



**Introduction of the Annual Report**

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**Regional Committee for the Eastern Mediterranean**

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*In the Name of Allah, the Most Beneficent, the Most Merciful*

H.E. Mrs. Saira Afzal Tarar, Minister of State for National Health Services, Regulation and Coordination, Chairperson of the 64th Session of the Regional Committee

Dr Tedros Adhanom, Director-General of the World Health Organization

Your Excellencies the Ministers,

Distinguished delegates,

Dr Assad Hafeez, Chairman of the WHO Executive Board,

Ladies and Gentlemen

I am pleased to present to you the annual report on the work of WHO in the Eastern Mediterranean Region for 2016. When I was assigned to take this office, I was keen to ensure the continuation of efforts to implement the priorities previously set by you and which align with the Organization's 12th General Programme of Work. I also embarked on developing a roadmap that clearly spells out the priorities to which I committed myself before Your Excellencies in the last session. I will therefore start with a review of the areas of work we addressed in the past 18 months and will refer also to the strategic developments and the way forward.

Ladies and Gentlemen,

Let me start with health systems. The Regional Office finalized last year the regional framework for action on advancing universal health coverage and several countries have expressed interest in reforming and transforming their health financing systems to fulfil the goals of universal health coverage. The Regional Office held a series of consultations and produced guidance to inform Member States' development of their own health financing strategies for universal health coverage.

Two weeks ago, representatives from Member States gathered in Cairo to discuss the development of a priority benefit package for universal health coverage. Together with experts from all over the globe, they identified a core set of interventions for countries to consider in developing their own packages of essential health services which need to be made available for all population groups without exception.

At the same time, we have attached special importance to monitoring the universal health coverage goals, which identify the financial protection indicators that countries need to measure and report on in their implementation of the 2030 Agenda for Sustainable Development. We worked with Member States to appoint relevant focal points and helped in building their capacities in a process aimed at measuring and monitoring progress towards achieving main targets.

I recently participated, with the Director General, in the 2017 High Level Political Forum on the 2030 agenda, organized in New York, on the theme of "Eradicating poverty and promoting prosperity in a changing world". During the forum, three Member States from the Region, namely Afghanistan, Jordan and Qatar, presented voluntary reports on the progress achieved in this area.

We are working towards strengthening health information systems and today we have a thorough assessment of reporting on the regional core indicators showing the status of health monitoring and reporting and the gaps that exist in each country. By the end of 2016, all countries except one had conducted a comprehensive assessment of their civil registration and vital statistics systems and developed national plans for addressing the gaps identified.

Ladies and Gentlemen

Maternal and child health is critically important. In this regard, we continued to work with the nine high-burden countries to reduce child and maternal mortality by supporting the implementation of the national plans. In August, I visited Sudan for the national launch of the Campaign to Advance the Reduction of Maternal Mortality in Africa (CARMMA). Sudan is the third country in the Region to join this initiative, which enhances coordination among all concerned parties to ensure that every single maternal and child death is counted.

It is our firm belief that partnership and collaboration in the area of maternal and child health is critical. In a recent visit Amman, and in the presence of my dear brother H.E. the Minister of Health, I met country representatives and heads of the other agencies in the H6 partnership to discuss cross-sectoral approaches to tackle the root causes of maternal, newborn, child and adolescent mortality.

I would like to note here the attention being given by the Organization to adolescents, who make up about a fifth of the population and whose health is a priority. WHO has been providing support to all Member States to operationalize the adolescent health component of the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030. You will be hearing more about this in tomorrow's technical presentation.

Road traffic injury continues to be a major public health problem in our Region, which as you may know has the second highest road traffic fatality rate among all WHO regions. This represents 10% of all deaths. Efforts to prevent road injuries are still insufficient and we seek to provide support to countries to monitor their progress along the Decade of Action for Road Safety 2011–2020. We are also working with countries to assess national emergency care systems as first step to identify priority actions to address gaps and develop long-term strategies to strengthen these systems.

