



Address by

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to the

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for the Eastern Mediterranean

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Excellencies, Director-General, Ladies and Gentlemen

I am pleased to welcome you to the sixty-second session of the Regional Committee for the Eastern Mediterranean. Let me express my appreciation to our host, the Government of Kuwait, for their generous hospitality.

Let me also, at the outset, express my deep condolences to all Member States who lost citizens in the recent tragedy in Mina during the hajj. This was indeed a sad day for all. WHO staff were present in solidarity with their colleagues from the Ministry of Health in Saudi Arabia to observe preparedness measures for outbreak and emergency situations.

During this session we will review the progress we have made in our work together in the Region in the past year. In 2012, the Committee endorsed five regional strategic priorities: health systems strengthening towards universal health coverage; maternal and child health; health security and control of communicable diseases; control of noncommunicable diseases; and emergency preparedness and response.

We focused in our work for the past three years on these priorities and gave them the importance they deserve. As a result, we have been able to make important progress, I believe, in most of these areas, but others less so.

Ladies and Gentlemen,

It is impossible to ignore what is happening in the region around us. The past year has seen further deterioration in the humanitarian situation in several countries. Three countries –

Iraq, Syria and Yemen – are graded by the United Nations as level 3 emergencies, the highest grade of severity, in addition to the acute and chronic crises suffered by more than half of the Member States in this region.

More than 60 million people are affected by emergencies in the Region, including almost 6 million registered refugees and more than 21 million internally displaced persons. Moreover, these numbers do not reflect the reality on the ground, as many more go unregistered and uncounted. In 2014, Jordan's refugee population doubled, while that of Lebanon tripled. Today, almost one third of Lebanon's total population are refugees.

Europe is just beginning to recognize the enormous magnitude of an issue that you, as Member States of this region and the UN agencies, have suffered and highlighted for several years. Let us remember, no family leaves its home and everything it holds dear behind without extreme cause. We are in extreme circumstances.

Together with our partners and, thanks to solidarity from within and beyond the Region, we have been able to facilitate and provide essential medical supplies, mobile clinics and other provisions, even fuel, to ensure that health services remain operational. We have been able to reach populations that other actors have not. Let me take the opportunity to thank health workers and our partners and donors, particularly our host, Kuwait, as well as Saudi Arabia and other countries in the Region, for their contributions to humanitarian relief.

The World Health Assembly affirmed this year that WHO's role in emergency response is critical and the necessity to strengthen this role. It is a role that we take very seriously in this region. Last year we established a regional centre for emergencies and polio eradication in Amman, Jordan. This year we have reviewed our readiness and response structures and capacities, and have made further adjustments and changes to strengthen the capacity of that centre, of country offices and of the Regional Office in Cairo. We have also concluded an important agreement with the International Humanitarian City in Dubai on establishing a humanitarian operations and logistics facility, which is now operational. I want to express my appreciation to the governments of Jordan and the United Arab Emirates for this support. A regional emergency solidarity fund is also now established and will be funded from the beginning of next year. The funding comes from the WHO budget and is very modest. But it is a starting point and I hope that Member States and regional philanthropic agencies will provide additional funding.

All of this represents progress. But it is not enough. The funding received this year is already less than a quarter of what is required for emergency health needs. Sadly, we have recently been forced to close health centres serving thousands of refugees and the internally displaced because of lack of funding.

Ladies and Gentlemen,

Although we have been busy with emergency response, we have not ignored or compromised our work in the other four priority areas set by this committee.

We spared no efforts to give adequate attention to the pressing priorities. The Eastern Mediterranean, for instance, is currently the only WHO region in the world reporting wild poliovirus. However, we are making some progress. So far this year, as of 29 September, 44 cases of polio have been reported from the two countries, namely Afghanistan and Pakistan, where polio is still endemic this year, compared to 191 cases reported from five countries at this time last year.

