

Achieving “Health for All by All” in the Eastern Mediterranean Region

Ahmed Al-Mandhari¹

¹Regional Director, World Health Organization for the Eastern Mediterranean, Cairo, Egypt.

Citation: Al-Mandhari A. Achieving “Health for All by All” in the Eastern Mediterranean Region. *East Mediterr Health J.* 2019;25(9):595–596. <https://doi.org/10.26719/2019.25.9.595>

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The World Health Organization (WHO) Eastern Mediterranean Region occupies an exceptional place in the world; not only is it home to over 600 million people and some of the oldest civilizations recorded, it is also unfortunately suffering an unprecedented number of natural and man-made disasters and social conflicts. Regional conflict has led to a multitude of humanitarian crises including displaced populations, trans-border refugee movements, destruction of medical facilities and reduced availability of essential health-care workers (1). In addition, natural disasters in the form of extreme weather events, as witnessed by the unprecedented flooding in the Islamic Republic of Iran, had the World Bank declaring that the Region is among the most vulnerable to climate change and rising sea levels, with Egypt, Kuwait, Libya, Qatar, Tunisia and the United Arab Emirates particularly at risk (2,3). Moreover, much of the Region has been exposed to continuous drought since 1998, the worst dry period for 900 years according to NASA, and an estimated 80–100 million people will be vulnerable to water stress by 2025 (4).

Health indicators are still a matter of concern in our Region, with maternal mortality in Afghanistan and Somalia among the highest worldwide (5), and yet despite the obstacles there has been significant progress. Pakistan has vaccinated an unprecedented 37 million children against measles; Bahrain and Oman have been declared measles and rubella free; and Yemen has been declared free of lymphatic filariasis (6–8). Nevertheless, the current challenges (social / environmental) facing the Region have enabled the re-emergence of some communicable diseases, such as the largest outbreak of cholera witnessed in Yemen (9), coupled with widely prevalent malnutrition, together form major causes of morbidity and mortality (10).

To address many of these issues and bring together the collective knowledge and support, the Sixty-sixth Session of the WHO Regional Committee for the Eastern Mediterranean is taking place in Tehran, Islamic Republic of Iran, from 14 to 17 October, 2019. Key technical health issues on this year’s agenda include: ending preventable newborn, child and adolescent deaths; strengthening nursing and midwifery; strengthening the hospital sector; developing national institutional capacity for evidence-informed policy-making for health; and accelerating regional implementation of the UN Political Declaration on the Prevention and Control

of Noncommunicable Diseases. A brief description of such technical issues, planned to be discussed during the Regional Committee deliberations are outlined here.

Newborn, child and adolescent health is recognised as a priority in both global and regional health strategies. However, action to address it is often ineffective and inefficient in countries of the Eastern Mediterranean Region, impaired by verticality and fragmentation. In consultation with Member States and relevant stakeholders, the WHO Regional Office for the Eastern Mediterranean has therefore developed the regional newborn, child and adolescent health implementation framework 2019–2023, with the overall goal of improving the survival, health and development of newborns, children and adolescents in countries of the Region.

In addition, there is an urgent need to accelerate action to improve access to quality nursing services in the Region. While it is widely acknowledged that nurses are key to advancing health and well-being, yet the profession suffers from persistent shortages, maldistribution, and low levels of motivation and retention across most practice settings, especially in low- and middle-income countries. Furthermore, inadequate education and training of nurses in most countries of the Region often means they lack the competencies required to face the challenges of current practice models, compromising progress towards universal health coverage (UHC) and the Sustainable Development Goals (SDGs) 2030.

Many hospitals in the Eastern Mediterranean Region, especially in the public sector, have failed to evolve in terms of operational processes and infrastructure. All too often, standards of care and efficiency are declining. The hospital sector needs to be transformed to work efficiently and effectively to help achieve UHC. Hospital transformation entails finding new ways of integrating hospital services within the broader service delivery system, involving communities and other social services, improving hospital management and performance, and creating an enabling environment.

