

5 YEARS IN ACTION

Strengthening
public health in the
Region and beyond



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Five years in action

Strengthening public health in the
Region and beyond

Ala Alwan

WHO Library Cataloguing in Publication Data

Alwan, Ala

Five years in action: strengthening public health in the Region and beyond / Ala Alwan, World Health Organization. Regional Office for the Eastern Mediterranean

p.

ISBN: 978-92-9022-187-6

ISBN: 978-92-9022-188-3 (online)

1. Health Priorities 2. Regional Health Planning - Eastern Mediterranean Region 3. Delivery of Health Care 4. Chronic Disease - prevention & control 5. Communicable Disease Control 6. Maternal-Child Health Services 7. Emergency Medical Services I. Title II. Regional Office for the Eastern Mediterranean

(NLM Classification: WA 541)

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Preface

When I was elected to office in October 2011, my first step was to work with Member States to reach consensus on the key health challenges that would be the focus of our work together over the course of my term as Regional Director. Five strategic priorities were identified and subsequently endorsed by the World Health Organization Regional Committee for the Eastern Mediterranean, at its fifty-ninth session in October 2012. These priorities were: health system strengthening, maternal and child health, prevention and control of noncommunicable diseases, health security and the unfinished agenda of communicable diseases, and emergency preparedness and response.

We worked in close coordination with Member States to undertake a comprehensive situation analysis for each priority area, in terms of nature and characteristics of the challenges encountered, gaps and barriers to action, as well as opportunities for intervention. We then moved to identifying what had to be done to address these gaps. This was summarized in the report “Shaping the future for health in the Eastern Mediterranean Region: Reinforcing the role of WHO 2012–2016” (1), which defined my mission for the following five years.

In addition to pre-existing challenges in the five priorities, the past five years witnessed major developments which had a considerable impact on the public health landscape in the Region. Political changes including the so called “Arab Spring”, social and economic crises, civil unrest and emergencies, as well as rapid demographic changes, have had a significant impact on health of the Region’s populations. The same period experienced unfolding crises in Iraq, Libya, Syria and Yemen, in addition to the ongoing protracted emergencies in countries like Afghanistan, Pakistan, Somalia and parts of Sudan. Today, almost two thirds of our Member States are directly or indirectly significantly affected by crises that are compromising health systems, leading to wide scale loss of life and enormous suffering and resulting in massive population movements.

Over the past five years, the focus has been on developing strategic roadmaps, clear frameworks for action, with evidence-based, feasible and cost-



effective interventions taking into account the vast socioeconomic and development context of countries. WHO has been working with Member States to implement recommended actions. With the adoption of the Sustainable Development Goals (SDGs), WHO will have to continue to work with countries to ensure that our strategies are harmonized with targets of the health-related goal (SDG3) and other SDGs.

I am happy to report that during the last five years, the Region has taken the lead globally in a number of key technical areas (2–3): noncommunicable diseases, health security, polio outbreak control, assessment of country capacities to implement the International Health Regulations (IHR 2005), medical education and health information systems, including civil registration and vital statistics. In all these areas, we now have a clear vision and sound roadmaps.

I am pleased to share with you this summary that highlights our major joint achievements over the past years for each of the five priorities, as well as other key initiatives (2–8). I acknowledge that challenges still exist and that there is a pressing need to build on what we have achieved. The way forward is clear and what needs to be done for the advancement of public health in the Region and beyond is evident.

Ala Alwan

WHO Regional Director for
the Eastern Mediterranean

Eastern Mediterranean Region at a glance



*Three groups of countries defined in the Region based on health outcomes, health system performance and health expenditure: 1) high-income, socio-economic development progressed considerably over the last 4 decades; 2) largely middle-income, developed an extensive public health service delivery infrastructure but face resource constraints; 3) major constraints in improving population health outcomes due to lack of resources for health, political instability, conflicts and other complex development challenges.

