



## **Introduction of the Annual Report**

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**WHO Regional Director for the Eastern Mediterranean  
to the Sixty-second Session of the  
Regional Committee for the Eastern Mediterranean  
Kuwait, 5-8 October 2015**

Your Excellencies, Ladies and Gentlemen

I am pleased to present to you my report on the work of WHO in the Eastern Mediterranean Region in 2014 and also in early 2015. As in the last three sessions of the Regional Committee, I will focus on developments and action taken within the context of the five strategic priorities you set for the Region in 2012.

Building health systems that advance universal health coverage is one of the pillars of our work. It is a principle to which you have expressed clear commitment in successive sessions of this Committee. In 2013 the Committee discussed a road map for moving forward and last year we shared with you a regional framework for action on advancing universal health coverage.

The Committee requested Member States to consider implementing this framework. With WHO support, five countries and only five countries have taken important steps in adopting the framework. I encourage other countries to look closely at this practical framework for action and to make use of it to move towards universal health coverage.

The three key components of universal health coverage are: 1) extending population coverage, 2) delivering the essential package of health services, and 3) financial risk protection. In the past year, WHO has strengthened its support for development of skills and capacity in the Region, covering areas such as social health insurance, strategic purchasing and financial risk protection, all within the context of extending health coverage to, and for, all the population, including the informal sector. We continue to build on the work done in these areas in addition to a new initiative to develop an evidence-based and cost-effective

package of essential interventions. This is a very ambitious programme which we are starting with a large number of international experts.

An essential element in planning is initial situation assessment. Last year we shared with you the first assessment of the health systems in each country. This year we have provided you with our update of the health system profile in your countries, showing strengths, weaknesses, challenges facing the health systems in each country of this region and our views on the way forward for each country. I ask you to review this document, which is the outcome of in depth assessment of your country, and give us your feedback. This will be the basis of WHO's work with you in the coming 2 years.

Let me mention a few of the other crucial elements in planning for a stronger health system.

Progress is being made in the area of health technology assessment, regulation and management. Many of you will have heard yesterday about the regional health technology assessment network established in 2014. We will be supporting countries to move ahead in building capacity and establishing independent national health technology assessment units.

A key factor in a country's ability to progress towards universal health coverage is a strong family medicine approach. We conducted an assessment of the status of family practice in the Region. This has enhanced our knowledge with regard to the challenges in implementing the approach. More than half the countries have a commitment to family practice but none have a fully developed effective approach. For example, based on our assessment, we estimate that the Region produces fewer than 700 family practitioners a year when we should be producing thousands more. This is a stark contrast and shows us how far we have to go. Our assessment shows that 90% of physicians working in primary health care are not trained in family medicine.

We are now working on identifying effective approaches, based on regional and international experience, to overcome the shortage of family physicians in the Region. We are producing concrete recommendations for each of the three health system groups of countries, on the way forward, including how to scale up production and retention of family practitioners in the short, medium and long term. We welcome strong partnership in this initiative with WONCA and the Arab Board for Medical Specialization.

After a gap of almost two decades the area of medical education itself was revisited. The results of a regional review give valuable insight for countries on how to improve planning for future needs in the health sector. More than half of medical schools in the Region are not

accredited. The number of private medical schools has risen dramatically in the past 15 years, especially in the low-income countries. The private education sector can contribute enormously to the health sector but we need to ensure that all medical schools, public and private, are operating to consistent standards. This means ensuring a system of accreditation that sets standards for medical education across the Region. Medical education is a key item on our agenda this week and I look forward to a lively discussion. We are determined to build a solid programme to support Member States.

As we move forward into 2016, we will be looking in greater depth at two new areas of work that must be addressed if universal health coverage is to be a reality.

The first is hospital care and management. We are currently undertaking an analysis of the status of public sector hospitals in the Region. Next month a 10 day comprehensive course on hospital management is being organized for the first time, with faculty from across the world. We are also pushing ahead with capacity-building in patient safety.

