

Introduction of the Annual Report

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بسم الله الرحمن الرحيم

Your Excellencies Ministers of Health and Heads of Delegations, Director-General, Ladies and Gentlemen

It is my pleasure to present the annual report on the work of WHO in the Eastern Mediterranean Region during 2017 and the early part of 2018. The report gives a comprehensive overview. In this introductory statement, I will mention some highlights of our recent work, but I would like to focus mainly on going forward. How can we best implement the new general programme of work, GPW 13, in our Region? How can we realize the vision of Health for All by All? What challenges do we face, and what resources do we have at our disposal?

My analysis in this speech draws on extensive work that has already been done to develop a vision for the Region, including a five-day intensive workshop at our Regional Office from 16 to 20 September which brought together more than 70 senior WHO technical staff and external experts. I am sharing with you today a short document which sets out my vision and summarizes our strategic priorities for the years ahead. They are closely aligned with the global priorities established in GPW 13. In the coming months, I will also share with you more detailed implementation plans.

Ladies and gentlemen,

In shaping health policy for the entire Eastern Mediterranean, one of the biggest challenges facing us is the sheer diversity of the Region itself. There are huge disparities in income both within and between our countries, as well as significant social, economic and technological disparities which are also reflected in health disparities.

Clearly, therefore, no single solution or policy will work for all countries. On the contrary, we need to embrace diversity as a defining feature of our Region and find ways to use it to our advantage, drawing on the best that each country can offer. GPW 13 gives us an excellent starting point. It recognizes that effective partnership with countries is crucial to maximize positive impacts on public health, and it requires WHO to transform the way that we work so

that we enhance our impact at country level. As part of this transformation, we have to tailor our actions to fit each country's capacity and vulnerability, ranging from policy dialogue through strategic support to technical assistance and service delivery.

In the Regional Office for the Eastern Mediterranean, we welcome this fundamental change and we have embarked on a process of country functional reviews to help us better identify and meet the needs of our countries. We have started visiting countries, discussing priority issues, and reviewing our staffing and business models to ensure that our country presence is closely aligned to the local context. A discussion of that country review process is scheduled for tomorrow.

We are also reviewing our resources at regional level. For example, we are examining ways to scale up the contribution of the WHO Collaborating Centres and other centres in the Region. We are undertaking analysis of areas of strength and gaps, and several countries have expressed interest in hosting a centre.

However, reviewing and optimizing our operations at regional and country levels is not enough. To radically improve health outcomes, we need to harness the energy of people and organizations across the Region. That means ensuring that health concerns are factored into policy-making at all levels, locating and integrating health services where they are needed, and involving everyone – individuals, families, communities, academia and organizations – in developing and delivering policies and services.

That is our vision of **Health for All by All**, which calls for solidarity and action.

GPW 13 sets three global strategic priorities for WHO and our Member States to ensure that we are on track to meet the health-related Sustainable Development Goals (SDGs). How might a *Health for All by All* approach guide us in pursuing them? Let me suggest some possible implications with regard to each priority.

The first strategic priority identified in GPW 13 is to achieve **universal health coverage** so that at least 1 billion more people globally have access to the health services they need without risking financial hardship.

Our Region has much to do to achieve our share of the global billion. Little over half of all people in the Eastern Mediterranean have access to essential health services – significantly lower than the global average of 64%. There are many problems underlying this lack of coverage, and many of them are interconnected. Investment in health services is too low: we are home to around 9% of the world's population but account for barely 2% of global health spending. Financial protection systems are inadequate in many countries, and in consequence, according to a new study which we are launching this week, around 55.5 million of our people face financial hardship and 7.7 million are impoverished because of high out-of-pocket expenditure on health care. Our Region has a double burden of communicable and noncommunicable diseases. Tackling them requires action across many sectors, but spending enough money on health systems is fundamental.

Furthermore, and as the annual report notes in some detail, health service provision is also compromised by weaknesses in terms of policy-making, regulation, staffing, prioritization of health services and availability and reliability of key information. In fact many countries in the Region do not collect comprehensive and reliable data on the causes of deaths, which is crucial in understanding population health needs. And that is before we consider the additional, and enormous, challenges posed by the exceptional number of emergencies in the Region – which I will discuss in a moment.

In short, there are many gaps and challenges, and you will be given a fuller analysis of them in the technical paper that is being presented on this subject tomorrow.

