Executive summary

Health development and health security

- In the area of vaccine-preventable diseases and immunization, 2010 was marked essentially by the launching in April 2010 of the first regional Vaccination Week, with unprecedented success as all countries actively used this opportunity for advocacy, communication and social mobilization for their national immunization programmes. Achievement of the regional expected results was on track in 2010. At least 16 countries in the Region have achieved 90% routine vaccination coverage. Significant increase in routine vaccination coverage in Somalia and southern Sudan was achieved, thanks to the continued support of WHO and partners. New vaccines uptake has progressed with 18 countries now using Hib vaccine, 8 countries pneumococcal vaccine and 3 countries rotavirus vaccine. The Regional Office is working to further enhance new vaccines introduction, especially in the lower middle-income countries, through establishing a regional pooled vaccine procurement system, advocacy and strengthening of evidence-based decision-making through surveillance of diseases preventable by new vaccines and establishing and strengthening national immunization advisory groups. The Region achieved 93% reduction in estimated measles deaths between 2000 and 2010. Although the measles elimination target was not achieved in 2010, several countries are close to validating measles elimination. Fourteen countries achieved above 95% MCV1 coverage at national level and in the majority of the districts. Measles case-based laboratory surveillance is implemented in all countries. Strengthening of immunization programmes, especially in countries with DPT3 coverage above 90%, will continue to be the top priority. Regional Office support will focus on developing comprehensive multi-year plans, implementing the RED approach and child health days, and strengthening monitoring and evaluation systems to use data for action. Scaling up introduction of new vaccines and enhancing measles elimination activities will be focused on as well.

- Despite the challenges, man-made and natural, and their negative impacts on polio eradication efforts, the Region continued to proceed towards achieving the polio eradication target, with 19 countries maintaining their polio free-status. The regional AFP surveillance system is meeting certification standards. Independent AFP surveillance reviews were completed in nine countries. Half of the 20 polio-free countries in the Region conducted supplementary immunization activities in 2010 with a focus on high-risk populations. The laboratory network continued its excellent performance and all laboratories are accredited. Containment and certification processes are ongoing with significant progress. Use of the bivalent OPV and independent monitoring of supplementary immunization activities were introduced. The endemic circulation of poliovirus in Afghanistan and Pakistan is the major challenge. In Afghanistan transmission is localized in the war-affected southern part, and in Pakistan polio cases are reported from some endemic areas. Recent progress in Pakistan, including development of a national emergency action plan to interrupt transmission in 2011 and constitution of a national task force headed by the Prime Minister to review its progress, is very encouraging. Due to circulation of wild polioviruses in neighbouring countries of Africa, Somalia, southern Sudan and Yemen are at high risk of importation of wild polioviruses. The
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Regional Office continued its efforts to increase cooperation with other WHO regions and support to countries, through regular exchange of information and experience, and extending technical support.

- The guinea-worm disease-endemic areas continued to shrink and the disease is now limited to 226 villages (compared with 594 in 2009) in only six of southern Sudan’s 80 counties. The goal of elimination of leprosy was achieved and sustained in all countries, except in complex emergency countries such as Somalia and Sudan. Following the successful launch of the 6-year schistosomiasis elimination project in Yemen, jointly supported by the World Bank and WHO, the Region has only one hyper-endemic country (Sudan). Yemen and Egypt finalized their programmes for the elimination of lymphatic filariasis, although verification of the interruption of transmission by sensitive tools is still required. Sudan (both the northern and southern areas) is in the mapping phase. Although a new shorter and easier to deliver treatment protocol for human African trypanosomiasis for late-stage patients was introduced in all centres admitting such patients and the provision by WHO of free diagnostic kits, the number of new detected cases is far below expectation, mainly because of the lack of implementing partners.

- The improvement in the performance of the surveillance systems, and in transparency and capacities of many countries has led to better early detection and reporting of outbreaks and other public health emergencies and has resulted in reduced morbidity and mortality. The current challenge is to continue to provide support to all countries for further developing, strengthening and maintaining the surveillance capacity to appropriately detect, assess, notify and adequately respond to public health events of both national and international concern. The lessons learnt from human pandemic influenza due to H1N1 and avian influenza due to H5N1 illustrated the importance of maintaining the achievements made during preparedness for and response to influenza at regional and country levels.