The second area is the role of the private sector. I said before, this was a blind spot in our work with countries. Not any more, I hope. While we are working to strengthen our technical capacity in this area, we are now moving forward from advocacy to developing technical guidance to strengthen national capacity to assess, regulate and partner with the private sector.

The availability of accurate information is essential for predicting health trends, and thus for health planning. Last year, the Committee endorsed the regional framework for health information systems, together with 68 core indicators covering health risks and determinants, health status and health system response. This is a great achievement. Our analysis is that all countries, without exception, have important gaps in generation, analysis, use and timely reporting of the data required for many of these core indicators. Please look at the registry of the core indicators that we are providing to you today and you will discover the enormous amount of work that each country has to do to generate reliable data on these basic indicators.

Our next challenge therefore is to work with you to implement the framework and to address these gaps. This will not be an easy task. It requires your full commitment, in addition to building national capacity and working jointly with other government sectors. Let us remember that a strong health information system is a cornerstone in all health development programmes, and in our joint work to reach the sustainable development goals.

Another essential component of a country's ability to plan for the future is the civil registration and vital statistics system. Following rapid and comprehensive country assessments across the Region, I have no hesitation in stating that we now have the clearest picture of the situation in each country. Frankly, it is not a good picture. The gaps are considerable. Two thirds of deaths in the Region are not registered and only a fifth are both registered and medically certified. Moreover 38% of births are not registered and therefore cannot be planned for by the health and education sectors.

I have recently written to all ministers of health summarizing the gaps in their own systems and proposing concrete actions based on the multisectoral assessments conducted in each country. I am grateful to the international and regional experts who have been working closely with us in this initiative. They will continue to support Member States in moving forward.

Another gap that needs to be addressed is capacity in public health law and legislation. Here again, my own assessment is that almost all countries need to review their public health laws. We have started working in this area jointly with a team of international experts and I hope I will be able to report on the outcome of this work to the Regional Committee next year. In the meantime, we are ready to engage with countries that require help in reviewing their own situation.

Ladies and Gentlemen,

Our Region has made significant progress in maternal and child health. The under-5 mortality rate fell by 48% between 1990 and 2015 and the maternal mortality ratio by 50% between 1990 and 2013. Unfortunately this reduction was not enough to reach the regional targets of the Millennium Development Goals – 67% reduction for MDG4 and 75% reduction for MDG5. However, at the country level, eight countries achieved MDG4 and three countries achieved MDG5, based on latest estimates.

Following the launch in 2013, and endorsement by the Regional Committee, of a regional initiative on saving the lives of mothers and children, the nine countries with the highest burden of maternal and child mortality developed and started to implement maternal and child health acceleration plans to reduce this burden further. Implementation of the plans has been inadequate and uneven in the nine countries because of a number of constraints and we, together with UNICEF and UNFPA, need to work closely on this with the countries concerned.

Earlier this year partners and countries met to review the progress in implementing maternal and child health activities at country level, and to discuss the way forward, in relation to recent global initiatives. Preconception care is a key element in improving maternal and child health outcomes in the Region. This year we launched a new initiative on preconception care and are currently in the process of developing evidence-based guidance for Member States to strengthen their programmes. All countries of the Region will be developing strategic and operational plans for reproductive, maternal, neonatal and child health for 2016–2020.

In 2014, despite the challenging situation in many countries, 14 countries continued to achieve the target of 90% or more for routine DTP3 vaccination coverage, but around 3.2 million children did not receive DTP3 vaccination. Around 90% of these children are in just six countries (Afghanistan, Iraq, Pakistan, Somalia, Syria and Yemen).

Measles control progressed in the vast majority of the countries. Eight countries reported very low incidence of measles, with two of these continuing to achieve zero incidence and scheduled to verify measles elimination in 2015. However, we have missed the 2015 target for measles elimination in the Region. Although the regional situation has contributed to this, a major factor is that routine immunization programmes in many countries are still weak and coverage is low.