Environmental health continues to grow in importance in the Region. In 2016, eight countries developed national plans of action to implement the regional strategy on health and environment. All countries endorsed the roadmap for an enhanced global response to the adverse health effects of air pollution. A regional plan of action for implementation of the global roadmap has been

developed by the Centre for Environmental Health Action in Jordan in collaboration with countries and partners.

In this context, Marrakesh, Morocco, hosted in November last year the twenty-second session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, which issued a call for the highest political commitment to combat the adverse health impacts of climate change.

Ladies and Gentlemen

Let me now move to the area of noncommunicable diseases (NCDs). Our Region unfortunately has the highest rates globally for some of the major noncommunicable diseases and their risk factors.

I would like to praise the countries guided by the regional framework in implementing the commitments set out in the United Nations Political Declaration, including the preparations for the third high-level meeting of the United Nations General Assembly in July 2018. Despite indications of significant progress at regional level in this area, concerted efforts are still needed to curb the epidemic. We should note here that several countries have launched national NCD prevention and control strategies. We hope that other countries accelerate the launch of their national strategies in line with the requirements of the progress report to be submitted by WHO to the third high-level meeting in 2018.

We also call on Member States to promote healthy diet and address nutrition-related risk factors. In this regard the Regional Office produced in 2016 policy guidance to support countries in salt, fat and sugar reduction strategies and in obesity and diabetes prevention.

WHO has developed regional guidance on the early detection of five priority cancers in the Region and the first draft of a regional framework on cancer prevention and control. The Regional Office continues strengthening cancer surveillance in collaboration with the International Agency for Research on Cancer. Here I would like to highlight the contributions of civil society in the prevention and treatment of cancer. During my visit to Morocco in May this year, I had the honour of presenting Her Royal Highness Princess Lalla Salma with WHO's Gold Medal in recognition of her noble commitment and engagement in the fight against cancer.

Jordan's experience in cancer control under the patronage of Her Highness Princess Ghida Talal is an example to follow in the Region and beyond.

The rates of mental disorders in the Region are among the highest in the world, a problem directly attributable to the emergencies currently affecting our countries. Focus is being placed on mental health and psychosocial support services as well as on supporting countries in developing and reviewing mental health strategies and legislation with the aim of integrating mental health into primary health care. The Regional Office, on the occasion of the World Health Day, launched a regional campaign from Lebanon under the slogan "Depression, let's talk about it" in the presence of and with support from H.E. the Deputy Prime Minister and Minister of Public Health.

Ladies and Gentlemen

Let us turn now to communicable diseases. I have the honor to inform Your Excellencies that our Region, and the world, has never been closer to eradicating polio. Wild poliovirus transmission is at the lowest levels in history and is limited to a few zones in the two remaining polio-endemic countries – Afghanistan and Pakistan. At the end of this September, only 11 cases had been reported in the Region this year: 6 from Afghanistan and 5 from Pakistan, compared to 33 cases in 2016. In my visit to Pakistan last spring I met with His Excellency President Mamnoon Hussain and witnessed first-hand the deep and firm commitment to polio eradication at the highest levels of government and the unyielding determination to finish the job once and for all.

The quality of surveillance for acute flaccid paralysis continues to improve as we continue working on strengthening community trust by continuing polio vaccination, despite some challenges with regard to misconceptions about vaccination. In this context, I would like to acknowledge the leading role played by the Islamic Advisory Group for Polio Eradication. There is still, however, a considerable challenge with regard to circulating vaccine-derived poliovirus, especially in conflict-affected areas such as in Syria. Our efforts are significant, however, and are paying off. I was recently honoured to attend the national celebration marking three years of a polio-free Somalia. I would like to commend the Government of Somalia for the leadership, commitment and transparency it has demonstrated in responding to outbreaks and in achieving and maintaining polio-free status despite all challenges.

Preventing vaccine-preventable diseases, including measles, remains a high priority in the Region, and we will support the efforts of countries facing measles outbreaks to improve routine vaccination and to implement national high quality measles vaccination campaigns in order to complete their measles-free status declaration.

