



## **Introduction of the Annual Report**

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**Regional Committee for the Eastern Mediterranean**  
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Your Excellencies, Director-General, Ladies and Gentlemen

I am pleased to present to you my report on the work of WHO in the Eastern Mediterranean Region in 2015 and into 2016. As in the past four sessions of the Regional Committee, I will focus on developments and action taken within the context of the five strategic priorities set for the Region in 2012.

Despite the increasing number and severity of crises, we have not allowed ourselves to be distracted from addressing the other four priorities and we have continued to build on the work and achievements of previous years.

Let me start with health system strengthening. We have continued to work intensively and systematically with Member States towards universal health coverage, and the groundwork has been laid for considerable progress in this area. Let me outline a few of the developments of the past year.

The past year has seen the revision of the regional framework for action on advancing universal health coverage, which provides a valuable guide for countries and WHO on the key actions that need to be undertaken. We have supported countries to scale up their work on universal health coverage. We also initiated strategic collaboration with an extensive network of international experts to develop a package of high-priority health interventions for universal health coverage. This was briefly discussed in the technical meeting yesterday.

In the area of health workforce development, an in-depth assessment of the situation of medical education was conducted in collaboration with the International Federation of Medical Education. Based on the assessment, we developed, jointly with Member States, a comprehensive framework for action which you endorsed during last year's session. The framework provides concrete guidance on priorities for strengthening the quality of medical education. We are currently preparing for a high-level meeting of ministers of health and higher education to discuss implementation of the framework.

We also systematically reviewed the current status of nursing and midwifery in the Region and developed a regional framework for action which was shared with Member States.

We placed renewed emphasis on leadership development with the launch of a joint programme with Harvard University on leadership for health. It targets mid-level and senior-level public health officials in Member States and is implemented through two courses. We have completed two rounds so far and trained around 50 future leaders from all Member States. Let me urge all of you to nominate prominent young leaders for the third round, which will be held in Cairo and Geneva.

The Leadership for Health programme complements our continuing advocacy for health diplomacy and for greater synergy between ministries of foreign affairs, ministries of health and parliamentarians. More than 280 senior officials have participated in five annual seminars on health diplomacy, continuing to build regional capacity, knowledge and skills in this vital area of global public health.

We are also turning our attention to the growing need for family practice. You will be discussing a strategic approach, developed by the Regional Office through a series of consultations over the past two years, aimed at helping countries to develop and implement their national plans on family practice. Primary health care, the role of the private sector and quality and safety of health care remain at the forefront of work on strengthening health systems.

Regulation of medical technologies, including medicines, is of increasing importance. We are focusing on strengthening regulatory systems for all medical products through self-assessments followed by expert visits, and recently published guidance on regulation of medical devices.

Our work in strengthening health information continues. Two years ago, we had a major development: you all endorsed a practical and scientific framework for national health information systems. Our subsequent assessment indicated that all countries, without exception, have major gaps in reporting on these indicators. We now have an accurate health information report for each country showing the status of health monitoring and reporting and the gaps that exist. We are using a new tool to review with you the gaps and to recommend actions to address them. Comprehensive health profiles were developed and updated in collaboration with Member States and every country now has a brief sheet containing the key health indicators as well as an outline of the strengths, potential weaknesses, challenges and priorities for its own health system.

Let me also draw your attention to the important work we started four years ago on civil registration and vital statistics, as a result of which we have the most extensive information of any region on the status in each country. This led to development of a clear regional strategy for action, followed by a letter to ministers indicating gaps and ways of improvement in each country. Only six countries in the Region have a functioning system. I call upon all of you to give this issue the priority it deserves. How can we plan, implement and monitor health strategies if 38% of births – more than 6 million – are not registered and only 19% of deaths are reported reliably with causes?

