



The work of WHO in the Eastern Mediterranean Region

Annual report
of the Regional Director

2018



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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I am pleased to present this report on the work undertaken by WHO in the Eastern Mediterranean Region during 2018.

It was an important year for the Organization, both globally and in our Region.

On 25 May 2018, the Seventy-first World Health Assembly approved WHO's Thirteenth General Programme of Work (GPW 13). This global strategy sets clear aims, encapsulated in our new mission statement – “promote health, keep the world safe, serve the vulnerable” – and reinforced by the strategic goals of ensuring that at least 1 billion more people benefit from universal health coverage, 1 billion more are protected from the consequences of health emergencies and 1 billion enjoy better health and well-being by 2023.

The adoption of GPW 13 coincided with my own appointment as WHO Regional Director for the Eastern Mediterranean. On starting my post in June 2018, I initiated a broad consultation to develop a new approach to guide WHO's work in the Region for the coming five years.

The result was Vision 2023, our new vision for public health in the Region. Vision 2023 commits WHO to strive for “Health for All by All” in the Eastern Mediterranean Region, and identifies four strategic priorities: expanding universal health coverage, addressing health emergencies, promoting healthier populations and transforming WHO itself.

Most of the period covered by this report predates the introduction of GPW 13 and Vision 2023. Nonetheless, there were significant developments in relation to each of our strategic priorities. Let me highlight some key achievements – and some important challenges.

Expanding universal health coverage (UHC) is at the heart of everything we do and has been recognized as a top priority by our Member States in the Region. In Salalah, Oman, in September, health ministers reaffirmed their commitment by signing the UHC2030 Global Compact and issuing a landmark regional declaration.

Turning that commitment into reality entails action on many fronts, from improving health leadership and governance to developing better health systems, health information systems and health financing, as well as a lot of work to tackle both communicable and noncommunicable diseases.

A regional parliamentary forum for UHC and the regional chapter of the Health System Governance Collaborative both launched in 2018, as did a pioneering new WHO team to explore health system strengthening in emergencies, the Health Systems in Emergency Lab.



Meanwhile, WHO is also working to ensure that all health policies and practices are based on the soundest possible evidence by expanding the base of reliable data and research and enhancing countries' capacity to use it. Core health indicator reporting rose by an impressive 15% on average in the period 2014–2018.

At a UN conference in September 2018, world leaders restated their pledge to cut deaths from noncommunicable diseases by a third. We will not meet that ambitious target in the Eastern Mediterranean Region at the current rate of progress. More effort is needed in all four areas of our regional framework for action: governance, surveillance, prevention and health care.

WHO has therefore been scaling up efforts to better support countries in preventing and managing cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. The new "5x5 approach" endorsed at the high-level conference recognizes the importance of air pollution and mental health, and we look forward to building on our existing strong work on those issues.

UHC also means tackling the menace of communicable diseases. WHO works with countries to strengthen essential systems such as surveillance, public health laboratories and health services so that diseases and conditions such as HIV, hepatitis and tuberculosis can be detected and treated.

Even more important is prevention through comprehensive immunization and the interruption of transmission. The volume and complexity of emergencies in the Region is undermining efforts to ensure total vaccine coverage and surveillance, leading to the re-emergence of threats that had been receding. Most frustratingly, wild poliovirus is still circulating in two countries of the Region, Afghanistan and Pakistan, and threatens to spread more widely if it is not stamped out for good.

Addressing health emergencies is a critical priority in the Eastern Mediterranean Region. There are more people in need of humanitarian assistance and more forcibly displaced people here than in any other WHO region. Eight of our 22 countries faced emergencies in 2018, and another seven were directly or indirectly affected by them.

WHO worked energetically with our Member States and partners to deal with those emergencies. Our response was coordinated through our regional Emergency Operations Centre (EOC), which allows real-time information sharing and collective decision-making, while our operations and logistics hub in Dubai delivered essential medicines and other supplies to countries in the Region and beyond. More than 1462 metric tonnes of health supplies reached more than 4.5 million beneficiaries in 22 countries across three WHO regions.

There were 19 major outbreaks of 10 different diseases in our Region in 2018, including the world's largest cholera outbreak in Yemen. Here, as elsewhere, WHO is working with partners to ensure an integrated response, from improving water and sanitation, raising awareness and rolling out vaccination to enhancing the surveillance, detection and treatment of cases. Experience shows that potentially devastating disease outbreaks can be contained through prompt and thorough action, but prevention is even better. A strategic framework is being developed to guide efforts to prevent and control emerging and epidemic-prone infectious diseases.

Emergency preparation continued apace, focusing on helping our countries to implement the International Health Regulations (2005). Most countries in the Region have now undertaken joint external evaluation (JEE), and 12 so far have used JEE findings to help develop a national action plan for health security. There was also encouraging progress in developing cross-border security with the signing of the Khartoum Declaration on Sudan and Bordering Countries in November 2018.