- Implementation of the International Health Regulations (2005) by 2012 is dependent on building national core capacities, including those related to surveillance and response. Functioning of the regulations in the Region was tested between the emergence of pandemic (H1N1) 2009 and declaration of the post-pandemic phase. The Regional Office and countries reviewed the functioning of the regulations during the pandemic and capacity was built on using a WHO tool to monitor the progress of implementation. A technical unit was established to support countries in meeting the requirements for implementation of the regulations. An advocacy mission was conducted in Egypt and assessment missions were completed in Bahrain, Kuwait and Qatar. Bio-risk management projects were supported in Egypt, Jordan and Oman. A regional framework for public health response to radiation emergencies is being developed.

- The main issues and challenges in relation to vector control include the capacity to effectively coordinate and scale up vector control interventions at country level and the problem of vector resistance to insecticides and pesticide management within the framework of integrated vector management. Scale-up of vector control interventions for universal access, strengthening of capacity to monitor and manage vector resistance to insecticides, advocacy
at the highest political level and mobilization of resources for sound pesticide management will continue to be supported.

- In most countries prevalence of HIV has remained low in the general population. An increasing number of countries are reporting concentration of the HIV epidemic in populations at increased risk. Epidemics among injecting drug users exist in Afghanistan, Islamic Republic of Iran, Libyan Arab Jamahiriya and Pakistan, and are emerging in Egypt, Morocco and Tunisia. Elevated HIV prevalence among men who have sex with men was detected in some countries of northern Africa. Information on magnitude, behaviours and needs of most-at-risk populations is increasing but still insufficient. Appropriate service delivery models that facilitate access for the people at risk of and affected by HIV have to be developed and adapted to each country’s context. Stigma and discrimination are still major barriers to people accessing prevention and care services. As a result the Region continues to have the lowest antiretroviral therapy coverage rate globally. The relatively high coverage achieved in some countries is masked by the low coverage in the countries with the highest burden. A major threat to sustainability of HIV programmes in low and low-middle income countries is the increasing dependence on external resources for funding. The regional strategy for health sector response to HIV 2011–2015, developed through a broad consultative process with national AIDS programmes, regional experts and partner agencies, was endorsed by the Fifty-seventh Regional Committee.

- Malaria-endemic countries have increased coverage with artemisinin-based combination therapies and long-lasting insecticide-treated nets. However, there is a huge gap between the current coverage and the target of 80% coverage by 2010 as adopted in by the World Health Assembly in 2005, and the United Nations Millennium Development Goal related to malaria. The six countries with a high burden of malaria need sufficient and substantial support, from both donors and domestic resources, to reach the adopted target of universal coverage of interventions. Elimination of malaria is showing real success in some countries. In 2010, Morocco was granted certification of malaria elimination, following the United Arab Emirates in 2007, and three countries (Islamic Republic of Iran, Iraq, Saudi Arabia) are currently implementing elimination programmes with significant progress. Iraq has reported no local cases since 2009.

- Tuberculosis incidence has been reduced by 8% in comparison with the 1990 baseline figures. A more notable decrease in prevalence and mortality has been observed, by 33% and 47% respectively. Countries have maintained the regional treatment success rate at 88% for three consecutive years. The main challenge for tuberculosis control is to ensure universal access to care. The case detection rate is still far short of the 2015 universal access target (63% by 2009). The Regional Office will continue to provide support to countries to meet the global targets for tuberculosis, with concentration on issues hindering universal access to diagnosis, treatment and care.

- Despite limited financial resources, the small grants scheme continued to support operational research in communicable diseases prevention and control, with a total of 16 projects supported in 2010. The TDR disease reference group on zoonoses and marginalized infectious diseases
was hosted by the Regional Office in 2010. A task force was established in order to devise new directions for the small grants scheme.

- Social and economic development in the Region has had impact on both the determinants and patterns of diseases. As a result, noncommunicable diseases, represent a major public health threat and also pose a significant drain on economic and social development. A regional action plan for noncommunicable diseases was developed guided by the global action plan and four countries developed national plans. Technical support was provided to all countries to complete the global noncommunicable disease capacity assessment tool. Two countries piloted the integration of noncommunicable diseases in primary health care, bringing the total to six. Three more countries completed the STEPS survey during the review period. Partnership with regional nongovernmental organizations resulted in development of an effective training programme in cancer control. The Regional Office held a consultation to ensure a regional contribution to the high-level meeting of the United Nations on noncommunicable diseases in September 2011.