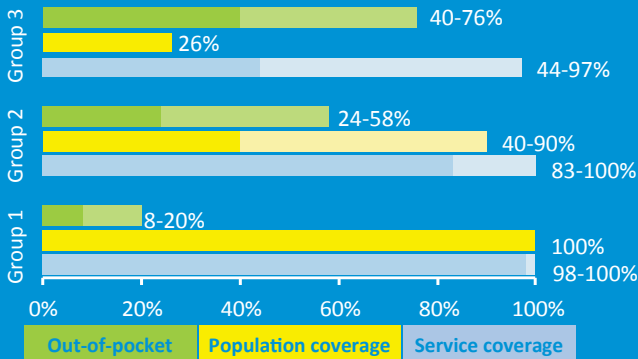


Fig. 1. Overview of coverage of the three dimensions of UHC

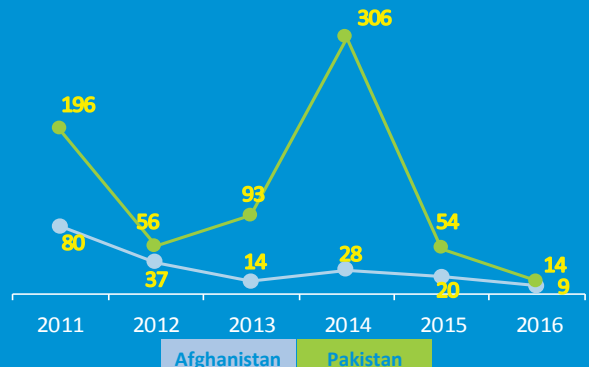


Fig. 2. Trend of polio cases in endemic countries in the Region

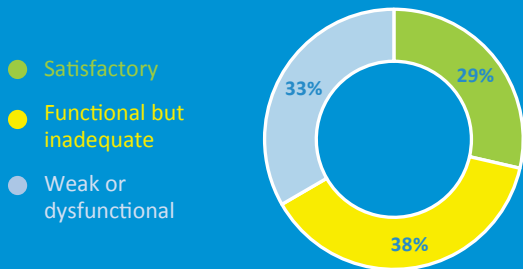


Fig. 3. Level of functionality of CRVS systems in countries (%)



Fig. 4. Coverage of death registration among countries (%)

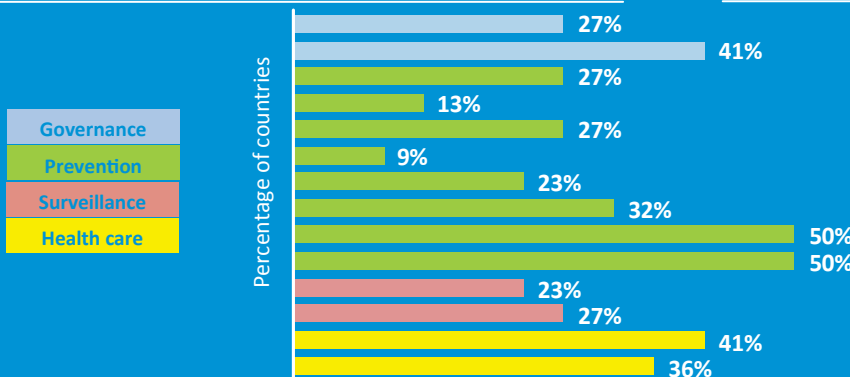


Fig. 5. Regional progress in the four time-bound NCD commitments

- National NCD targets and indicators
- National integrated NCD policy/strategy/action plan
- Protect people from tobacco smoke
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising/sponsorship
- Raise taxes
- Policies to reduce population salt/sodium consumption
- Policies limiting saturated fatty acids/transfatty acids
- Legislation Code of Marketing of breast-milk substitutes
- National public awareness on diet/physical activity
- System generating reliable cause-specific mortality data
- Risk factor surveys (e.g. STEPS)
- National standards for NCD management through PHC
- Drug therapy/counselling for eligible persons at high risk



High child stunting prevalence (28%) as a result of emergencies; above global average of 23.8%



Greatest rise in diabetes prevalence; highest globally at 13.7% (1 person in 7)



1.6% of global health spending for 8.7% of world's population

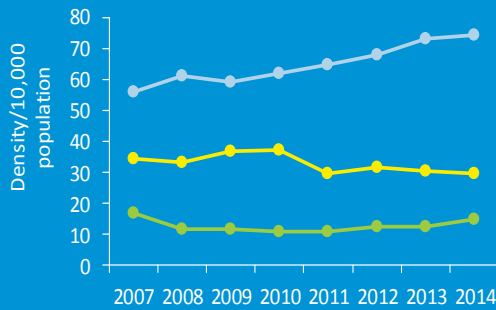


Fig. 6. Density of physicians, nurses and midwives in the Region 2007-2014

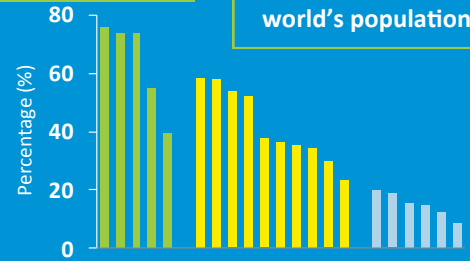


Fig. 7. Share of out-of-pocket expenditure in total health expenditure 2013

- Cardiovascular diseases
- Cancers
- Chronic respiratory diseases
- Diabetes
- Other noncommunicable diseases
- Injuries
- Communicable, maternal, perinatal/child, and nutritional conditions

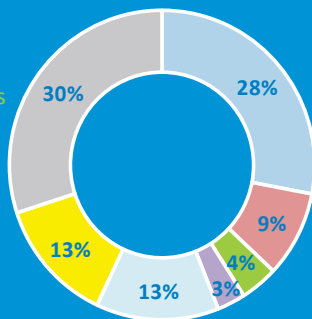


Fig. 8. Noncommunicable diseases burden in the Region
Source: WHO Global Status Report on NCDs, 2014



Fig. 9. Implementation status of proven tobacco control measures. M: Monitor use & prevention policies; P: Protect people from smoke; O: Offer help to quit; W: Warn about dangers; E: Enforce bans on advertising, promotion & sponsorship; R: Raise taxes.