However, none of those challenges is impossible to overcome. Evidence shows that universal health coverage can be advanced effectively even in low-income countries and those affected by emergencies. The most important prerequisite is political will. Achieving universal health coverage requires a sustained and coherent effort among each country's leaders and policy-makers. There have been encouraging signs of progress recently. Almost all countries in the Region have now signed the Global Compact on Progressing Towards Universal Health Coverage, and the issuance of the Salalah Declaration on UHC just a few weeks ago in Oman further affirmed the strong priority now being given to it in our Region.

High-level political commitment is necessary but not sufficient; there needs to be engagement of all stakeholders in the health system, including individuals, families and communities at the grassroots. This is where the Health for All by All perspective comes into play. Looking at universal health coverage through that prism highlights several issues.

First, health care needs to cover everyone. Communities need to be involved in its development. Community participation and empowerment and intersectoral coordination are both relatively weak in the Eastern Mediterranean Region. That needs to change. We need to work together to develop and strengthen clear mechanisms for civil society voices to be heard.

When it comes to covering everyone, we need to build in a systematic focus on the vulnerable. Existing programmes targeting people at crucial points of the life cycle – children, adolescents, mothers, women, the elderly, people with disabilities – are essential, but we need to redouble our efforts to reach particularly vulnerable groups such as refugees, internally displaced people, nomads and the urban and rural poor.

Second, even in high-income countries which have spent large sums of money developing health care systems, there is more to be done. Although the paramount importance of primary health care has been acknowledged since the Alma-Ata Declaration of 1978, tertiary health care still tends to claim a large share of attention and funding. Family practice-based primary health care forms the cornerstone of any truly responsive health system, but it is chronically undervalued in our Region: 93% of family clinics are managed by physicians with no postgraduate training. We urgently need to raise the status of family practice as a professional path and to increase the supply of qualified family doctors and other health professionals at the primary health care level. Initiatives described in the annual report, such as the development and roll-out of an online training course for family practitioners, are critical.

Third, we need to ensure that people receive quality care at all levels of the health system, and that their care is coordinated effectively between those levels through a properly functioning referral system, to minimize the incidence of errors. Shockingly, a study of six countries of the Eastern Mediterranean found that up to 18% of hospital admissions were associated with severe adverse events – events that could have been prevented and that were associated with a high risk of death or disability.

Ladies and gentlemen, Colleagues,

We can and we must do better.

One other crucial stakeholder group to consider in advancing universal health coverage is private sector providers. The for-profit sector is responsible for delivering between 33% and 81% of health services in countries of the Region. That makes it an integral part of our health systems, and policy-makers need to factor it into their efforts to develop services. Work to support this is already well underway in the Eastern Mediterranean following a recommendation by last year's session of the Regional Committee, and tomorrow's agenda includes a paper on the subject with a draft framework of action for your consideration.

The second strategic priority identified in GPW 13 is to address **health emergencies** so that at least 1 billion more people globally are better protected from their impact.

Emergencies pose a particularly grave challenge for our Region. Countries of the Eastern Mediterranean face emergencies on an unprecedented scale. Approximately two thirds of them are directly or indirectly affected by violence, environmental threats and natural disasters. The impact on national health systems and individuals' health can be catastrophic: long-forgotten infectious diseases are making a comeback as health, water, sanitation and environmental systems break down; malnutrition has decreased the immunity of vulnerable populations, especially children, making them more susceptible to infectious diseases; vaccination coverage is compromised – over 90% of unvaccinated children live in countries experiencing different degrees of humanitarian emergency; insecurity and lack of access to health care means that people are dying of diseases and medical conditions that would be easily treatable under normal conditions. We have the highest neonatal mortality rate in the world, mainly because of conflict and crises.

Emergency response efforts are hampered by many problems, from insufficient funding to gaps in essential health supplies, inadequate numbers of trained health professionals, mass population movement, and difficulties in accessing the worst-affected areas and people. Most troublingly, health care workers and facilities are themselves all too often the victims of conflict. As of the end of September 2018, 718 attacks on health care have been recorded by WHO in 6 major crisis countries in our Region in 2017 and 2018. This year alone, 115 health workers and patients have been killed and 622 injured. Let me be clear: these attacks are illegal. They violate international human rights law and international humanitarian law. I am making this area of work my top priority. Our Region must no longer be the most dangerous place for health workers and their patients.