- Neuropsychiatric disorders account for 11% of the total burden of disease in the Region. Community-based studies in the Region show estimated prevalence rates for mental disorders in adults ranging from 8.2% in United Arab Emirates, to 21% in Islamic Republic of Iran. Regional strategic directions for maternal, child and adolescent mental health were adopted by the Regional Committee. Technical support was provided to four countries to draft and finalize evidence-based policies and strategies for mental health and substance abuse. Eleven countries now have a specific unit responsible for development and monitoring of mental health and substance abuse policies, plans and services. The assessment of mental health systems using WHO-AIMS has now been completed in 18 countries in the Region and the evidence generated from this exercise is being used to formulate a regional mental health strategy. Integration of the mental health component in primary health care is an important part of the overall vision of mental health, and a package for training of primary health care personnel in recognition and management of common mental disorders was developed and shared with countries.

- Injuries continued to grow in magnitude and now rank as the leading cause of death among certain age groups in many countries of the Region. A framework for the implementation of road safety policies and programmes was developed for the effective implementation of resolution EM/RC56/R.7 on road traffic injuries. One country from the Region was included in the Road Safety in 10 Countries Project (RS10) 2010-2014 which aims to implement good practices in road safety in line with national road safety strategies. The Regional Office continued to support countries to develop or strengthen injury surveillance systems and disability records using the International Classification of Functioning, Disability and Health.

- It is essential to continue to invest efforts in eliminating noncommunicable eye diseases. Unless additional eye-care services are provided, the number of people suffering from vision loss due to age-related eye diseases will rise as a result of increased life expectancy and population growth. 2010 marked the halfway point since the launch of the global initiative VISION 2020: the Right to Sight. In order to prevent avoidable blindness and visual impairment at the
national level, provision of adequate eye-care services requires the development of specific human resource skills, technology and infrastructure. At the community level, primary eye-care services need to be strengthened. In addition, further development of sustainable, affordable, equitable and comprehensive eye-care services as an integral part of national health systems is needed.

- National capacity-building in maternal and neonatal health continued to receive special attention, focused on improving the coverage with and quality of skilled birth attendants and birth spacing services. National programme officers from 11 countries were trained in methods for fostering change to scale up effective family planning service practices. National plans for strengthening maternal and neonatal health surveillance systems were developed in 10 countries through a regional consultative meeting. Technical support was extended to 18 countries in developing national workplans for strengthening capacity in monitoring and evaluation.

- Under-five mortality was reduced in the Region by 30% between 1990 and 2009. Extensive efforts are still needed to achieve Millennium Development Goal 4 in the Region. Five countries are on their way to achieving universal coverage with the Integrated Management of Child Health (IMCI) strategy. 34 088 targeted primary health care facilities (67%) are now implementing IMCI in 13 countries in the Region. Regional initiatives have been adopted to increase access to primary health care (community child health care) and to accelerate the pace of IMCI implementation (pre-service education). Inadequate commitment, high turnover of staff, reduced funding and weak health systems remain the main obstacles for achieving universal coverage.

- The Region witnessed the largest natural disaster ever responded to by WHO (and the United Nations) in the past 50 years, with more than 20 million people affected by the floods in Pakistan. Conflict in Afghanistan, Pakistan, Palestine, Somalia, Sudan and Yemen continued, with some violation of humanitarian principles, severely restricted access to health care and stifled health sector recovery. With WHO support, several countries launched national emergency preparedness and disaster risk reduction programmes based on an all-hazards approach. Two regional strategies for disaster risk reduction, targeting African countries and Arab countries respectively, were also developed with active support from WHO. In ongoing humanitarian crises, WHO continued to lead the humanitarian response and coordination in the health sector, including communicable disease control and environmental health, as well as early recovery and rehabilitation activities. Other priorities under response readiness and operations were capacity-building across all Member States in humanitarian reform and implementation of the cluster approach across all crises.

- High-level political commitment, legislative interventions and public policies are needed in order to promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex. This is especially so in areas such as marketing of foods to children and setting up of treatment and rehabilitative services for substance abuse. Networks need to be expanded and partnerships strengthened in health
promotion and health education at all levels. Better implementation of existing legislation is needed, especially in areas such as banning of tobacco use in public places. Additional human and financial resources and intersectoral collaboration are vital at this stage to bridge existing gaps and will be a main focus in 2011.