- Eastern Mediterranean Region
- Other regions

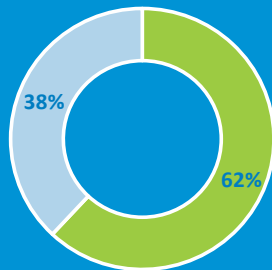


Fig. 10. Refugees by region of origin, December 2015
Source: UNHCR 2016

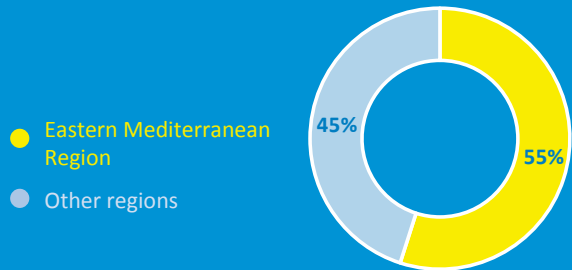


Fig. 11. Internally displaced persons, December 2015
Source: UNHCR 2016

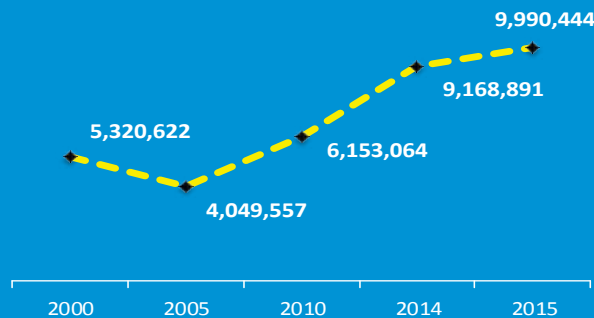


Fig. 12. Number of refugees from the Region (2000-2015)
Source: UNHCR 2016

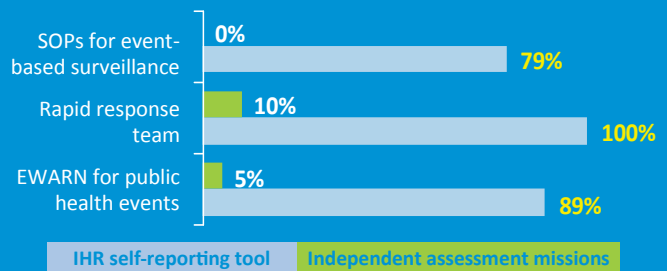


Fig. 13. Comparison of International Health Regulations (2005) self-reporting assessment results and independent assessment mission results, 2014, for the core capacity of surveillance

Key achievements (2012–2016) at a glance

Reinforcing civil registration and vital statistics

Based on rapid assessments and subsequent multisectoral comprehensive assessments of civil registration and vital statistics systems in all 22 countries of the Region, a regional strategy was developed. The strategy is based on the most comprehensive situation analysis ever conducted across the WHO regions. A detailed analysis of gaps and the way forward has been provided for each Member State. National authorities will now need to take action to address gaps. WHO will be expected to support them.

Strengthening health information systems

A framework for health information systems was developed that includes 68 core indicators on: 1) monitoring key risks and determinants; 2) assessing health status, including cause-specific mortality; and 3) measuring health system response. We now have a clear assessment of what each country is currently able to report on. A more detailed assessment tool has been developed to help countries address their gaps in generating data for all 68 indicators. Action to address gaps will be the way to strengthen health information systems in the Region.

Universal health coverage

A framework for action on advancing universal health coverage was developed and is regularly updated, as a roadmap for achieving access to needed health care for populations without risk of financial catastrophe. The framework for action has become the basis for WHO's work with Member States.

Assessing and reinforcing essential public health functions

The capacity of public health in the Region has to be expanded if countries are to address challenges in health development. A tool for assessing essential public health functions was developed, building on international experience and specific to country needs. The aim is to support countries in identifying public health strengths and areas for further improvement. Two countries conducted a pilot assessment and a number of other countries have expressed interest.

Institutionalizing health diplomacy

Health diplomacy is key to national health development. A health diplomacy seminar was established and held annually since 2012. Participants have included over 280 high-level officials from ministries of health and foreign affairs, ambassadors and parliamentarians, among others. The aim is to raise awareness, enhance coordination and build capacity to ensure that Member States are effectively engaged in global discussions on the challenges that face health and socioeconomic development in the Region. The health diplomacy movement is now firmly established in many Member States of the Region.

Country profiles

Country health system profiles are developed annually for all countries of the Region covering key health system indicators, achievements, strengths, weaknesses and priorities for action. These profiles are updated regularly in consultation with Member States.