Shockingly, all too often dedicated individuals – WHO staff and others – have to risk their lives to provide health care in emergency settings. There were 725 documented attacks on health workers in the Eastern Mediterranean Region in 2018, and 137 people were killed, making this the most dangerous WHO region for health workers. WHO is working with countries to prevent and mitigate attacks, but we need to see far more progress on this. The current situation is unacceptable.

Promoting health and well-being is central to WHO's regional vision of Health for All by All. Our work on this includes encouraging governments to address the underlying

causes of ill health and to factor health concerns into all their policies, and we also support a range of actions to address disease risk factors and promote healthy lifestyles.

Our efforts focus on key stages of the life cycle: women before, during and after pregnancy and the health of the newborn, children, adolescents and older people. There is much to do in each of these areas. The Eastern Mediterranean Region ranks second-worst in the world in terms of reproductive and maternal health indicators; we have the highest neonatal mortality rate of any region; rates of illness and death among children and adolescents are still far too high in our low- and middle-income countries; and all countries face challenges in meeting the health and social needs of older people.

We have begun a comprehensive review of our structure, resourcing and functions with the aim of maximizing impact at country level.

Progress in 2018 included, among many other things, the endorsement by our regional governing body, the Regional Committee for the Eastern Mediterranean, of a regional framework for action on preconception care and the development of a draft regional neonatal, child and adolescent health implementation framework, as well as extensive work to build country capacities.

There were some welcome signs of high-level political commitment and leadership. September saw the launch of a Regional Forum for Road Safety Legislators; in October, Member States endorsed a resolution urging all Member States in the Region to institutionalize the Health in All Policies approach; and together with the United Nations System Staff College, we developed a course for ministries of health and WHO country offices to enhance policy-level understanding of health promotion.

Meanwhile, work to address risk factors continues. The fight against tobacco took another step forward with the adoption of a regional strategy on tobacco control, while action on nutrition included, among other things, a new framework for action on obesity prevention – to be followed in 2019, hopefully, by a comprehensive new regional nutrition strategy. In addition, the Regional Committee endorsed a regional framework for action on health and the environment to guide the next five years of work, and a recent organizational review of WHO's Regional Centre for Environmental Health Action (CEHA) should mean we are better placed to support countries in implementing the framework.



Along with our three substantive public health priorities, WHO is also prioritizing internal reform. As I told the Regional Committee at our annual meeting in October 2018: "I am shaking the tree to let the dry leaves fall and remove the obstacles that hinder us from being a dynamic, agile Organization."

With generous support from donors including the German Government and the Bill and Melinda Gates Foundation, we have begun a comprehensive review of our structure, resourcing and functions with the aim of optimizing our operational effectiveness and efficiency and maximizing impact at country level.

Functional reviews of country offices began in 2018, with reviews of Regional Office departments set to continue through to 2020. We are also working to develop a clear results management framework and a strong communications strategy.

WHO has much to do in the Eastern Mediterranean Region, but if we can synergize our efforts with those of our Member States and other partners, I am confident that there will be further progress to report next year.

Dr Ahmed Al-Mandhari
WHO Regional Director
for the Eastern Mediterranean

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Strengthening health systems for universal health coverage

The critical importance of universal health coverage was reaffirmed in 2018.

Advancing UHC was identified as a strategic priority both in WHO's new global strategy, GPW 13, and in our new vision for the Eastern Mediterranean Region.

Meanwhile a meeting in Salalah, Oman, in September saw health ministers sign the UHC2030 International Health Partnership's Global Compact, confirming their commitment to achieve UHC through a whole-of-government and whole-of-society approach. The ministers also endorsed the Salalah Declaration on UHC, providing a roadmap for Member States in the Region to strengthen their health systems to progress towards UHC.

The year witnessed the establishment of several partnerships – notably with the European Union, Japan and the United Kingdom – ensuring integrated and coherent technical support to Member States in developing their national UHC roadmaps, and securing catalytic funding to help countries implement them.

Within WHO's Regional Office, a new initiative was established – see box: The Health Systems in Emergencies Lab.

A regional parliamentary forum for UHC was initiated to promote the leadership role of parliamentarians in realizing the ultimate goal of *Vision 2023: Health for All by All*, and material was developed to integrate UHC into the undergraduate education of future health-care professionals.

Integrated service delivery

It is estimated that 53% of people in the Region have access to basic health services – below the global (population-weighted) coverage of 64%. Defining country-specific essential health service packages, and ensuring their effective delivery and high quality, is a strategic starting point for expanding UHC. Countries have pursued diverse explicit/implicit service packages, and most countries experiencing emergencies have developed explicit minimum service packages that facilitate resource mobilization. The third edition of Disease Control Priorities (DCP3) has spurred renewed interest in developing packages. Afghanistan, Egypt, the Islamic Republic of Iran, Jordan, Lebanon, Morocco and Pakistan are actively engaged in developing pilot country-specific UHC priority benefits packages, guided by DCP3, in collaboration with WHO.

