

Editorial

# Continuing progress in the priority health areas: actions for Member States and WHO

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The WHO Regional Committee for the Eastern Mediterranean Region convenes every October and is attended by all countries of the Eastern Mediterranean Region (21 Member States in addition to Palestine), with delegations headed by the respective Minister of Health. During these sessions, Member States discuss challenges facing health development, review progress in implementing health programmes, and endorse regional policies, activities and financial plans. The Regional Committee is considered the governing body of WHO's work in the Region.

The Sixty-first session of the WHO Regional Committee for the Eastern Mediterranean in Tunis concluded on 22 October 2014 after 3 days of intense discussion. The Session was attended by ministerial delegations from Member States, representatives of United Nations agencies, World Bank, GAVI, Global Fund, and the African Development Bank as well as 32 non-governmental organizations.

The Regional Committee agenda focused largely on the five priority health areas targeted for the Region with presentations and discussions on: the Regional Director's annual report and progress to mid-2014 covering the priority areas, which are maternal and child health, health systems strengthening, emergency preparedness and response, communicable diseases (in relation to global health security) and noncommunicable diseases.

It was encouraging to see the very active engagement of the participants in the discussions and deliberations

of the tabled issues and the substance of the resolutions. In a departure from earlier Regional Committee Sessions, only three resolutions were proposed, considerably fewer than in previous years. This will allow focus on practical strategies in line with the priorities set by the Committee. Member States were, at the same time, reminded of outstanding resolutions still needing to be implemented. The Regional Committee also decided to retire 79 previous resolutions which were considered to have been implemented and/or to have expired.

## Regional Director's annual report

The Regional Director's annual report reviewed the work undertaken and progress made in the previous year in regard to the strategic priorities in Region endorsed by the Regional Committee in 2012 (1). The resolution on the Report covers several strategic health areas as well as WHO reform.

One of the objectives of WHO reform is to meet the expectations of Member States in addressing agreed global health priorities and realize improved health incomes, but to achieve this requires their active involvement in this ongoing process. Member States were called on to fully engage in the WHO reform debate and advocate for a substantial increase in the proportion of the budget allocated for technical support to countries.

Strengthening health systems remains an overarching priority. It is central to achieving universal health coverage. However, gaps in countries'

health systems continue to hinder progress. To address these gaps, a regional framework for action on advancing universal health coverage was developed and Member States were called on to implement a national road map based on the framework (2).

Strengthening health information is key to national health development and it is a principal requirement in addressing the five strategic health priorities of the Region. Health information systems are fragmented and weak in many countries and there are major gaps. The Regional Committee discussed the outcome of two years of intensive work to develop a comprehensive but practical framework for health information systems with three fundamental components: monitoring health risks and determinants, tracking health status, and assessing health systems response. A list of core indicators was developed for each of the three components (3). The Committee endorsed the regional framework for health information systems and core indicators and called on Member States to implement the framework and report regularly on the indicators as of 2015.

Our Region is currently beset with emergencies, mostly as a result of political conflict. Beyond the immediate death of innocent individuals caught in emergency situations are the consequences of societal disruption, displacement of people and the difficulty in maintaining health services and delivering health care at a time when demand can surge. This Region has become home to over 50% of refugees in the world. Against this backdrop, enormous numbers of

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health care workers strive to operate and provide needed health services and care, often in very poor conditions. The importance of emergency preparedness and response cannot therefore be overestimated. Recognizing this, Member States were urged to strengthen the capacity of their health systems to deal with crises through a whole-health and multisectoral approach, and support intercountry agreements for mutual assistance if the capacity of a country to manage is overwhelmed by a major emergency. They were also asked to allocate a minimum of 1% of the WHO country budget to the Emergency Solidarity Fund, and develop a national cadre of emergency management experts which can be rapidly deployed in emergencies, as needed, as part of the regional surge roster.

### Global health security

The recent outbreaks of Ebola virus disease and Middle East Respiratory Syndrome (MERS-CoV) have highlighted the vulnerability of countries to emerging and re-emerging disease threats (4). It is for this very reason that the International Health Regulations (IHR) (2005) were adopted by all Member States at the Fifty-eighth session of the World Health Assembly and why it is imperative that countries meet their obligations to implement IHR (2005) by the deadline of June 2016. Member States now have just over a year and a half to complete this process. In the resolution on global health security, the Committee expressed concern at

the lack of preparedness among countries of the Region to meet emerging health threats as shown by the serious gaps in their core capacities for implementation of IHR (2005) and urged them to formally commit to meeting the 2016 target and accelerate implementation. It emphasized that this should be a national priority with allocation of necessary funds and resources. At the same time, with the threat of potential importation of Ebola, Member States were urged to urgently evaluate their capacity to deal with such an event and identify the main deficiencies. I am pleased to say that this is being followed up on already, with an initial 17 countries of the Region now receiving expert assessment missions to evaluate national preparedness and help enhance operational readiness for Ebola virus disease.

### Noncommunicable diseases

WHO estimates for 2012 indicate that noncommunicable diseases were responsible for 57% of all deaths in the Region. A major proportion of these deaths occurred prematurely. This highlights the high burden these diseases place on public health and development in the Region. Since a regional framework for action was endorsed by the Regional Committee in 2012, WHO has worked to develop practical guidelines and actions to support Member States in implementing the strategic interventions included in the four key elements of the framework: governance, surveillance, reduction of risk factors and health care.

This has resulted in an updated regional framework for action including a set of process indicators against which Member States and the Regional Committee can measure progress in the Region (5).

In the resolution on noncommunicable diseases the Regional Committee endorsed the updated framework. Member States were urged to move from commitment to action by accelerating the implementation of the updated agreed interventions. The Committee requested the WHO Executive Board to invite the Director-General also to develop process indicators, for consideration by the World Health Assembly in 2015, so as to allow all Member States to monitor progress at the country level in order to report to the high-level meeting of the General Assembly in 2018. Additionally, recognizing that marketing of foods and non-alcoholic beverages to children is widespread in the Region, Member States were urged to implement the WHO recommendations endorsed by the Sixty-third World Health Assembly in 2010.

### Conclusion

These three resolutions give both Member States and WHO clear strategic actions to take in order to advance health in the Region. Fulfilling the requirements needs dedication and hard work but I am hopeful that with the active commitment of Member States and with support from WHO we can continue to make progress in all the priority health areas in the coming 12 months.

## References

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