2014 saw the completion of introduction of Haemophilus influenzae type B (Hib) vaccine in all countries. Let me congratulate you, especially the middle-income countries, on this success and for allocating the necessary resources to achieve it. Inevitably, I urge you to continue to allocate resources, to introduce other new life-saving vaccines, including the pneumococcal conjugate vaccines and rotavirus vaccines which are currently in use in 14 and 11 countries, respectively.

This week you will be discussing a regional vaccine action plan which will provide a framework for implementation of the global vaccine action plan endorsed by the World Health Assembly in 2012. Strong routine immunization programmes are key to achieving the objective of the global plan. I am visiting the high-burden countries to discuss how WHO and partners can provide maximum support where it is most needed.

Ladies and Gentlemen,

The HIV epidemic in the Region is still growing despite the overall prevalence remaining low. The number of people living with HIV/AIDS who are receiving antiretroviral therapy is still low but has shown some increase to 38 000 in 2014. We clearly need to continue to

implement the regional initiative to end the HIV treatment crisis. Those who need treatment have access to, and receive, treatment.

The Region carries a high burden of viral hepatitis with an estimated 170 million people infected with HBV and 17 million with HCV. Egypt and Pakistan are most affected. Both countries have developed national strategies and action plans and Egypt is making remarkable progress in scaling up treatment of hepatitis C.

Another area where progress is being made is in malaria control. Compared to the year 2000, the burden of reported confirmed cases and of malaria mortality has fallen by 50%. Two countries, Sudan and Pakistan, accounted for 84% of cases in 2013.

Malaria has been eliminated from four countries – Iraq, Morocco, Syria and Oman – in addition to most areas of the Islamic Republic of Iran and Saudi Arabia. The WHO technical strategy for malaria, endorsed by the Health Assembly in May this year, includes concrete milestones and targets for reducing incidence and mortality, and for elimination.

We are not doing very well with regard to tuberculosis. While the estimated incidence has declined in the Region, the decrease in both prevalence and estimated TB mortality did not reach the MDG target of 50% compared to 1990. The most recent estimate is that, in 2013, 300 000 cases were either not diagnosed, or were not notified through the national programmes. 90% of those missed cases are in just five high-burden countries – Afghanistan, Djibouti, Pakistan, Somalia and Sudan.

There is no doubt that tuberculosis still a concern for almost all countries in the Region. I am not sure we will see a movement to ending it in high and mid-burden countries nor towards elimination in low-burden countries if we continue to approach tuberculosis control as “business as usual”. I am calling for a serious review of the situation, accurate understanding of impediments and for a revision of existing plans.

Ladies and Gentlemen,

Among the key issues on your agenda this week is health security.

The incidence of emerging and re-emerging infectious diseases continues to escalate, with half of the 22 countries in the Region reporting high incidence of emerging infectious diseases in the past year. In response to the threat of Ebola and following the request of the Regional Committee last year, WHO urgently undertook a comprehensive assessment of Member States’ capacity to deal with a potential importation of Ebola. Between November

2014 and February 2015 rapid assessments of preparedness and readiness measures were conducted in 20 countries. The assessments identified a number of critical weaknesses in the areas of prevention, early detection and response, and starting in May this year a 90-day action plan was implemented in the Region to assist countries to bridge the urgent gaps.

Middle East respiratory syndrome (MERS-CoV) and avian influenza H5N1 are two emerging health threats for which countries need to be better prepared. In this regard I urge countries to ensure the safety of patients and health workers, and thus the community as a whole by improving infection prevention and control in hospitals and other health facilities and strengthening the capacity to care for patients with high-risk infections.

In May this year, we organized the fourth international scientific meeting on MERS-CoV. These scientific meetings have helped the international scientific community to better understand the existing knowledge and information gaps on the mode and risk factors for transmission of this emerging virus infection in humans. The experts in this meeting identified areas of priority research that need to be conducted to address the information gaps and to determine how to halt the transmission and spread of the virus most effectively. WHO is working to support an international research initiative for this purpose.