Reinforcing medical education

A comprehensive assessment of the challenges faced by medical education was conducted in the Region through a regional survey and a series of expert consultations, jointly with the World Federation for Medical Education. A clear strategic direction was developed with a specific framework for action to address the challenges faced to strengthen medical education.

Strengthening nursing and midwifery

A two-year process of in-depth review of the current situation and challenges of nursing and midwifery in the Region, focused on the practice and preparation of the workforce. This resulted in a comprehensive framework for action with five strategic directions, now available for Member States. A set of priorities that countries should consider are included in each of the five domains (governance and regulation; workforce management systems; practice and services; access to quality education; and research). WHO's work to strengthen nursing and midwifery in the Region is based on this roadmap.

Establishing a cadre of public health leaders

More than 60 mid- to senior-level health professionals participated in two rounds of a newly established annual Leadership for Health Programme, which aims to revive public health leadership capacity in the Region. The objective is to establish an effective workforce in public health to lead at national level.

Key achievements (2012–2016) at a glance

Eradicating polio

An unprecedented investment in infrastructure and efforts to eradicate polio from the Region, led to highly successful containment of the Middle East and Horn of Africa polio outbreaks. Globally, only three countries are still polio-endemic –two are in the Region. Today, only 30 polio cases reported from Afghanistan and Pakistan in 2016, compared to 276 in 2011 – the lowest number of cases ever achieved, hoping to eradicate polio by next year.

Ensuring immunization coverage and bridging gaps

In 2015, 3.8 million children (20%) were unvaccinated in the Region, with 90% of them in only seven countries. The focus has been on closing the gaps in immunization coverage, through innovative mobile and community-based approaches, including in crisis zones where health facilities are damaged, destroyed or non-existing, as well as camps for displaced populations. The Region managed to maintain DTP3 coverage 82% despite continuing challenges.

Promoting food safety

A regional food safety assessment and national profiling was completed in 15 countries, using seven components for evaluation. The findings are guiding development of a regional action plan to strengthen food safety systems.

Enhancing the prevention and control of noncommunicable diseases

A sound vision and clear roadmap to reduce the burden of noncommunicable diseases was translated to the regional framework for action, which was developed to support country implementation of the United Nations Political Declaration on Prevention and Control on Noncommunicable Diseases. It covers four components, with 17 strategic interventions.

Identifying and promoting legal interventions

A dashboard of 10 priority legal interventions to address NCDs was developed, in the areas of tobacco control, diet and governance, based on evidence and global best practices.

Ensuring health security through the International Health Regulations

Following a request by Member States, independent assessments of country capacity for Ebola preparedness were carried out in 18 countries over three months. The assessments covered five IHR core capacity components and demonstrated major gaps in almost all competencies. These gaps were highly underestimated in the routine IHR self-assessment. Based on this, the Region led the development of the Joint External Evaluation (JEE) approach which is now universally adopted. At Ten countries conducted a JEE assessment in 2016 and other assessments are planned during the first half of 2017.

Strengthening emergency management

Despite gaps in capacity, the Region has been able to effectively manage an unprecedented level of health crises and emergencies. Despite enormity, magnitude, severity of crises and unprecedented number of displaced populations, all outbreaks and potential outbreaks were timely and adequately contained.

Promoting and protecting maternal and child health

An initiative “Saving the lives of mothers and children”, was launched with partners to support high-burden countries. The basic strategic approaches adopted in this initiative were to focus on proven high-impact interventions implemented in primary health care, and to strengthen partnerships. Effective partnership among WHO, UNICEF and UNFPA was key to facilitate implementation of the strategic approaches, and has been highly praised by Member States.

Supporting mental health

A focused regional framework to scale up action on mental health was developed covering four components, providing countries with a set of evidence-based, cost-effective and affordable interventions.

Priority 1: Health system strengthening

Major milestones 2012–2016

- ✓ Framework for action on advancing universal health coverage in the Region developed and endorsed
- ✓ Framework for health information systems, including core indicators, developed and endorsed
- ✓ In-depth assessments of civil registration and vital statistic systems in countries conducted
- ✓ Brief health system profiles for each country developed and updated annually
- ✓ Initiative for assessment of essential public health functions developed and piloted in two countries
- ✓ Leadership for Health programme established, and completed by more than 60 participants over 2 rounds
- ✓ Initiative on health diplomacy launched, seminars with over 280 participants conducted over five consecutive years
- ✓ Framework for action on medical education developed and endorsed
- ✓ Strategic directions for action on strengthening nursing and midwifery identified
- ✓ Initiative to strengthen and promote family practice in countries launched, as the principal approach for delivering primary health care
- ✓ Emergency trauma care initiative launched

A brief outline of major milestones

Framework for action on universal health coverage (9–13) includes four strategic components and outlines a number of strategic actions for countries, which are evidence-based, cost-effective and feasible. All actions are intended to be supported by corresponding actions from WHO and partners.