Ladies and gentlemen,

Let me take this opportunity to thank all those working so hard on the front line to respond to those emergencies by mobilizing resources and bringing help where it is needed, often at risk to their own safety. The Eastern Mediterranean is the global leader not only in terms of the scale and burden of health emergencies, but also in terms of our expertise and effort to deal with them. As the annual report notes, in 2017 WHO's logistics hub in Dubai delivered 791 tonnes of medicines and medical supplies, benefiting more than 23.5 million people in the Region. Outbreaks of emerging infectious diseases such as dengue fever, cholera, Middle East Respiratory Syndrome (MERS), and travel-associated Legionnaire's disease were successfully contained through rapid action. Health clusters supported essential functions in several countries.

These impressive responses highlight the power we have when we work together. WHO collaborates with a range of actors on emergency preparedness and response: donors, policy-makers, health professionals and other key workers from countries of the Region and beyond, as well as other United Nations agencies, nongovernmental organizations and civil society groups.

The Health for All by All vision recognizes health emergencies as an area of comparative advantage for the Eastern Mediterranean. Our hard-won expertise can make a huge difference for the better, in this Region and beyond. We can set an example for the rest of the world. Here, I would emphasize four points.

First, preparedness is critical. We can reduce the likelihood of emergencies occurring and mitigate their impact by analysing all potential risks and addressing them proactively. There are already tools and frameworks to assist in this work, notably the International Health Regulations (2005), but the capacities that they require have not yet been fully implemented in many countries of the Region. The technical paper on emergencies being presented to you tomorrow discusses implementation in more detail and recommends some actions for countries.

Second, where possible, resilience needs to be built into health systems so that if and when emergencies occur, those affected can be reached effectively and promptly, including vulnerable groups such as displaced people. There is a technical session on this on Thursday, after the formal closure of Regional Committee, which I encourage you to attend.

Third, while recovery raises serious challenges, we should also see it as an opportunity to expand universal health coverage in the Region. GPW 13 rightly emphasizes the principle of "build back better". The sort of inclusive approach that we are advocating for the Region, reaching out to the most vulnerable communities, should help to ensure an effective transition from immediate recovery to longer-term capacity-building.

Fourth, working on health can be part of the solution to emergencies in the broadest possible sense. In recent years, there has been a recognition that peace, health and development are interconnected. The Humanitarian-Development-Peace Initiative of the United Nations and the World Bank Group encourages us to find new ways of working together in countries affected

by fragility, conflict and violence to achieve sustainable development platforms that are country-led and owned. A community-based approach to health care delivery and development fits naturally with this humanitarian–development–peace nexus: in working together to maintain and enhance their health, communities can heal their divisions too.

The third strategic priority identified in GPW 13 is to **promote healthier populations** so that at least 1 billion more people globally enjoy better health and well-being by 2023.

Here again, our Region faces multiple challenges. Despite being preventable and treatable, and despite significant progress achieved earlier, communicable diseases have re-emerged as causes of significant morbidity and mortality. As I noted earlier, conflict and instability have revived threats that we thought had been beaten. Our Region has experienced outbreaks of vaccine-preventable diseases, such as diphtheria and measles, that used to be well controlled. Vector-borne diseases like malaria, leishmaniasis and Crimean-Congo hemorrhagic fever are causing significant morbidity. Rates of diagnosis and treatment for tuberculosis are dangerously low. We are one of the few regions in the world where the incidence rate of HIV infection is still increasing, and only 18% of those infected receive treatment. Despite notable efforts to detect and treat viral hepatitis C, especially in Egypt, it is still more prevalent in the Eastern Mediterranean than anywhere else in the world. And in our Region, as elsewhere, antimicrobial resistance has become one of the biggest challenges we face. Left unchecked, drug resistance will roll back a century of medical advancement. AMR is now one of the flagship programs of GPW 13, and our Region is starting to make good progress in implementing the global action plan.