Ladies and Gentlemen,

In the area of maternal and child health, you will recall that in 2013 the Regional Committee endorsed the Dubai Declaration “Saving the lives of mothers and children: rising to the challenge”. The focus of the initiative was on nine countries with high maternal and child mortality that were unlikely to achieve the targets of the Millennium Development Goals (MDGs). The initiative resulted in the development of acceleration plans which have been implemented since 2013.

Among the growing challenges for child growth and development in the Region is the issue of breastfeeding, the benefits of which are proven to last a lifetime. It is estimated that only 29% of infants in the Region are now exclusively breastfed. Despite efforts to improve, breastfeeding rates are not improving. WHO is giving high priority to helping countries to address this challenge during the current biennium, and beyond.

Preconception care is another challenge that we are tackling in order to improve maternal, neonatal and child health outcomes. The aim is to support countries in improving care before and during pregnancy as part of the continuum of care. A number of regional meetings, held in collaboration with other agencies and international experts, have resulted in consensus on a package of core evidence-based interventions for preconception care. We have also revived efforts to prevent and manage congenital and genetic disorders in order to reduce neonatal mortality and disability in the Region. Yesterday, we presented to you the outcome of our work in these two inter-related areas and approaches for prevention and care.

In 2015, around 15 million infants received their third dose of DTP vaccine and 14 countries achieved the target of 90% DTP3 coverage at the national level. Despite such efforts, it is currently estimated that 3.8 million infants have missed receiving DTP3, most of them in emergency-affected countries. Working closely with GAVI Alliance partners, this problem has received much attention in our work in 2015 and 2016.

With regard to measles, eight countries achieved at least 95% coverage with the first dose of measles-containing vaccine (MCV1), and eight countries reported very low incidence, with four achieving zero incidence of endemic measles transmission. At the same time, supplementary immunization activities for measles reached more than 100 million people in 12 countries and in different age groups between 6 months and 20 years.

In February this year, WHO in the Eastern Mediterranean and African regions and the African Union organized a ministerial conference in Addis Ababa launching an initiative to strengthen immunization systems and increase coverage across the African continent. This resulted in the Addis Declaration on Immunization which outlines 10 specific commitments. Last month, we hosted a follow-up workshop to develop a roadmap to achieve universal immunization coverage in Africa.

Ladies and Gentlemen,

Environmental health is an area of growing importance for the Region. In our region alone, it is estimated that more than 850 000 people die prematurely every year as a result of living or working in unhealthy environments. About one half of these are attributable to air pollution.

Indeed, air pollution with particulate matter has reached alarming levels, with many cities of the Region exceeding the WHO recommended levels by as much as 20 to 25 times.

Climate change poses serious, but preventable, risks to public health. Next month, Morocco hosts the annual Conference of Parties on climate change. We are working with our Moroccan colleagues on organizing, during this high-level conference, a ministerial meeting on health and climate change to which all ministers of health and environment in the Region are invited.

In 2015, a regional food safety assessment and national profiling mission was completed in 15 countries. WHO and countries are following up on the findings and recommendations, and a regional action plan to strengthen food safety systems is being developed.

Ladies and Gentlemen,

Let me now move to the third priority which is addressing the epidemic of noncommunicable diseases. Sadly, our region has the highest rates globally for some of the major noncommunicable diseases and their risk factors. Heart disease, cancer, chronic lung disease and diabetes are the biggest cause of premature death in the Region.

In the past four years, we have focused on implementing the very clear road map laid down in the 2011 United Nations Political Declaration, through the regional framework for action. Since its endorsement by the Regional Committee, in 2012, the framework has been updated annually and a set of process indicators, intended to guide Member States in measuring progress in implementing the strategic interventions, has been developed. I have to report that, despite high-level political commitments to action and some impressive achievements by some countries, progress has generally been inadequate and uneven.

In order to better support Member States in knowing where they stand in relation to the global commitments they have made, we have, since 2015, provided them with country briefs and regular updates on progress achieved in implementing the UN Political Declaration, while further stimulating efforts to enable the next stage of reporting required at the UN General Assembly, in 2018.

