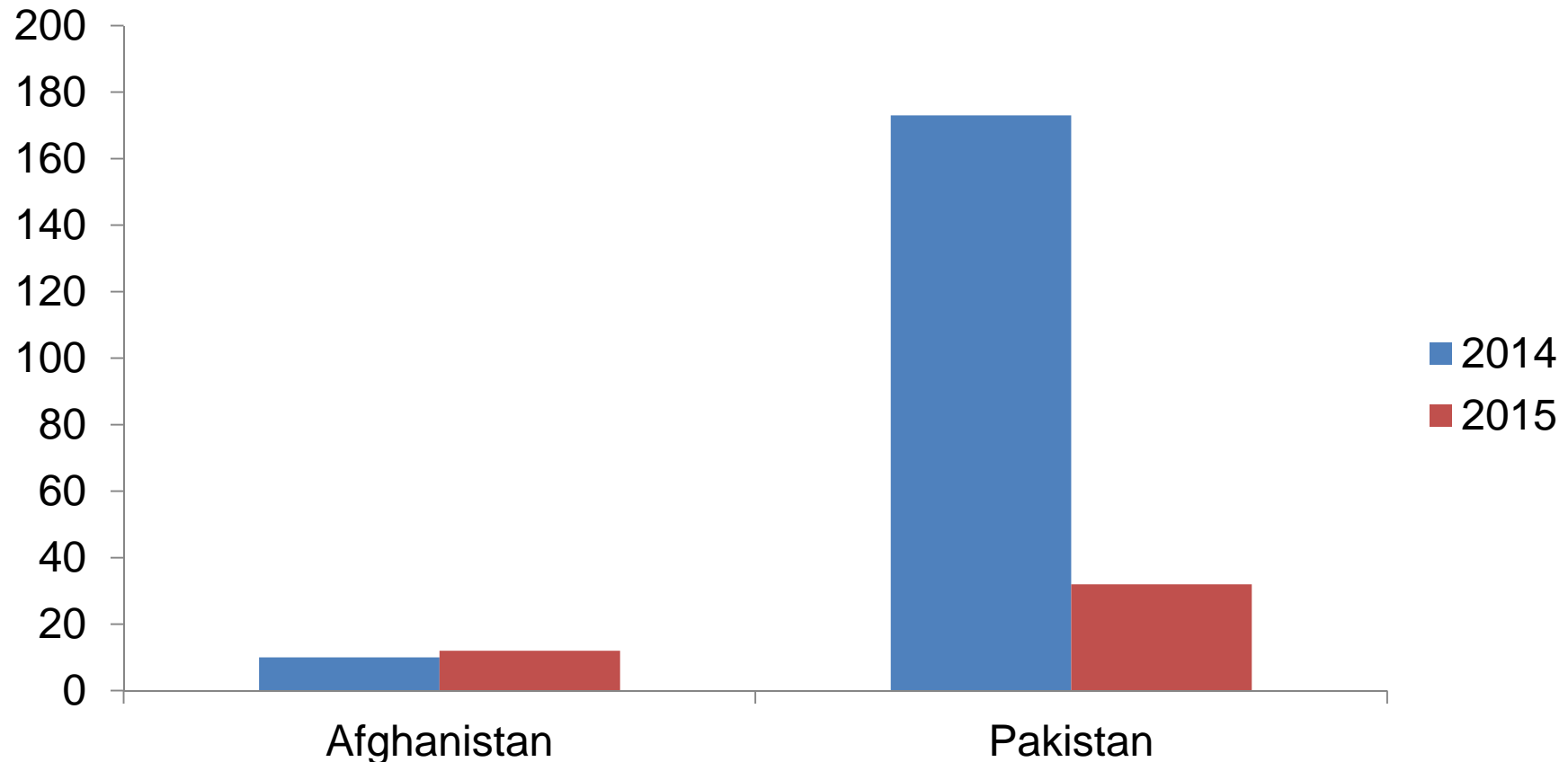
Polio eradication



Polio eradication: responding to outbreaks



Polio eradication: cases 2014–15 as at 15 September



Emergency preparedness



Emergency response



Emergency response



