
Conclusion

2012 was an opportunity for Member States and WHO to agree on the key challenges facing health development in the Region. In-depth and objective assessment of the health situation in countries indicated clear priorities for technical collaboration with WHO which were endorsed by the Regional Committee. The current challenges facing health systems strengthening, maternal and child health, prevention and control of noncommunicable diseases and the unfinished agenda in communicable diseases, emergency preparedness and response, and WHO reform have been described in this report. I have also set forth the strategic action that WHO and Member States undertook together in 2012 to address some of these challenges, within the context of their joint programmes.

We are constantly building on the evidence, experience and valuable work undertaken in previous decades. In the past two years, very clear roadmaps have been agreed at global level on how to tackle key health priorities, and governments, donors and partners have indicated their commitment to following these roadmaps, whether at the United Nations General Assembly, the World Health Assembly or other international forums. Baselines and targets against which to measure our progress have been set out in the various technical documents presented to the Regional Committee, and in the individual country plans that have been or are being developed in each area. The challenge for Member States is to initiate concrete action to implement these roadmaps and meet the various global commitments. The challenge for us in WHO is to strengthen our efforts in order to provide enhanced technical support to countries.

In the area of health systems strengthening, the focus will be on health sector leadership and governance, development and implementation of a road map for universal health coverage, and ensuring a well balanced health workforce, access to essential medicines and technologies, and an integrated network of primary health care facilities. The health system must be supported and backed up by a robust health information system that includes civil registration and vital statistics and specific emphasis will be placed on promoting development of these. Mechanisms for multisectoral collaboration must also be strengthened to support the efforts of the health sector in all areas, including the private sector.

Within the context of promoting health across the life course, the priority will be to accelerate action to achieve Millennium Development Goals 4 and 5. This will mean developing and implementing national plans to reduce child and maternal mortality in the 10 countries with the highest burden and mobilizing resources to support implementation of such plans. These plans will need to scale up implementation of cost-effective interventions, prioritize the underserved geographical areas and address inequities in the response to maternal and child health needs, whether within the health system or in collaboration with other sectors. Increased attention also needs to be given to injury prevention, particularly among children and on the roads.

The momentum generated on behalf of the growing burden of noncommunicable diseases must be followed up through implementation of the *Regional framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases*, covering the areas of governance, prevention and reduction of risk

factors, surveillance, and health care. Partnerships and integration of noncommunicable diseases into primary health care must also be strengthened. Action to implement the WHO Framework Convention on Tobacco Control needs to be stepped up, and much greater attention needs to be given to diet and physical activity. With regard to communicable diseases, the immediate focus will be on supporting achievement of the disease-related Millennium Development Goals. Disease surveillance systems must be integrated and investment in immunization programmes needs to be increased. The polio eradication programme must be a priority for all countries. The recent outbreak in Somalia and the detection of the poliovirus in environmental samples in countries that have been polio-free for many years leaves no room for complacency. Intensive and strengthened work will be required in Afghanistan and Pakistan to maintain the progress in 2012, and in polio-free countries to maintain high population immunity, certification standard AFP surveillance, and capability to detect any importation. Tuberculosis and malaria require continued emphasis to improve case detection, through developing public–private partnerships, improvement of laboratory capacity and strengthening surveillance. Access to antiretroviral therapy (ARV) and other HIV services, particularly for high-risk populations, as well as action to eliminate mother-to-child transmission of HIV, must be stepped up. Implementation of the International Health Regulations on time is also a priority and emphasis will continue to be placed on building the necessary national core capacities in surveillance, response, laboratory support and human resources.

The ongoing conflicts and chronic humanitarian emergencies prevailing in many countries in the Region and resulting in large numbers of

displaced populations are major risk factors for long-term health and health system development. The strategic priorities in emergency preparedness and response are to develop clear policies and legislation based on an all hazard and ‘whole health’ approach, with special attention to safeguarding health facilities and the health workforce in times of emergency. Despite an increase in the funding of health activities in emergencies, only 38% of the Region’s requirements were met in 2012. The health sector continues to be severely underfunded, emphasizing the need for a more coordinated approach by traditional and non-traditional partners to address the health needs of affected populations in the Region.

What is most striking is that none of this action can be viewed in isolation. The identification of strategic priorities should not imply that these can be addressed separately from each other. Thus, health system strengthening is as essential to the achievement of the Millennium Development Goals, and to sustaining these gains after 2015, as it is to the prevention and control of noncommunicable diseases. Emergency preparedness, disease surveillance and reporting, and an integrated multisectoral approach to tackling noncommunicable diseases are all complementary within the context of national health development.

The WHO reform process will help WHO to strengthen its technical support to Member States, in quality and timeliness, both at regional and country level. In turn, this will support increased coordination and complementarity between the national programmes so that actions taken in one area of WHO’s cooperation with countries enhance the outcomes of actions taken in another area. Management reforms will support the improvement of transparency and accountability,

so that Member States can be sure that their contributions to WHO are used cost-effectively, efficiently and appropriately. Health diplomacy will have an increasingly important role to play in shaping the global and regional health agenda, and I hope that Member States of the Region will continue to increase their participation in the work of the World Health Assembly and Executive Board.

The Regional Committee has endorsed a challenging but clearly defined agenda for WHO and the Member States in the next four years. Milestones against which to measure our progress have been established. WHO will continue to do its best to improve its collaboration with and support to countries. Likewise, I very much hope that Member States will do their part to follow through on the action plans to which they have committed. Together we have much to achieve.