To ensure that health policies are effective and cost-effective, countries should utilize research-based evidence systematically throughout the process of policy development and implementation. However, many countries in the Region are failing to do so. Few countries have implemented formal national mechanisms for enhancing evidence-informed policy-making; health data and research capacities are underused; investment

in health research and development is too low; and links with academia are not well established.

Finally, at the Third United Nations High-level Meeting on Noncommunicable Diseases, held in September 2018, world leaders committed to accelerating action on the prevention and control of such diseases (11). Legislative and regulatory measures, sustained financial investment and capacity-building initiatives are all required, as well as multisectoral, multistakeholder, health in all policies, whole-of-government and whole-of-society approaches. The scope of action was broadened, necessitating an update to the regional framework for action on the prevention and control of noncommunicable diseases. This technical paper proposes an updated framework, and incorporates existing and new tools to be used with the framework, to help countries in the Region fulfill their commitments.

The 4-day programme also includes progress reports on eradication of poliomyelitis; health, environment and climate change; civil registration and vital statistics systems; implementation of the Eastern Mediterranean vaccine action plan and regional malaria action plan; mental health care; implementation of the regional framework on cancer prevention and control; and implementation of the global action plan on antimicrobial resistance.

To achieve all this, it is imperative that we harness the Region's many resources. Despite the varied obstacles in front of us, it is the communal spirit of support from our Member States and the collective technical skill and commitment by WHO staff and other health-related agencies that enable us to tackle the challenges ahead, and together ensure that we fulfill our part in attaining the EMR Vision 2023 goal of "Health for All by All" (12).

References

1. Gedik FG, Buchan J, Mirza Z, Rashidian A, Siddiqi S, Dussault G. The need for research evidence to meet health workforce challenges in the Eastern Mediterranean Region. *East Mediterr Health J.* 2018;24(9):811–812.
2. The World Bank. Adaptation to climate change in the Middle East and North Africa Region. Washington: The World Bank; 2016 (http://web.worldbank.org/archive/website01418/WEB/0_C-152.HTM).
3. Broom D. How the Middle East is suffering on the front lines of climate change. Geneva: World Economic Forum; 2019 (<https://www.weforum.org/agenda/2019/04/middle-east-front-lines-climate-change-mena/>).
4. National Aeronautics and Space Administration (NASA). NASA finds drought in Eastern Mediterranean worst of past 900 years. Washington: NASA; 2016 (<https://www.nasa.gov/feature/goddard/2016/nasa-finds-drought-in-eastern-mediterranean-worst-of-past-900-years>).
5. United Nations Children's Fund (UNICEF). Levels and trends in child mortality report 2015: estimates developed by the UN inter-agency group for child mortality estimation. New York: UNICEF; 2015.
6. Mere MO, Goodson JL, Chandio AK, Rana MS, Hasan Q, Teleb N, et al. Progress towards measles elimination – Pakistan, 2000–2018. *MMWR Morb Mortal Wkly Rep.* 2019;68(22):505–510.
7. World Health Organization Regional Office for Eastern Mediterranean (WHO/EMRO). WHO declares countries measles and rubella free. Cairo: WHO/EMRO; 2019.
8. Global Alliance to Eliminate Lymphatic Filariasis (GAELF). Yemen eliminates LF as a public health problem. Liverpool: GAELF – Liverpool School of Tropical Medicine; 2019.
9. Federspiel F, Ali M. The cholera outbreak in Yemen: lessons learned and way forward. *BMC Public Health* 2018;18:1338.
10. Fikri M, Hammerich A. Scaling up action on the prevention and control of noncommunicable diseases in the WHO Eastern Mediterranean Region. *East Mediterr Health J.* 2018;24(1):3–4.
11. World Health Organization. Third UN high-level meeting on non-communicable diseases. Geneva: World Health Organization; 2018 (<https://www.who.int/ncds/governance/third-un-meeting/brochure.pdf>).
12. World Health Organization Regional Office for Eastern Mediterranean (WHO/EMRO). Vision 2023. Cairo: WHO/EMRO; 2018 (http://applications.emro.who.int/docs/RD_Vision_2018_20675_en.pdf?ua=1).