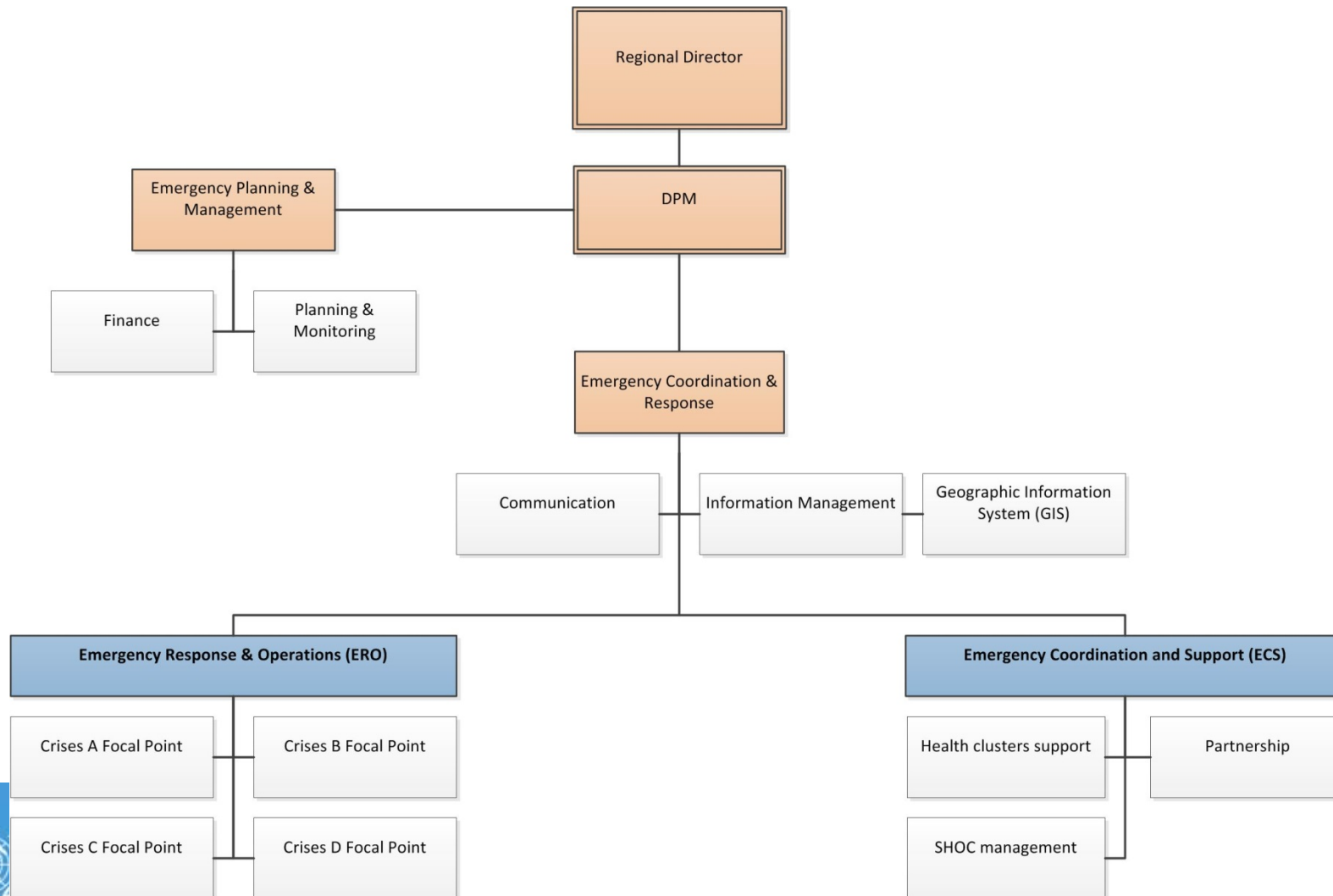
Emergency response



Emergency and outbreak response



Emergency preparedness and response: regional restructuring



WHO humanitarian operations and logistics



Country profiles



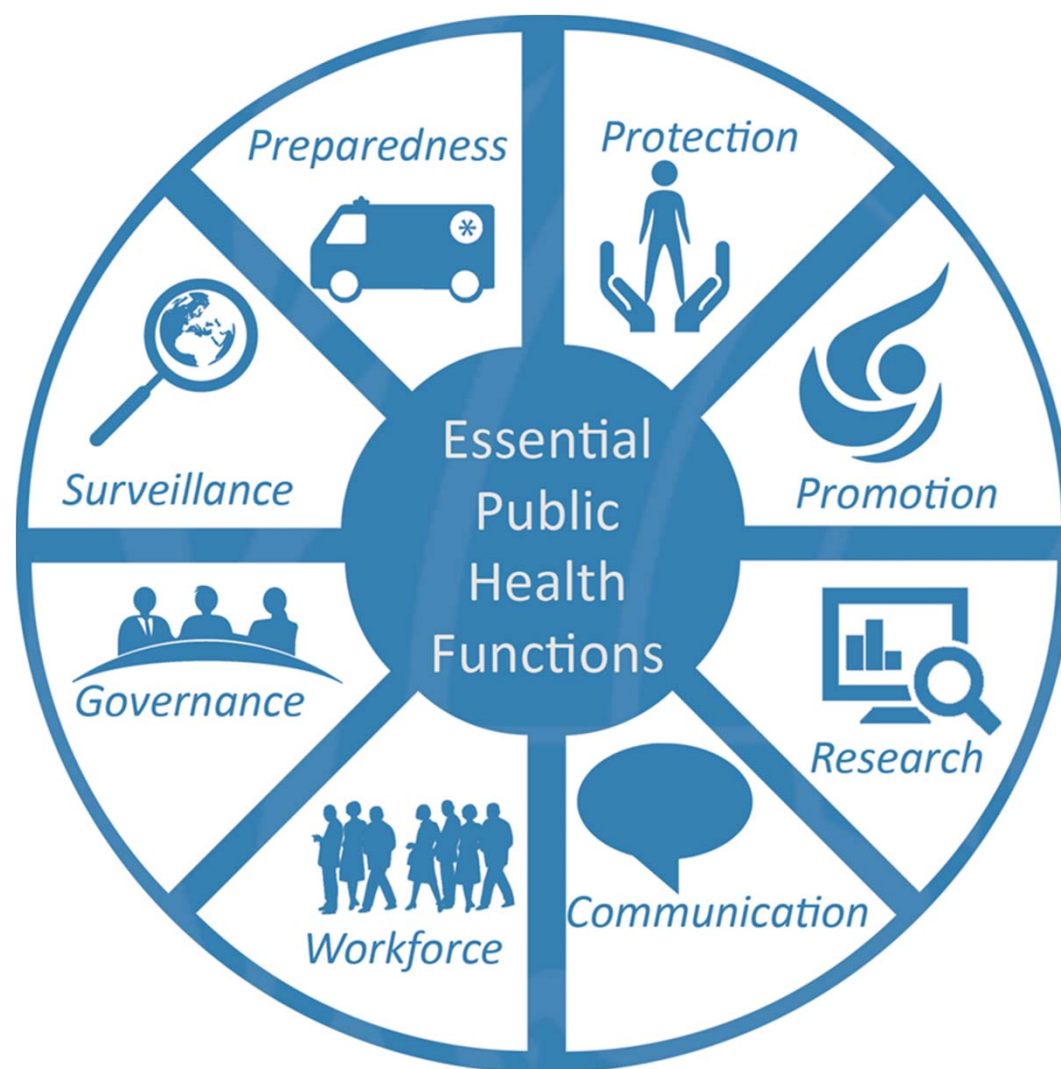
WHO reform



Regional Committee 2014



Essential public health functions



Leadership for health programme



Fourth seminar on health diplomacy



Sustainable development goals 2016-2030



Working together to improve the health of our region