- With regard to healthy environments, declining water availability and quality, increasing populations, unsustainable development, rapid changes in lifestyles, urbanization, unsustainable energy consumption, and inefficient and polluted water resources are the major public health problems in the Region. Traditional problems, such as solid waste, indoor and outdoor air pollution, liquid waste management, inadequate policies and lack of public awareness, continue to pose challenges. WHO estimates that more than 1 million deaths in the Region could be prevented each year if appropriate environmental health interventions were available. Health systems are not yet identifying the environmental determinants of health as a key priority for improving public health. Climate change is expected to aggravate these problems and exacerbate their public health impact. WHO supported Member States in adopting the regional guidelines and norms on drinking-water quality, wastewater reuse, health care waste management and solid waste. It will continue its support to countries to assess the health risks and impact of emerging environmental development, minimize the impact of development projects, secure basic occupational health services, integrate occupational health services into primary health care systems, and build capacities for chemical safety and radiological alert and response mechanisms.

- The burden of disease associated with inadequate nutrition continues to grow. As in many developing regions, there is unprecedented nutritional and demographic transition, with a broad shift in disease burden. While problems of under-nutrition still exist, the burden of overweight, obesity and diet-related chronic diseases is increasing. This nutrition transition has already started to have a negative impact on health systems. The Regional Committee endorsed a regional strategy on nutrition 2010–2019 to address the situation.

- Countries are making efforts to enhance food safety through a number of key strategies, such as risk assessment, foodborne surveillance, national standard setting and guidelines, and contributing to the work of the Codex Alimentarius commissions at regional and global level. The Member States of the Gulf Cooperation Council implemented a coordinated approach to solving problems relating to imported foods. Food safety is increasingly recognized in the Region as an essential public health function in view of the need to reduce the health and economic burden of foodborne diseases. Member States, consumers, industry and other interested parties continue to strive to implement the global strategy for food safety.

**Strengthening health systems**

- High level political commitment, community participation and leadership, and intersectoral collaboration are needed to address the social determinants of health, and reach the goals of gender and health equity and full realization of the right to health. The uneven distribution of resources, rapid urbanization, insufficient social security for the poor, gender inequity and the financial crisis are driving forces in the disparities between access to and utilization
of health and social services, and the increase in the number of vulnerable groups. Support was provided to strengthen intersectoral collaboration among government agencies and civil society to tackle social and economic determinants of health, with action at policy and country level.

- The strengthening of health systems continues to be directed by the principle of equitable access to life-saving or health-promoting interventions. These address the underlying social and economic determinants of health, health services including evidence and research, resource generation – financial and human – and medical products and technologies. Equitable access to health care is a key component to achieving the Millennium Development Goals. While the importance of health systems in contributing to better health outcomes is beyond doubt, many challenges exist to the improved performance of health systems and their various building blocks in many countries. Countries are realizing that more needs to be done to ensure health systems are properly financed, are provided with adequate resources and are monitored to ensure effective delivery of health services.

- Support was provided to eight countries in formulating, reviewing and updating their national strategic health plans and health policies. Health care financing received particular attention in 2010 at the global and regional levels, with the publication of The World Health Report on health care financing. Technical support was also provided to follow up on implementation of successful proposals to the GAVI Alliance on health system strengthening in eligible countries. A review of currently active WHO collaborating centres in the Region was conducted to identify and use centres that have the capacities to assist in enhancing/promoting research for health at the national level. Comprehensive assessment of the health information system was conducted in several countries. Technical support was provided in the use of the International Classification of Diseases (ICD-10), statistical analysis and Geographical Information Systems.

- Six countries were supported to establish human resource development units to strengthen governance of human resources for health at the national level, to scale up production of nurses and midwives and to build up nurses’ leadership and management capacities. Accreditation of health professions education received more attention to ensure graduation of competent practitioners. The primary health care approach will remain central to the development of health systems and provision of health care. Particular efforts will be made to mobilize regional resources to promote primary health care. A six-year regional strategic plan (2010–2015) was developed, providing countries with a roadmap for implementing service delivery based on primary health care.