Ladies and Gentlemen,

The International Health Regulations (IHR 2005) lie at the centre of our collective health security. Eight States Parties in the Region indicated their readiness to implement the regulations by June 2012 and 2014. The 13 remaining States Parties obtained the necessary second extension to meet the obligations by June 2016. The results generated from the self-assessment monitoring tool indicated that the regional implementation level for core capacity requirements was 72% in 2014, slightly higher than the 70% level achieved in 2013. Overall, the self-assessment shows that States Parties are making good progress in surveillance, laboratory, risk communication, legislation, coordination and food safety but capacities for preparedness, human resources, points of entry and for handling chemical and radio-nuclear events remain low.

However, the information collected from the Ebola preparedness assessment missions was not always consistent with the information based on the IHR-assessment tool currently used. As I have already noted, the Ebola assessments showed an inadequate level of preparedness, including among States Parties that had reported having met the obligations. Both the IHR Review Committee and the Ebola Interim Assessment Panel, in their reports, recommended

that additional options be explored with regard to assessment. In this regard, we will be proposing a new approach for a more objective assessment and monitoring of IHR implementation in a special session this afternoon.

Ladies and Gentlemen,

The theme of this year's World Health Day was food safety. We took the opportunity of launching a detailed assessment of the food safety situation in the Region. Expert missions conducted the assessment in collaboration with national authorities in 15 countries. The results, which were discussed in the technical meetings of yesterday, call for urgent action. These missions also reconfirmed the findings of the Ebola assessment missions with regard to IHR implementation. I am circulating the outcome of the assessment to each Member State confidentially and individually and we welcome your response. I hope the other six countries will also agree to conduct the assessment.

Let me turn now to the fourth regional strategic priority: noncommunicable diseases. As I mentioned in my opening remarks, we have continued to work with Member States to scale up implementation of the regional framework for prevention and control of noncommunicable diseases. Our focus has been to provide technical guidance to Member States on the implementation of the commitments included in the four components of the regional framework. These are governance, prevention, surveillance and health care.

I am pleased to say that many Member States have already used the WHO technical guidance to initiate programmes on reduction of fat, saturated fats, salt and elimination of trans fats, as well as to strengthen the implementation of tobacco control measures. Last year we announced an initiative to protect public health and promote healthy lifestyles, with a special focus on countering the largely unopposed commercial practices that promote unhealthy products for children. We have initiated action with support from international experts and are now in the process of formulating an action plan in this regard.

In general, I must say that the response of countries to address noncommunicable diseases is not proportionate to the seriousness of the problem. For example, together with the African Region, the Eastern Mediterranean is one of only two WHO regions that are projected to increase consumption of tobacco products over the next decade if current trends continue. The Region already has the highest rates of tobacco use among youth. High-impact measures to control tobacco use are available, and are the best buys in public health. The theme of World No Tobacco Day this year was curbing the illicit tobacco trade. To date, only two



countries have approved joining the WHO FCTC protocol on illicit trade – Islamic Republic of Iran and Saudi Arabia. I urge other countries to follow.

The targets set for tobacco control in the global monitoring framework for noncommunicable diseases prevention and control will not be achieved at this rate of progress. We are, therefore, discussing a new initiative called “What is Needed Now” (or WINN) to scale up our efforts to achieve the tobacco control targets.

You Excellencies, Ladies and Gentlemen,

Developing, and enforcing, legislation are also key in addressing noncommunicable diseases. Last year we initiated a project in collaboration with the School of Law of Georgetown University to develop an inventory of essential laws and regulations on tobacco use, unhealthy diet, sugar and physical inactivity. The outcome of intensive work over the last year was a recommendation for 10 regulatory actions, based on international experience and good practice. We are currently developing concrete evidence-based guidance on how to implement these actions in your countries and a web based information system to support implementation. You will later hear more about this initiative from Professor Larry Gostin and we are producing a folder that contains the ten recommendations for your information.