We have also put major emphasis in the past three years on providing nutritional policy guidance to Member States, to support their efforts to reduce overweight and obesity. As a result,

evidence-based policy guidance on reducing dietary intake of salt, fat and sugar has been issued and I hope such policies are adopted in countries.

The Regional Office spearheaded an effort to develop, in collaboration with the WHO Collaborating Centre at Georgetown University, a dashboard and policy briefs on best practices in health legislation, based on global evidence. The work has been shared with countries and provides a guide to appropriate legislative action to tackle key risk factors in the areas of tobacco control, diet, physical activity and governance.

Ladies and Gentlemen,

Let me now turn to health security and communicable diseases.

Among the items at the top of our joint agenda has been the eradication of polio. Thanks to the solid commitment and the impressive actions taken by Afghanistan and Pakistan, I am pleased to report that poliovirus circulation has declined significantly in the Region over the past 12 months. Both countries have recently endorsed new national emergency action plans for polio eradication, with the objective of stopping all wild poliovirus transmission by the end of 2016.

The quality of polio surveillance, while not yet uniform, has improved across the Region, especially in high-risk countries. Environmental surveillance is being expanded from the current four countries to an additional eight countries. Meanwhile the countries of the Region successfully transitioned from trivalent OPV to bivalent OPV in April 2016, in line with the global plan.

Nevertheless, there remain significant risks to completing eradication in our region. Populations in areas which are hard to reach due to conflict must, nevertheless, be reached with vaccines and surveillance; these populations exist not just in Afghanistan and Pakistan, but also in Iraq, Somalia, Sudan, Syria and Yemen. The recent cases in Nigeria demonstrate the need to remain constantly vigilant, and constantly ready to rapidly find and respond to any importation of wild poliovirus into polio-free areas.

Ladies and Gentlemen,

Hepatitis is increasingly recognized as a priority public health problem in the Region, with an estimated 17.5 million people chronically infected with hepatitis B and 16 million with hepatitis C. Although effective treatments are now available for hepatitis C, access to diagnostics and the new well-tolerated, effective medicines is a major challenge for all countries. In this regard, I would like to commend Egypt for setting an example to the world of what can be achieved, through its firm commitment and rapid scale-up of hepatitis C treatment with the new direct antiviral agents.

In order to mobilize a coherent public health response to these challenges, in the past year WHO convened regional stakeholders to develop a regional action plan. The plan prioritizes effective interventions, promotes equitable access to hepatitis services and sets programmatic milestones towards achieving global targets.

In tuberculosis, the main challenge remains low case detection rates. In 2014, 61% of estimated cases were detected; most missed cases are in six high-burden countries. The treatment success rate was 91%, which is higher than the global target of 85%, and detection of multidrug-resistant cases increased to 28% compared to 12% in 2012. Eight countries have decided to move towards elimination of tuberculosis. We must continue to increase case notification, treatment success rates and control activities in complex emergencies.

Let me now turn to malaria. Our estimates indicate that incidence in the Region in 2015 had fallen by 70% compared with 2000, while estimated mortality had fallen by 64% in the same period. Seven countries achieved the malaria targets set for MDG 6. Great progress was also achieved in reaching elimination targets, with two countries certified as malaria free in 2015, while four countries reported no indigenous cases.

The success achieved by the national malaria programmes should be used to support better prevention and control of all vector-borne diseases, many of which are threatening to re-emerge in conflict areas. An updated strategic framework for integrated vector management was developed in collaboration with Member States. Implementation is crucial for preparedness and response to vector-borne diseases and emerging new diseases such as Zika.

Dengue fever is an important threat. Countries, especially those on the Red Sea rim, frequently report cases, from the sporadic to explosive outbreaks during the high transmission season. At least eight of the countries in the Region are now endemic for dengue and there is an abundance of competent vectors, such as the *Aedes* mosquito.