- The public sector in the Region consumes around 50% of the recurrent public health budget on medical products and services. However, the ability of existing under-funded and weakly staffed national systems to manage such health technologies is extremely weak. This has become an increasingly visible operational and policy issue for many countries, especially those facing complex emergencies and disasters. As an important input to the health care system, technologies should be properly managed, utilized and integrated in order to
produce an efficient health intervention. Assessment of the regional situation reveals major challenges associated with availability, equitable access, appropriateness and affordability of health technologies. Technical support was provided in: developing strategies; drafting rules and strengthening national regulatory authorities; ensuring high quality and safety standards; promoting transparency and good governance policies; disseminating guidelines, tools and standards for good practices; generating a research agenda for manufacturers; and capacity-building. Partnership and coalitions with other strategic partners to identify common interests, financing mechanisms and potential resources will be necessary to ensure sustainability of WHO technical support.

**Partnership and WHO performance**

- The current financial crisis has had critical implications for gains achieved in public health and has reshaped how programmes are implemented in the Region. WHO, as a key player in shaping and responding to public health demands in a rapidly evolving environment at country level, is engaging with United Nations agencies and partners to foster harmonization and avoid duplication. The use of country cooperation strategies as a key tool in alignment with national priorities has become essential in all collaborations, to improve priority-setting, planning and consensus-building among partners. Technical and managerial support for implementation of country focus policy and renewal and utilization of country cooperation strategies in strategic and operational planning as well as programme management continued.

- Demand for accurate and timely information on health in different languages of the Region continues to be high. Improving access to and availability of the most up-to-date and valid health knowledge are key challenges. In order to enhance the dissemination of quality and timely information, a process of redevelopment of the Regional Office web site was initiated. Redesign will take into account the need for a one-WHO identity to be preserved across the Region and with the rest of WHO, and for different language versions. Following implementation of the revised WHO publishing policy, a more streamlined approach to planning of information products was implemented. The Regional Office issued 74 English, 27 French and 28 Arabic publications in different formats and 21 periodicals. The Eastern Mediterranean Health Journal successfully moved to monthly publication with a new design and format. The Global Arabic Programme continued to build capacity in countries by providing health workers, professionals and the public with health and biomedical information in Arabic. Partnerships with regional stakeholders continue. The Arabic version of the Bulletin of the WHO continued to be posted on time on the headquarters and Regional Office web sites. The Regional Office continued to support the development of the WHO Global Institutional Repository project, in-collaboration with headquarters and other regional offices, and the abstracting and indexing services for the health and biomedical sciences journals published in the Region. The first two issues in the Eastern Mediterranean Region e-Publications Series were produced on CD-ROM.

- In response to the health priorities and needs, communications-related activities were planned in line with the regional strategic objectives and emerging issues. Advocacy and
communication activities and production continued to support the raising of public awareness regarding health issues of great concern. Capacity-building was supported in advanced communication, facilitation and presentation and a capacity-building programme was started with headquarters to develop a communications survival kit.

- Greater support for and increase in resource mobilization efforts are needed urgently in view of the financial situation, both at regional and country level. Progress was made in expanding and strengthening partnerships, especially with respect to the United Nations Development Group (UNDG) at regional level and roll-out of the United Nations Development Assistance Framework (UNDAF). However, enhancing WHO internal capacity at regional and country level to ensure a more effective contribution and positioning of health is still needed. Advocacy is also needed with other stakeholders, demonstrating the importance of health within the UNDAF and across sectors and the role that WHO could play.

- Following the successful roll-out of the Global Management System (GSM), implementation of operational workplans significantly strengthened the technical and managerial capabilities of the Regional Office and enhanced the relevance and effectiveness of operations. Mail security devices were installed to secure mail services in country offices and to improve messaging communication. Several components of the Regional Office infrastructure, including video conferencing and telephony systems, were updated.

- Internal office restructuring took place to rationalize office operations and the associated workforce, resulting in merging of key units and reduction in associated human resources costs. Measures were put in place to reduce the cost of recurring utilities by 40%. Travel was reduced and alternative measures were put in place to maintain the same level of support to countries. Following resolution WHA63.6, appropriation of funding for high security risk areas was approved and implementation is under way. The construction of the new building in Tunis, which will house both the WHO Representative’s Office and the WHO Mediterranean Centre for Health Risk Reduction, was completed and formally handed over and the second phase of the construction of the new building in Jordan commenced. Selected new learning programmes and mechanisms as well as tools are being prepared to meet staff needs.