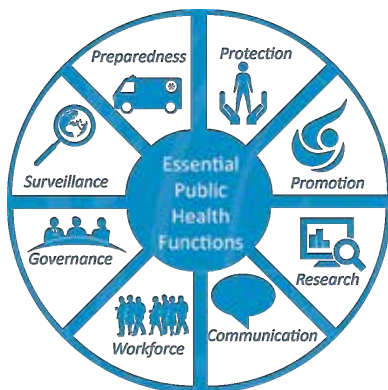
Health information systems framework (14–18) provides 68 core indicators to monitor health. WHO has provided, for each indicator, a detailed analysis of attributes (metadata registry) covering the source of data, tools used, requirements for analysis, and dissemination and use for policy development.

Civil registration and vital statistics strategy (19–21) focuses on improving CRVS systems, with emphasis on strengthening cause-specific mortality statistics. As a result of rapid and comprehensive assessments, there is now a comprehensive picture of strengths and weaknesses of the CRVS systems in all countries.

Health system country profiles (3) were developed for each country after an in-depth review of the health system. The brief two-page profiles aim to help policy-makers focus on assets and challenges.

Health diplomacy initiative (22–27) was established and institutionalized to strengthen capacity and skills in negotiating on key national and global health issues. It aims to expand health issues beyond the health sector, to address challenges from a political, economic and social perspective.

Essential public health functions (28–30) were identified for assessment and addressing gaps, as a basis for WHO's collaboration with countries.



Leadership for health programme (31–34) was launched focusing on five domains of leadership.



Medical education framework (35–36) provides an approach to scale up the development of quality physicians, through seven strategic priorities. For each priority, short-term and long-term actions by Member States are outlined, matched by specific technical support from WHO.

Nursing and midwifery regional strategy (37–39) aims at strengthening nursing and midwifery through strategic actions in five key domains: governance; management systems; practice and services; quality education; and research.

Family practice approach (40–41) was promoted as the principal approach for delivering integrated, person-centred primary care in the Region. Efforts included a situation review, to identify gaps and challenges in offering a full-fledged family practice program. This was complemented with developing strategic guidance, building country capacity and advising on scaling up the production of family physicians in countries.

The emergency trauma care initiative (42–44) was launched with the identification of eight high-yield near-term actions, contained within a proposed Framework of action to scale up the emergency care system in the Region. These eight actions have been identified as critical to the development of emergency care services in Member States.

Priority 2: Maternal and child health

Major milestones 2012–2016

- ✔ Initiative on reduction of child and maternal mortality in high-burden countries launched, emphasizing partnership with relevant stakeholders
- ✔ Acceleration plans developed to scale up evidence-based, high-impact reproductive, maternal, neonatal and child health interventions
- ✔ Preconception care interventions package developed for maternal and child health
- ✔ Comprehensive situation analysis of congenital and genetic disorders in Member States conducted and evidence-based, high-impact preventive public health approaches recommended

A brief outline of major milestones

The Saving the lives of mothers and children initiative (45–49) was jointly launched with UNICEF and UNFPA and other stakeholders to strengthen joint efforts in responding to maternal and child health needs and reducing mortality. The basic strategic approaches adopted, include: 1) giving priority to countries with high maternal and child mortality; 2) focusing on proven high-impact interventions implemented in primary health care; 3) strengthening partnerships as a vital component in planning and implementation.

Maternal and child health acceleration plans (50–52) were developed to scale-up evidence-based, high-impact reproductive, maternal, neonatal and child health interventions. Seven out of the nine high-burden countries launched their plans. An assessment of maternal and child health workforce was conducted for all high-burden countries, with key recommendations to address existing gaps. Constraints in successfully implementing the acceleration plans include inadequate political commitment, scarce funding and weak health systems. Priority actions for Member States and United Nations agencies should focus on addressing these constraints.

Preconception care (53–55) was promoted within maternal and child health programmes, in line with the importance of the continuum of care throughout the life span. A preconception care package of interventions that are evidence-based, cost-effective and culturally-sensitive, which have a high impact on maternal and child health – the so-called “best buys”, was developed. The package includes interventions in each of the main components of a national preconception care programme: assessment, counselling, screening, prevention and management.

The congenital and genetic disorders initiative (44, 56–57) was launched to review the magnitude of congenital and genetic disorders, including their main causes, in each Member State of the Region. Country reports were prepared for review of countries, which include estimates of the magnitude and epidemiological profile for each country. Consensus has been reached on key interventions that are evidence-based, high impact, cost-effective and can be feasibly implemented by national health systems. This is complemented by identifying basic requirements for a programme at national level and requirements in terms of capacity to strengthen the prevention of and care for genetic and congenital disorders.

Initiatives to enhance nutrition of newborns (58) included implementation of the Code for Marketing of Breast-milk Substitutes in 19 countries in the Region. A roadmap for scaling up the Baby Friendly Hospital Initiative was developed to assist countries in implementation.