With regard to the neglected tropical diseases, cutaneous leishmaniasis is a major infectious disease problem in emergency situations. Most cases occur among internally displaced persons and among refugees in resettlement countries. WHO has provided support to address the gaps in treatment, diagnosis and prevention, with a focus on priority households.

Following a Regional Committee resolution last year, Member States agreed to the conducting of an independent objective assessment of the implementation of the International Health Regulations. WHO is now in the process of supporting countries in the Region to conduct a joint external evaluation using the newly developed tool. So far, assessments have been conducted in 15 countries globally including six countries in our region. A further nine countries from this region have requested the evaluation to be conducted between now and April 2017

Ladies and Gentlemen,

Emergency preparedness and response has occupied an increasing proportion of our resources since 2012. 16 countries are directly or indirectly affected by emergencies, of which three are graded at the highest level of response globally. An estimated 62 million people are in need of health care as a result of emergencies. More than half of the world's refugees are from the Region, with 20.6 million internally displaced persons and 5.6 million refugees hosted within the Region.

The past year saw an alarming number of attacks against health facilities, impeding and sometimes halting the provision of essential health services to all parties, and in direct violation of international law.

Since 2012 we have worked hard to improve WHO preparedness and response in the Region. In 2015 and into 2016 we undertook important operational restructuring and increased our technical capacity at both regional and country level. Additional restructuring is now taking place to

ensure alignment with the global reforms endorsed by the World Health Assembly in May 2016 and the consequent implementation of the new WHO health emergencies programme.

Considerable attention was given to strengthening the capacity of countries in emergency preparedness and response. A public health emergency pre-deployment training package was developed and the first course conducted for 19 countries in February this year.

In countries hosting Syrian refugees, WHO supported the provision of trauma care services, management of noncommunicable diseases, and scaling up of urgently needed mental health programmes. Communicable disease early warning alert and response systems were strengthened and expanded, including training on detection and rapid response to outbreaks and other public health threats.

In countries under acute emergency WHO continued to provide medicines, supplies and medical equipment, including mobile clinics, as well as fuel and water where needed, working with all partners to ensure distribution to areas that are hard to reach.

The WHO logistics hub, established in Dubai's International Humanitarian City, was operationalized in 2015. This is ensuring the timely provision of critically needed medicines, medical supplies and medical equipment to countries. In January this year the Regional Emergency Solidarity Fund was activated also and I urge Member States to contribute.

Funding for the health sector in countries affected by emergencies, and for WHO and partner support, remains a major concern. So far in 2016, health sector requirements in UN humanitarian response plans for eight countries in the Region were funded at 25%, while WHO was funded at 48%.

Ladies and Gentlemen,

In parallel with our technical support to Member States, we have continued to implement reform measures aimed at strengthening our internal management and performance. Capacity-building within WHO is continuing and this has included strengthening country offices.

Accountability and controls continued to be at the heart of management improvement efforts, with focus on the five compliance areas, including direct financial cooperation. We have

achieved clear, measurable progress. Our Region currently has over 80% fewer overdue reports on direct financial cooperation than in 2013 and over 80% fewer overdue donor reports than in 2014. Also, more than 230 audit recommendations were closed, as a result of which no old recommendations are now outstanding.

The outcome of the end-of biennium reporting on the Programme Budget Performance Assessment for 2014–15 showed a high overall funding utilization of 97% in the base programme at the close of the biennium. The investment in priority work at the country level saw 85% of flexible funding allocated to country priorities. Delivery of technical outputs was also high, particularly when viewed against the continued efforts of the regional and country offices to respond to and support event-driven emergency situations.

We have continued to review technical programmes with a view to improving efficiency and performance.

Ladies and Gentlemen,

A full assessment of our achievements of the past four years, and of the remaining challenges, is set out in the progress report ‘Shaping the future of health in the Eastern Mediterranean Region’. I hope you will take the time to review it.