In 2016, 80% of infants in the Region received 3 doses of DTP vaccine. Although this is less than the global target of 90%, it is nevertheless an achievement in light of the many serious emergencies our region is experiencing. The infants that could not be reached with 3 doses of DTP vaccine in 2016 represent 3.7 million children, most of whom were in six countries, a matter which poses a serious challenge to the health systems in those countries.

Viral hepatitis remains a significant cause of mortality in the Region, with an estimated 21 million people infected with hepatitis B and 15 million chronically infected with hepatitis C. I commend the efforts made by some countries to scale up access to treatment of hepatitis C with direct acting antivirals. Egypt alone has provided treatment to over 1 million people living with hepatitis C. Pakistan is showing clear commitment towards hepatitis prevention and control and launched the day before yesterday a national hepatitis strategy. We look forward to seeing its implementation with rapid scale-up of hepatitis C treatment and birth-dose vaccination against hepatitis B towards the elimination of viral hepatitis B and C by 2030.

Tuberculosis is still a concern for the Region. In consultation with Member States, we have developed a strategic work plan for the period 2016–2020 to align with the targets of the global strategy. I am confident that with high-level commitment, countries will reach the regional targets set for 2020, and I anticipate your high-level participation in the forthcoming Ministerial conference in Moscow next month on 16–17 November in order to bring about political commitment in this regard.

In 2016, Morocco was validated as having successfully eliminated trachoma, the second country in the Region, and globally, after Oman. Collaboration is ongoing with the Global Trachoma Alliance for planning and resource mobilization. In April I attended the WHO Global Partners Meeting on Neglected Tropical Diseases, followed by the Neglected Tropical Diseases Summit, during which I committed to intensify action on these diseases in the Region, including the elimination of lymphatic filariasis, schistosomiasis and trachoma. In the roadmap, we recognized

the importance of eradication of these diseases and we are currently developing a regional plan that will be soon operational.

Antimicrobial resistance is a global priority that requires our full attention and commitment. The Regional Office established a network of antimicrobial resistance national focal points for human and animal health and we are focusing on supporting countries in the development of national action plans on antimicrobial resistance. In July I attended the launch of the Islamic Republic of Iran's national antimicrobial resistance plan in the presence of H.E. the Minister of Health and Medical Education, with the participation of all relevant sectors. You will be discussing this important subject in more detail tomorrow.

Ladies and Gentlemen

The year 2016 saw the implementation of the new WHO health emergencies programme at regional level, with dedicated resources and expertise. The new programme is expected to bolster our ability to respond to emergencies and outbreaks and will enable us to devote more efforts to emergency preparedness. Our Region bears the burden of more than 30 million displaced people, and more than half of all refugees globally originate from our region. Demand for health services by displaced populations continues to place a heavy burden on national health systems across the Region.

WHO's logistics hub in Dubai is supporting emergency response activities, including the provision of vital medicines, medical supplies and other critical equipment needed by affected countries and communities. In 2016 and 2017, WHO delivered more than 920 tonnes of medicines and supplies to 19 countries in the Region, as well to South Sudan, Turkey and Nigeria. In Mosul, Iraq, live-saving emergency care services were provided to around 23 000 patients since October 2016. Five field hospitals were established for this purpose near the front lines.

The siege of the Palestinian people, especially in Gaza Strip, comes at the heart of our interest and we are working hard with all partners to support the Palestinian health authorities.

WHO work in the area of emergencies in 2016–2017 has been supported by a number of key donors, most significantly the King Salman Centre for Humanitarian Aid and Relief in Saudi

Arabia, and the Governments of Kuwait, United Arab Emirates, Qatar and Oman. I take this opportunity to extend my thanks and gratitude, on your behalf, to these organizations for these noble regional humanitarian initiatives.

The visit of the WHO Director-General to Yemen as part of his first country missions was not due to chance. The visit was a clear sign of the importance being given by the Organization to health care delivery for all, especially those in complex humanitarian and health situations.

As part of WHO's work in pandemic influenza preparedness, epidemiological and virological surveillance for influenza-like illness and severe acute respiratory infections were enhanced in 16 countries. A web-based platform, the Eastern Mediterranean Flu Network, was deployed for countries to share data on influenza regularly. Technical support was provided to enhance preparedness capacities for Middle East Respiratory Syndrome, Zika virus infection and Ebola virus disease.