In 2018, the UN General Assembly will convene a high-level meeting to assess the progress made by countries in implementing the commitments made by Member States in the 2011 political declaration. Last year you passed a resolution asking the Executive Board to develop process indicators for use for assessing your progress. I am pleased to inform you that your request was supported by the Board and that we now have 10 process indicators which are more or less identical with those that you approved in the regional framework for action. Ministers, in May this year we shared with you the status of implementation in your countries. Today we have also shared with you an update and I look forward to further discussion.

Ladies and Gentlemen,

You will be considering this week the outcome of intensive work over the last two years, which is a strategic framework for action in the critical area of mental health. Together with Member States and many international experts, we have translated the comprehensive global action plan on mental health into a practical regional framework that includes the key high-impact, evidence-based interventions. I look forward to the discussion on this subject tomorrow.

In the area of substance abuse, let me draw your attention to the second United Nations special session on Drugs which is scheduled in New York in April 2016. This will review the progress made in the implementation of the 2009 political declaration and plan of action to counter the world drug problem. It is essential to bring the public health perspective to the debate, and to ensure high-level engagement with your country's missions to the United Nations in New York. We stand ready to support.

Let me also take this opportunity to call on you to ensure that your country is represented, preferably at ministerial level, at the second high-level meeting on road safety which will take place next month, on 18-19 November, in Brazil. Our region has among the highest rates of road death in the world and we should, therefore, engage actively in the global efforts, in order to inform regional and national efforts.

Ladies and Gentlemen,

Let me come now to the issue of emergency preparedness and response.

I will start with polio, which this Committee declared an emergency in 2013, and which the International Health Regulations Emergency Committee declared a public health emergency of international concern in May 2014.

The situation with regard to polio eradication continued to be of concern in 2014, with the Region remaining endemic and accounting for 99% of all cases reported globally in the second half of the year. However, in 2014 the groundwork was laid for progress in polio eradication in the Region in 2015. By the end of 2014, Pakistan and Afghanistan had developed and were implementing accelerated plans for the low transmission season.

The response of the Region to the outbreak in the Middle East in 2013 was swift and of high quality with 25 million children immunized, in multiple campaigns in eight countries. The outbreak was contained in 36 weeks, despite the complex emergency situation in the Region. More than one year has passed with no further confirmed cases.

Afghanistan and Pakistan have maintained their commitment to eradication, and health workers and volunteers continued to demonstrate great courage in carrying out immunization activities in difficult situations. As of 29 September of this year, Pakistan and Afghanistan together have reported 44 cases due to wild poliovirus, compared with 191 cases reported from five countries at the same date in 2014. Progress will remain fragile until all children in the last foci of endemic circulation are reached and immunized. The countries of the Region

are committed to the global action plan for the polio-endgame, with all those currently using only oral poliomyelitis vaccine on track for introduction of IPV in 2015.

Ladies and Gentlemen,

As you know, since our last meeting, there has been a significant increase in scale and magnitude of emergencies, and in the associated health needs of the affected populations in a number of countries. In addition to Syria, two new level 3 emergencies were declared by the UN. Mass population movements increased the risk of disease outbreaks and threatened the health security of the entire Region. Measles and cholera outbreaks are examples. Health systems have collapsed as a result of serious shortages of medicines, vaccines and medical supplies; shortages in health professionals; and in the case of Yemen, shortages in fuel for generators. Health facilities have also shut down due to damage resulting from the conflict.

Limited access as a result of insecurity has called for more innovative ways to reach populations in need. In Syria, Iraq and Yemen, WHO has partnered with local nongovernmental organizations, many operational in inaccessible or hard-to-reach-areas, and has provided mobile clinics to ensure the continued delivery of health services.

Repeated and targeted attacks on health care workers and health facilities took place in crisis countries. We continue to advocate for the neutrality of health and the protection of health workers, patients and health facilities as a shared responsibility and obligation of all parties.

I mentioned in my opening speech how vulnerable we are in relation to funding for emergency and humanitarian response. Lack of funding has resulted, as I said, in the scaling down and closure of health services and programmes in several countries, and especially in Somalia and in Iraq.

