



**Opening address**

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**to the Sixty-third Session of the**  
**Regional Committee for the Eastern Mediterranean**  
**Cairo, 3-6 October 2016**

Your Excellencies, Director-General, Ladies and Gentlemen

It is a great pleasure to welcome you all today to the opening of the Sixty-third Session of the WHO Regional Committee for the Eastern Mediterranean.

In 2012, we agreed to focus in our joint work on five key priorities that represent the major challenges that face health development in our region. These are: health systems strengthening towards universal health coverage, maternal and child health, noncommunicable diseases, health security including communicable diseases, and emergency preparedness and response. Together, we have addressed each of the five priority areas in a systematic way, identifying the challenges our countries face, developing the vision to address them and periodically monitoring the progress we are making. We have built, year on year, on your progress, and on ours as reflected in the Regional Director's annual reports.

The five priorities that we identified five years ago included all health-related issues in the Millennium Development Goals, led by the United Nations to boost economic and social development.

We are now in the first year of a new 15-year effort to achieve a new set of targets, the Sustainable Development Goals. The health priorities included in the new United Nations goals

are much more comprehensive than those of the MDGs and are identical with the five strategic priorities we set for this region in 2012.

Ladies and Gentlemen,

Universal health coverage is at the heart of SDG3 and strengthening health systems towards achieving universal coverage will remain the key pillar of all our work. If we can ensure, together, that everyone, no matter where they live, no matter what their background or income level, has equal access to a minimum standard of health care, not only do we save lives, but we also support productivity of society, and sustainable and equitable development in general. In this context, we have a clear and evidence-based regional framework for action for universal health coverage. I hope that all Member States will review and address their gaps based on the framework.

Our work with countries has covered all important aspects of communicable disease control but I would like to highlight two areas: eradication of poliomyelitis and health security. Over the past 5 years, real progress has been made against polio as the two remaining endemic countries, Afghanistan and Pakistan, put national emergency plans into action. Although we faced setbacks in some crisis countries as outbreaks occurred in 2013, Member States and partners pulled together in support of massive supplementary immunization campaigns that are today regarded by the international community as a model of successful outbreak control.

This year we have seen the outcomes: just 9 cases in Afghanistan and 14 (as at end September) in Pakistan since January this year and eradication is now in sight. Let me thank the two countries concerned for their commitment, performance and persistence, and urge continued follow through and continued support from all Member States. This will be the second time in history that a major disease is eradicated globally and our Region will have the honour of contributing to this.

The second area that occupies a major part of our concern in the Region is health security. We have seen from several experiences in recent years how health security in any country is an integral part of national and global security. Viruses know no borders. Our emphasis on ensuring the necessary conditions are in place in each country to implement the International Health Regulations proved to be strongly justified in the wake of the Ebola outbreak in west Africa and

the subsequent rapid assessments we undertook with each country of their readiness to deal with an imported case. This led us, as a region, to take a major role in the past year in pushing for global harmonization of the independent assessment process and a new globally agreed-upon mechanism, known today as joint external evaluation (JEE).

I'm pleased to say that process is now firmly in place in the Region, with Pakistan, Qatar, Morocco, Lebanon, Jordan and Bahrain having been among the first to assess their IHR implementation using the JEE, and planning now well ahead for the other Member States of the Region to undertake the evaluation. Once complete each country will have a very clear idea of what needs to be done to protect their population.

Of particular concern for global health security is the issue of antimicrobial resistance. Two weeks ago the United Nations General Assembly held a high-level meeting on the subject. Heads of State and Government recognized the critical importance of addressing antimicrobial resistance. They committed to develop and implement multisectoral national action plans, programmes and initiatives, in line with the global action plan on antimicrobial resistance. In our region, we have already put together an operational framework for action, and I look forward to seeing all countries moving ahead with the agenda, working jointly with the agriculture and animal production sector. It is indeed an urgent issue and one that no country can afford to ignore.

Ladies and Gentlemen,

The rising burden of noncommunicable disease is of great concern in this region, and in particular heart disease, cancer, chronic respiratory disease and diabetes which are increasing in epidemic proportions in most countries.

Our framework for action covers basic, effective and high impact measures, aimed at reducing the incidence of these diseases and their effects. Despite successes in some countries, implementation of these measures has generally been inadequate and uneven. In this respect, working with officials in government and parliament to put these measures in place is a critical step forward.

Your Excellencies,

We cannot ignore the impact of emergencies on WHO's work and on health outcomes in this region. With three countries coping with emergency situations at the highest level designated by the United Nations, Level 3, the past five years has seen massive diversion of resources in these countries from health systems development to emergency response. Today, the impact of these crises on health is catastrophic.

Despite major operational and financial challenges, in the past year we have provided much support to maintain functionality in health facilities in Iraq, Syria, Yemen and other countries, and we have worked closely with partners to reach as many people as possible with essential health care. We have substantially revised our own response structures and capacity, and will continue to do so. I am confident that the new WHO global health emergencies programme will benefit the Region, in both emergency and outbreak preparedness and response. It is expected to boost the resources available to manage responses on the ground and will enable us to devote more efforts to preparedness.

The fact remains that the humanitarian situation is worsening and the Region is home to 30 million displaced and refugees and over 60 million in dire need of health care. We face a major constraint in the lack of adequate funding to maintain our response and support to countries which will undoubtedly have an inevitable impact on health equity, in the Region and beyond. But let me take this opportunity to thank our donors for their support and let us hope and pray that solidarity with crisis countries is strengthened and, ultimately, peaceful resolution will prevail.

Your Excellencies, Ladies and Gentlemen,

You have a packed agenda before you which will consider the major strategic priorities that I have touched upon, as well some important technical issues – blood transfusion systems, health laboratories, family practice and assistive technology. Also on the agenda is the proposed programme budget for WHO for 2018-2019. Any proposals that you may make will go forward to the WHO Executive Board in January 2017 and will have an important impact on our future work. Our regional committee has made important contributions to the work of the Executive Board over the past four years and I hope the same will happen this year. Finally, governance reform is a key agenda item as we continue with our efforts throughout WHO to improve and to

harmonize our own processes across the Organization. I wish you successful discussions and look forward to the outcomes for our collaborative work to strengthen public health in the Region.