Meanwhile, the struggle to eradicate poliomyelitis continues. Immense efforts are being made, and victory is within our grasp. Pakistan and Afghanistan are the only countries in the world reporting wild polio virus in 2018. While the Syrian Arab Republic succeeded in stopping an outbreak of circulating vaccine-derived poliovirus, a new challenge has arisen with an outbreak in Somalia. Major challenges exist in accessing children with immunization in parts of Afghanistan and in other high-risk countries including Somalia. Sustaining and improving the quality of eradication activities in Pakistan and Afghanistan, strengthening routine immunization systems, and guarding other countries against outbreaks of polio, remain critical priorities for WHO and our countries. Together, we will succeed in eradicating polio from our Region and the world.

Non-communicable diseases are responsible for two-thirds of all deaths in the Region. Most of these deaths are caused by preventable factors – unhealthy diet, tobacco use and physical inactivity. Over 38% of adults and 86% of adolescents are not physically active enough, 50% of women and 44% of men are overweight or obese, and 18% of children under the age of five are overweight. Rates of diabetes are high and rising. We are the only global region where tobacco consumption is projected to rise because of huge usage among young people. We have the world's second-highest rate of mortality among adolescents, and many of those deaths are preventable such as violence and road traffic injuries, which can and should be radically reduced. Rates of mental illness are also among the highest in the world, largely because of emergencies, and between 75% and 86% of sufferers do not receive the treatment they need.

We must tackle all these problems, and that means addressing their root causes. Both communicable and non-communicable diseases are closely linked to the underlying social determinants of health – issues of gender inequity, poverty, social deprivation, environmental degradation, and disempowerment. Let me mention two of the most important core issues. Avoidable environmental risks cause more than 850 000 premature deaths in our Region each year. More than 90% of our people are breathing polluted air. Our regional Centre for Environmental Health Action (CEHA) in Amman is an important resource, and we are reviewing it to maximize its value.

We also need to do more to integrate gender responsiveness into health policy and ensure that that the different needs of women and men and boys and girls are addressed. Gender influences health outcomes in numerous ways. As women are the main carers within families throughout the Region, gender inequities can have consequences for general child, family and community health.

One thing is clear: focusing on the treatment of individual diseases is inadequate. Durable solutions must involve sustained and coherent action across many sectors to tackle the complex and deep-seated causes of ill health. In other words, health problems cannot be solved by the health sector alone, and as health policy-makers and professionals we need to advocate and catalyse a far wider process of change and development.

Ladies and gentlemen,

Much good work is already being done by WHO and our partners to combat both communicable and noncommunicable diseases. In recent years, our regional strategy has focused on critical points in the life course, for maximum impact. We have sought to galvanize action across sectors through a Health in All Policies approach, and we are working closely with partners in other United Nations agencies. The first ever UN General Assembly High-Level Meeting on Tuberculosis took place just a few weeks ago in New York City and issued a landmark Political Declaration on the fight against tuberculosis. World leaders reaffirmed their pledge to end the tuberculosis epidemic globally by 2030 in line with the Sustainable Development Goals (SDGs) and as part of the universal health coverage agenda. And at a High-Level Meeting on Noncommunicable Diseases the following day, heads of state and government committed to 13 new steps to tackle noncommunicable diseases including cancers, heart and lung diseases, stroke, and diabetes, and to promote mental health and well-being. We must play our part in these global ventures.

Promoting health and well-being is a core part of both GPW 13 and of our regional vision of Health for All by All. For this session of the Regional Committee, the Secretariat has prepared several tools which would fill some important gaps in our wide-ranging inventory of health promotion policies and initiatives, including the Health in All Policies approach. As requested by the 64th session of the Committee last year, a draft regional strategy and action plan on tobacco control has been produced and is being circulated to you today. I urge you to endorse it and redouble our efforts to combat the blight of tobacco consumption. Furthermore, tomorrow's technical paper on health promotion includes three additional frameworks of action for your consideration and, I hope, adoption.

Your Excellencies,
Ladies and gentlemen,

As you will see from the annual report, WHO undertakes a huge range of activities in the Eastern Mediterranean Region. Across all our programmes and activities, there is one essential common element: partnership. In closing, I would like to thank all the partners who make our shared achievements possible: our sister United Nations agencies, nongovernmental organizations, professionals, academics, volunteers, civil society groups and, most importantly, our countries. We are going to transform the way we work with you, and the importance of our partnership will only grow.

I have shared my vision with you today, and I will be sharing my plans in more detail in the coming days and months. But my most important task this week is to listen to your ideas and priorities. I look forward to a very fruitful session.

Thank you.