On a positive note and despite the limited resources, let me share with you some examples of what we have been able to achieve in countries experiencing major emergencies and outbreaks. 20 million children were vaccinated in Iraq, Sudan, Syria and Yemen, while life-saving treatments were delivered for 13.5 million people in Iraq, Syria and Yemen. We also ensured the provision of fuel and safe water to health facilities in 13 governorates in Yemen. An air bridge from Dubai to Amman was life-saving for delivering medicines and surgical supplies during the Gaza crisis in July/August 2014 and reinforced the vital need for an operational logistics platform for health. And overall, we have worked with national and local health facilities to strengthen disease surveillance and outbreak control functions, including in many hard-to-access areas.

Distinguished representatives, these are the key actions of the past year in the five priority areas. You will recall last year our sharing with you a model country profile focused on these same areas. This year I am pleased to provide each country with two copies of their respective profile. This is the product of a combined effort between WHO and the Member States. In some cases we have already received final comments. In others, we have left space for your excellencies to add a paragraph to the foreword, should you wish. In all cases, I would like to ask you to review the document, and to let us know if you have any final comments before signature.

Ladies and Gentlemen,

This has also been an important period for WHO management reform as we continued to implement our commitment to greater effectiveness, accountability and transparency.

Last year the Regional Committee asked me to report back to you on the progress made in implementing Regional Committee resolution EM/RC59/R.6 which requested Member States to consider the possibility of increasing the level of assessed contributions to the Organization. I am pleased to inform you that this subject was extensively discussed by the World Health Assembly in May and a decision was made to approve a budget increase of 8% for 2016-2017.

My commitment to strengthen WHO country presence will continue, with emphasis on improving technical expertise and overall management. 2014 saw a significant expansion in technical capacity in several country offices, while in 2015 more country offices will be strengthened and general management and administrative capacity in the field will be enhanced.

Finally, to bring us right up to date, in the governance area, we have looked closely at the way we conduct and report on your meeting. You will note for example, the daily journal that is being distributed each morning and which will replace the daily summary record of past years. As you may know, we record the session, and I would like to seek your views on whether you would like to access these recordings on request. The draft report of the meeting will be available on the last morning for you to review, as always. Also this year, for the first time, we are able to provide a live web cast of the meeting. If the Committee is in agreement with this we will proceed with the webcast after this agenda item. I look forward to your feedback on these developments.

Let me close by referring to some of the important initiatives we are engaged in to support the future public health capacity needs of our countries.

Following the launch in 2013 of a regional initiative to assess essential public health functions and public health capacity in most ministries of health, assessments were conducted in two countries, with the support of WHO and a team of international public health experts. The assessment tool was reviewed in early 2015 and will be further refined prior to expanding the initiative further.

A leadership for health programme was launched, in early 2015, with the aim of developing future public health leaders. The first course, conducted in collaboration with the School of Public Health, Harvard University, in two parts in two locations, Muscat and Geneva, was a great success. The second course, for which you have already sent nominations, will commence towards the end of 2015, again in collaboration with Harvard University. The emerging public health challenges in the Region will require a critical mass of such leaders to have real impact. We hope that national institutions can become engaged in taking this initiative further forward.

We have also continued to host the annual regional seminar on health diplomacy. This has proved highly successful in bringing together representatives of health and foreign affairs, parliamentarians and academia in discussions around the intersection between health and foreign policy, as well as other sectors. We will continue to support countries in their efforts to build this capacity.

Your Excellencies, Ladies and Gentlemen,

Despite the fact that our work this year was dominated and, to some extent, diverted by the crises prevailing in many of our countries, we have continued to deliver on our mandate and in relation to the priority commitments the Committee has endorsed. Now that the UN has endorsed a new set of sustainable development goals to 2030, we will be aligning our strategies and targets with these, where necessary. The new goals cover the unfinished agenda of the Millennium Development Goals, as well as noncommunicable diseases and health systems issues, including universal health coverage. These are the same priorities to which you have already committed, and we will continue to support you in improving the health of the Region.