We all know that eradication of polio is a challenge and a target for the whole world. Its achievement depends on what happens in this region. I would like to urge all countries to provide support to Afghanistan and Pakistan in this respect, and I want to thank Crown Prince Mohammed bin Zayed Al Nahyan of Abu Dhabi for his personal support.

We are also making progress on health security. This time last year, west Africa was in the grip of a major outbreak of Ebola virus disease. The global response, including WHO's own response, was initially slow. We all have, I believe, learnt the lessons. In this region, you, the Regional Committee, asked us to conduct rapid assessments of countries' abilities to address an importation of Ebola or other outbreaks.

These assessments highlighted major gaps in all countries' preparedness for public health emergencies of international concern. This week you will be discussing our proposal for a way forward in updating our assessment of core capacities and addressing gaps within the context of the International Health Regulations.

Ladies and Gentlemen,

2015 brings to an end the time period set for the UN Millennium Development Goals. Despite the important achievements made in most countries, the Region as a whole did not reach the targets set for reductions in maternal and child mortality. In the past two years

we saw encouraging commitment from the nine countries with a high burden of maternal and child mortality in implementing acceleration plans.

Ladies and Gentlemen,

We have laid down solid ground in the area of noncommunicable diseases through adopting a sound vision and a clear road map. The regional framework for action endorsed by the Committee in 2012 has been updated twice since. It includes the key measures that each country has to implement. However, work on implementing the commitments is still slow.

The epidemic of heart disease, diabetes, cancer and chronic lung disease is far advanced in the Region. We have the highest rates in the world of diabetes, of tobacco use among youth, and of physical inactivity. Some of our countries have the highest rates of obesity. As I mentioned, the regional framework includes evidence-based measures to monitor these diseases and their major risk factors, to prevent them, and to provide appropriate health care for those affected. It was high time to put an end to the increase in diseases in our countries. We are monitoring implementation of these measures, and there is no doubt that all countries need to do more in their response.

Ladies and Gentlemen,

Our long-term aim for the people of the Region is universal health coverage through strong health systems. This will ensure that everyone can get the health care they need, at an acceptable standard of quality, when they need it, and without incurring financial hardship.

Last year the Committee adopted and requested countries to implement the regional framework on advancing universal health coverage. I would like to stress that the action you will take in this area is among the most important responsibilities of the health leadership in any country.

Ladies and Gentlemen,

In the long term, countries in this region will need to build greater and stronger capacity in public health and in public health leadership. In the past three years we have pursued several initiatives to support such capacity development. The first was to build experience and knowledge in the field of health diplomacy, by fostering interaction between the health sector, the foreign policy sector, and parliament. The second was to assess and then

strengthen essential public health functions in countries, and ministry of health capacities in this area; this started with joint work with Qatar and has been extended to other countries. And the third was to support the development of public health leadership in the next generation.

Through the successful examples of these initiatives we have demonstrated much untapped potential in the Region. But what we have achieved is less than what is needed, and so calls upon us to take these initiatives forward at a regional level so that the reach can be much wider and long-lasting.

Ladies and Gentlemen,

Last week the Director-General and I attended the United Nations General Assembly in New York for the launch of the Sustainable Development Goals for the next 15 years. The Sustainable Development Goal on health encompasses all the priorities to which this Region is already committed since 2012. Our challenge is to work with you to harmonize our existing initiatives in the five priority areas with the targets of the Sustainable Development Goals and to develop national implementation plans. Despite the extraordinary circumstances we are currently witnessing in this region, our commitment and vision for meeting the Sustainable Development Goals in 2030 have to be ambitious, creative and strong. This region has the opportunities, and capacities, to meet the challenge and make a breakthrough. On WHO's side, I pledge on behalf of the Organization, to continue working on the development of our skills and capacities, and to scale up our support to you in taking this agenda forward.

Finally, I would like to express my gratitude for the honour of being able to work with you, and I thank you all for your support to WHO's work and to me personally. If it were not for this support, such achievements could not have been made. I also thank, once again, the Government of Kuwait for hosting this session of the Region Committee, and to wish you a successful meeting.