A regional initiative to address unopposed marketing (59) was launched with focus on exploring strategic ways to address unopposed marketing of food and non-alcoholic beverages specifically targeting children. Through a series of expert consultations, key cost-effective evidence-based interventions have been identified for Member States to adopt through a multisectoral approach.

Priority 3: Noncommunicable diseases

Major milestones 2012–2016

- ✓ Framework for action to implement the United Nations Political Declaration on noncommunicable diseases developed and endorsed
- ✓ Dashboard of priority legal interventions to address noncommunicable diseases produced
- ✓ Evidence-based policy guidance on reducing dietary intake of salt, fat and sugar developed and issued
- ✓ Regionally-tailored emergency health kit for noncommunicable disease developed and piloted
- ✓ Framework to scale up action on mental health developed
- ✓ Regional strategy on health and the environment with a framework for action developed and endorsed
- ✓ Regional food safety assessment and national profiling missions conducted
- ✓ Network of economists working on economic evaluation of noncommunicable diseases interventions established
- ✓ Brief profiles for each country on national noncommunicable disease response based on progress indicators developed and updated annually
- ✓ Training modules on implementing WHO guidance on noncommunicable diseases and risk factor surveillance developed

A brief outline of major milestones

Framework for action to implement the United Nations Political Declaration on Prevention and Control of Non-communicable Diseases (60–66) was developed and is regularly updated in coordination with Member States, comprising a set of strategic measures that countries should take in four areas of work: governance, prevention and reduction of risk factors, surveillance, and health care. The Region led and played an important role in successfully advocating for an accountability framework to measure progress in the prevention and control of noncommunicable diseases. The accountability framework prepared by the Regional Office was endorsed by the WHO Executive Board in 2015. The Region's contribution was key to ensuring that the 10 indicators to measure progress were aligned with the indicators of the regional framework for action.

Dashboard on core noncommunicable diseases legal interventions (67-68) was developed, collaborating with the Georgetown University Law School, with policy briefs on 10 core legal interventions based on the best available global evidence. Interventions include raising tobacco taxes and banning tobacco advertising and promotion, eliminating artificial trans-fat from the food supply and reducing salt in processed foods, and protecting public health policies from interference of vested interests.

Guidance on reduction of diet-related risk factors (69-72) were developed with top international experts to scale up implementation of evidence-based prevention measures 'best buys', on salt and sugar reduction and replacement of trans-fat. A number of countries made substantial progress in initiating salt intake reduction programmes, based on the regional guidelines. Several countries launched national advocacy campaigns, and some have managed to reduce salt content in bread by 20%.

Noncommunicable disease treatment and control during emergencies (73) was assessed via a regional situation analysis on relevant care in emergency countries. It emphasized the importance of a consistent primary health care approach to provision of care. Complementing the Interagency Emergency Health Kit, a kit including a standardized set of core essential medicines/technologies, was developed.

Regional framework to scale-up action on mental health (74–76) was developed through intensive work with international and regional experts. The framework provides a evidence-based cost-effective and affordable interventions which, if implemented, will have high impact on improving the mental health of populations. All countries can implement the measures, irrespective of their income.

A regional strategy on environmental health (77–80) was developed with a framework for action (2014–2019) to address areas of air pollution, unsafe drinking-water, inadequate sanitation, contaminated food, chemical exposures, and the anticipated impacts on health of climate change.

A food safety system assessment (81-83) was launched to support Member States in identifying strengths, weaknesses and recommend priority areas for action. Regional food safety assessment and national profiling missions in 15 countries showed that all countries have difficulties in integrating food safety within national health emergency preparedness and response plans, required under IHR (2005), and foodborne disease surveillance and outbreak investigation remain challenges for most.

The health economics network (84-85) was established to support Member States in conducting research and economic evaluation on priority noncommunicable disease interventions. This initiative which was initiated in 2012 aimed to build capacity in health economics in the Region.

Brief noncommunicable disease profiles (63, 86) are produced and updated annually highlighting national response for noncommunicable disease prevention and control, based on the progress indicators included in the regional framework for action.

Surveillance systems on noncommunicable diseases and risk factors (87) were strengthened through the endorsement of the WHO framework for noncommunicable disease surveillance and development of training modules to support national capacity in surveillance. Additionally, a standardized assessment tool was set up to identify obstacles and opportunities for countries to scale up surveillance.