Between April 2016 and June 2017, WHO and partners supported 14 countries in the Region to conduct external evaluations of IHR 2005 capacities. Support was given to Pakistan, Morocco and Jordan to develop and cost their national action plan for health security based on the outcomes of the evaluation. The Regional Office participated with a technical team in the pilgrimage season this year and worked closely with the Ministry of Health of Saudi Arabia. The pilgrimage season was concluded without any outbreaks thanks to the continued efforts of the Ministry of Health to ensure a successful hajj and umra season.

Ladies and Gentlemen

After this brief presentation of what we achieved last year, let me now look at some recent strategic developments in WHO's work in the Region and their implications on our way forward.

After assuming office in February of this year, I embarked with the support of a taskforce of senior staff on developing a clear regional roadmap which focuses key priorities which I committed myself to adopting, along with a set of strategic actions needed to make the changes sought by Member States.



Throughout the development process, we ensured that the roadmap takes into consideration the global and regional environments in which WHO is working, including the global commitment to the 2030 Agenda for Sustainable Development and the WHO reform agenda.

The roadmap is developed around four interrelated pillars that translate the Regional Office's vision and commitment into action to guide WHO's work.

In the **first pillar**, focus is placed on five priority areas of public health, emphasizing that they cannot be addressed individually, as they are interlinked both in terms of challenges and the strategic approaches needed to address them. They are:

- **First: emergencies and health security** to ensure a coherent public health approach to the emergency response in countries affected by emergencies and to enhance preparedness and health security for the Region
- **Second: prevention and control of communicable diseases** to address the important gaps in vaccination coverage, eliminate neglected tropical diseases, and control the rapid spread of antimicrobial resistance;
- **Third: prevention and control of noncommunicable diseases** to strengthen efforts to reduce the burden and mortality due to these diseases with a focus on reducing risk factors;
- **Fourth: maternal, neonatal, child and adolescent health** to reduce neonatal, child and adolescent mortality and the remaining burden of high maternal mortality; and
- **Fifth: health system strengthening** to support countries in progressing towards universal health coverage and strengthen health system resilience.

The **second pillar** of enabling factors is based on advocating for Health in All Policies, building capacity of public health management and leadership, expanding partnerships with United Nations agencies and civil society, adopting multisectoral approaches and enhancing regional capacities in resource mobilization.

In the **third pillar**, we aim, through our partnership with you, to strengthen and refine WHO's work at country level to become increasingly responsive to your needs and priorities. This entails greater transparency with Member States, joint planning, continuous two-way dialogue and greater engagement of countries in WHO's work. This was obvious in the unique participation of Member States in the World Health Assembly this year. We noted significant contributions to

the deliberations in the sessions, including at the side meetings. It is my intention to further strengthen WHO country offices to be more responsive to the needs of Member States, particularly in terms of priority-setting. We are discussing with some Member States completing the opening of country offices there in order to reinforce the technical support we are providing to them.

In the final pillar, stemming from the reality that WHO's greatest resource is its staff, I will work to enable a productive, creative and innovative environment. During my term, I will prioritize professional development, enhancement of staff skills, effective communication, coordination and teamwork and strengthening of the Organization's internal control framework.

In developing the roadmap, I sought feedback from representatives of countries on many occasions, especially in the programme sub-committee meeting last April in Cairo, then in the ministerial meeting in Geneva prior to the World Health Assembly. It gives me pleasure to share with you an updated and approved version including your meaningful feedback as well as practical targets, indicators and milestones for programmes within each priority area. I assure you that our progress will be closely monitored and that you will be regularly updated.

I would like to stress here that progress in addressing the identified areas will only be possible through our sustained commitment, and that of Member States and partners, through a multisectoral approach to address the many problems encountered by the Region. I am happy to see that our roadmap is also consistent with the priorities that Dr Tedros has set for his term as Director General – this will ensure that we continue to deliver to our countries and support you as one strong WHO. I look forward to working with you to realize this vision.

Let us all move forward, together.