Priority 4: Health security and communicable diseases

Major milestones 2012–2016

- ✓ Robust and rapid independent assessments of country capacity for Ebola preparedness conducted in 18 countries over three months
- ✓ Independent assessment of IHR (2005) core capacities pioneered, leading to development of the Joint External Evaluation, which is now universally adopted
- ✓ Regional assessment commission on the International IHR (2005) established
- ✓ Early warning, alert and response network system established and rapidly expanded in countries in crisis
- ✓ Outbreaks of communicable diseases effectively and rapidly contained, preventing their escalation to epidemics or pandemics
- ✓ Regional network of experts and technical institutions to support global outbreak response established
- ✓ Regional vaccine action plan developed and endorsed
- ✓ Innovative mobile and community-based approaches to close gaps in immunization coverage in hard-to-reach areas implemented
- ✓ Operational framework to implement the global action plan for combating antimicrobial resistance developed

A brief outline of major milestones

Rapid assessment of countries' capacity to detect and respond rapidly to a case of Ebola (88–89) was carried out in 18 countries within three months, at the request of Member States. The findings revealed the limitations of the IHR (2005) self-assessment tool and highlighted gaps in outbreak prevention and control capacities of all countries, including in those that had previously reported readiness to implement the Regulations. The results of this assessment led to the endorsement of the Regional Committee of an independent approach to the assessment of national IHR core capacities.

Independent assessment of IHR (2005) core capacities (44, 90–92) was pioneered and a regional assessment commission established to facilitate and provide technical guidance to countries and to oversee the process of an independent joint external evaluation. The Region led in harmonizing the IHR assessment tool with the Global Health Security Agenda (GHSa) tool. This has resulted in the development of the Joint External Evaluation tool, which is now adopted by all WHO regions and the GHSa. A strategic revamping of IHR implementation with a new monitoring and evaluation framework has been developed with four components: annual self-reports from Member States, after-action reviews in response to outbreaks/crisis, simulation exercises, and independent joint external evaluations. By December 2016, 10 countries in the Region had conducted a joint external evaluation with the support of WHO and partners, representing half of the global evaluations to date (end of 2016).

An early warning, alert and response network system (18, 93–96) was established and rapidly expanded for early detection and response to health threats in all the countries affected by the Syrian crisis and other emergencies, averting many major epidemics. A regional network of experts and technical institutions was established to facilitate support for international outbreak response.

Major and widely threatening infectious diseases (97–98) were investigated and rapidly contained over the past five years. Timely and effective response efforts helped avert major international health emergencies from threats, including yellow fever, cholera, epidemic influenza, avian influenza A (H5N1), hepatitis A, Middle East respiratory syndrome (MERS-CoV), and dengue fever.

The regional vaccine action plan (99) was developed as a framework for implementation of the global vaccine action plan. WHO continued to provide necessary technical support and mobilization of resources, with focus on Member States with low vaccination coverage. Despite ongoing crises resulting in population movement and hard-to-reach populations, regional average of DTP3 immunization coverage was estimated at 80% in 2015, with 14 countries above the target of 90% coverage.

Innovative mobile and community-based approaches to immunization (3) were implemented in crisis zones where health facilities were damaged, destroyed or nonexistent, including camps for displaced persons. This resulted in closing gaps in immunization coverage, including for measles.

A regional operational framework to implement the global action plan for combating anti-microbial resistance (100–102) was developed with focus on harmonizing public health actions with the animal health sector for an integrated and coordinated approach to combat this emerging threat to public health. Data and evidence have been generated on the burden, scale and magnitude of the threat of antimicrobial resistance in the Region. Effective partnerships in this area have been established with the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE), building on the One Health approach.

Priority 5: Emergency preparedness and response

Major milestones 2012–2016

- ✓ Scaled-up regional structure with dedicated capacity rolled out
- ✓ Regional centre for emergencies and polio eradication established
- ✓ WHO logistics and operations hub established
- ✓ Regional emergency solidarity fund established
- ✓ Advisory committee for emergency preparedness and response established
- ✓ Middle East polio outbreak campaign immunized more than 28 million children
- ✓ Effective emergency and humanitarian response provided to more than half of the Member States
- ✓ External roster of experts expanded through regional emergency pre-deployment training
- ✓ Global tool for monitoring attacks on health care piloted in the Region
- ✓ Shortages (of water, fuel, etc.) affecting functionality of health systems addressed

A brief outline of major milestones

A new organizational structure (7) was rolled out with dedicated capacity for emergency response, partner coordination and emergency core services. The new structure is part of the organizational emergency reform and aims to ensure WHO has the best capacity available to support countries in responding to emergencies.

The regional centre for emergency readiness and polio eradication (7, 18, 103) was established in Jordan to reinforce and focus on coordinated polio eradication efforts, strengthening capacity and developing mechanisms to urgently deploy external experts during emergencies.

A regional solidarity fund and dedicated logistics hub (7) was established in response to Regional Committee resolutions. The fund aims to enable immediate availability of predictable financial resources to trigger action as early as possible during a crisis. The regional logistics hub located in Dubai's International Humanitarian City enables prepositioning of critically medical supplies to facilitate timely provision to populations in need.

Advisory committee on emergency preparedness and response (7, 93) was established to provide the Regional Director with independent advice and assistance on policy and strategic matters in relation to emergency situations and crises in the Region.

The external roster of experts (94–96) was expanded through capacity development to support emergency preparedness and response in health.

This includes regionally-tailored public health emergency pre-deployment training conducted to enhance surge capacity.

Middle East and Horn of Africa Polio outbreak campaigns (104–111) were conducted to vaccinate more than 28 million children in the Region, thereby stopping polio transmission and averting a polio outbreak. The Middle East campaign is regarded by the Polio Independent Monitoring Board as a very well managed outbreak control example.

Effective emergency and humanitarian response (112–113) was provided to more than half of Member States affected by crises, war and civil unrest. WHO heavily supported health systems and prevented their collapse in countries with severe crises and protracted emergencies.

The global tool for monitoring attacks on health care (114–115) was piloted in some emergency countries of the Region. The information collected by the tool will be used to identify patterns, trends and propose concrete and innovative ways to avoid attacks or mitigate disruptions to health care delivery during emergencies.

The health sector response was led by WHO in collaboration with partners to deliver life-saving medicines and ensure access to health care and functionality of health facilities, including cross-border and cross-line humanitarian relief support and delivery of supplies to hard-to-reach areas.

Implementing WHO management reforms

Major milestones 2012–2016

- ✓ Bottom-up planning process, starting with planning for 2014–2015, implemented as first WHO region
- ✓ High-level meetings for representatives of Member States and permanent missions in Geneva instituted
- ✓ Rules of procedure of the Regional Committee revised
- ✓ Number of resolutions that Member States need to implement reduced and accountability mechanism to monitor implementation of and reporting on active resolutions introduced
- ✓ Capacities of WHO staff at country level strengthened
- ✓ Key managerial and administrative processes streamlined and monitored
- ✓ A compliance and risk management unit established and continuously strengthened
- ✓ Overdue audit recommendations fully addressed

A brief outline of major milestones

A bottom-up planning process (116–117) was implemented with support from the Regional Committee and working closely with national health authorities at the highest level. The Region was the first to implement focusing on a realistic set of programme areas and deliverables in order to achieve more tangible results and closer alignment with needs at country level. This successful regional experience in the planning for 2014–2015 was used to guide the planning processes in the rest of the Organization in planning for 2016–2017.

High-level meetings for Member States' representatives and permanent missions in Geneva (7) were conducted prior to each major meeting of WHO governing bodies (World Health Assembly, Executive Board), and is now instituted. These meetings provide concise and timely briefings to delegations and strengthen the engagement of Member States in the work of the governing bodies, as well as provide valuable orientation for new delegates.

Rules of procedure of the Regional Committee (118–121) were revised to ensure alignment with best practices in the Organization and a one-day pre-Regional Committee technical meeting was initiated to allow for detailed technical discussion of priority issues on the regional health agenda. The agenda of the Regional Committee was streamlined with regular agenda items on the key strategic priorities of health systems, health security and noncommunicable diseases, and annual updates on maternal and child health and emergency preparedness and response.

The Regional Office structure (7) was reviewed, reorganized and streamlined to ensure alignment with regional priorities and achieve optimal effectiveness of programmes.

Capacities of WHO staff at country level were strengthened and additional training and support provided to country teams. Emphasis was placed on technical and managerial capacity through appropriate selection of WHO representatives in order to ensure effective support at country level, and on review and revision of country office structures in some countries.

Key managerial and administrative processes (5–7, 18, 122) were streamlined and monitored through monthly compliance dashboards introduced to closely monitor performance, with focus on the five compliance areas repeatedly mentioned in internal and external audit observations of preceding years: direct implementation, imprest purchase orders, direct financial contributions, asset inventories and non-staff contractual arrangements. This resulted in major progress in regard to accountability, managerial transparency and internal controls. This action was recognized as best practice by an Internal Oversight audit and consequently other regions adopted compliance dashboard reporting.

A compliance and risk management unit (5–7, 123) was established and continuously strengthened to address compliance issues and proactively consider internal controls as an integral part of work. Activities also include capacity-building initiatives for staff through compliance forums, training sessions and the issuance of additional guidelines and templates, some of which were globally adopted as a good practice.

All overdue internal and external audit recommendations (7), which were 177 in September 2014, were fully addressed by mid-May 2016. This is unprecedented, with new audit recommendations largely being addressed before they become due.

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In 2012, Dr Ala Alwan identified five strategic priorities for WHO's work with Member States, to be undertaken over the course of his five-year term as WHO Regional Director for the Eastern Mediterranean. These strategic priorities, subsequently endorsed by the WHO Regional Committee for the Eastern Mediterranean at its 59th session, were: health system strengthening, maternal and child health, prevention and control of noncommunicable diseases, health security and the unfinished agenda of communicable diseases, and emergency preparedness and response. This document highlights the major achievements over the past five years for each of the five priorities, as well as other key initiatives. What needs to be done for the advancement of public health in the Region and beyond is evident. The way forward is clear.