During 2018, WHO continued to support countries to adopt an integrated people-centred health services approach. The 65th session of the Regional Committee for the Eastern Mediterranean adopted a framework for action on effective engagement with the private health sector to expand service coverage for universal health coverage. Resolution EM/RC65/R.3 called on Member States to “encourage contracting private health sector

The Health Systems in Emergency Lab – new thinking on health system resilience

The humanitarian emergencies in the Eastern Mediterranean Region make work to advance UHC particularly challenging.

To address these challenges, WHO is innovating. In July 2018, the Health Systems in Emergencies Lab (HSEL) was established as a new initiative within the Regional Office. Its aim is to explore new ways to improve health system resilience by integrating health system strengthening with emergency preparedness, response and recovery.

The HSEL is not a laboratory in the technical sense of the term, but rather a shared institutional space dedicated to experimenting with new ideas. It is the first of its kind, and other regions are studying it as a possible model to follow.

As part of its initial work with funding from the Government of Japan, the HSEL is supporting Afghanistan, Somalia and Sudan to align health system strengthening interventions with joint external evaluation (JEE) and national action plan for health security (NAPHS) initiatives. A regional framework for post-emergency health system recovery is being developed and a policy dialogue meeting on the recovery of the health system of the Syrian Arab Republic is being planned. In addition, a guiding document on implementation of the humanitarian–development–peace nexus for health is in development.

providers, including through strategic purchasing options and different financial protection arrangements, to deliver a universal health coverage priority benefits package”.

The 2018 Global Conference on Primary Health Care in Astana, Kazakhstan, reemphasized the critical role of primary health care in progress towards UHC and the achievement of health for all. As a contribution to the Astana Conference, the Regional Office co-published a new book: *Family practice in the Eastern Mediterranean Region: universal health coverage and quality primary care*. Produced in collaboration with the World Organization of Family Doctors (WONCA), it provides in-depth analysis of how family practice and primary health care are being developed and improved in high-, middle-, and low-income countries, and in countries experiencing emergencies.

Many hospitals in the Region, especially in the public sector, have failed to evolve in terms of operational processes and infrastructure, with standards of care and efficiency declining in many cases. The hospital sector needs to be transformed to work efficiently and

effectively to help achieve UHC. In 2018, more countries from the Region were supported to institutionalize the Patient Safety Friendly Hospital Initiative, increasing regional expertise in the use of patient safety tools. Furthermore, more countries were supported to develop national quality policies and strategies, and to implement the regional quality framework for primary care.

WHO also continues to strengthen guidance and support on quality and safety of medical services for countries in situations of extreme adversity. In 2018, a cross-departmental collaboration in the Regional Office involving four departments assisted eight countries in planning for the improvement of their national emergency care system, including pre-hospital and hospital services.

Health governance and financing

Functioning health system governance and financing arrangements are a prerequisite for ensuring effective and sustainable progress towards UHC. However, countries of the Region continue to suffer from weak governance arrangements and limited accountability and transparency, hampering health system performance. Several countries continue to lack a clear vision and comprehensive roadmap to strengthen their health systems towards UHC. Fragile states, in particular, suffer from weak institutions and limited capacity, which curtails partnership

benefits and often results in vertical approaches and parallel systems. In addition, insufficient public funding for health, non-existent or dysfunctional prepayment arrangements, and inefficient use of scarce financial resources all compromise the performance of health financing systems.

In 2018, efforts were made to improve information about governance functions and actions. The establishment of a regional chapter of the global Health Systems Governance Collaborative will serve as a platform to generate knowledge and translate it into action to help countries identify progressive, fit-for-purpose approaches to enhancing their health system governance. In addition, the Region's first atlas of health financing was launched at the 65th session of the Regional Committee, offering a coherent analysis of health financing in all 22 countries of the Region.

Special attention was given to supporting the development of national health policies, strategies and plans by undertaking governance assessments and engaging in technical cooperation for institution-building. Technical support in this area was provided to Egypt, Iraq, Jordan, Pakistan, Morocco, Somalia, Sudan and Tunisia. Support to review or develop health financing strategies was provided to Iraq, Morocco, Oman, Palestine and Sudan, while strategic purchasing was established in Egypt and Sudan to enhance equity and efficiency in the health financing system and ensure sustainability. Technical support was also





provided to five countries to strengthen their systems of health accounts using System of Health Accounts 2011 methodology to monitor expenditures in their health systems for better planning, and an expert consultation was held on health financing in emergencies, with the lessons learned to be shared at the global level. Finally, collaboration took place with the WHO Regional Office for Africa to hold a meeting of ministers of health and finance to discuss public financial management and its relevance to the health sector in the African continent.

Health workforce development

An adequate and competent health workforce is critical for UHC. The Region continues to suffer from shortages of health workers and skills imbalances. In addition, protracted crises have prompted the migration of health workers and interrupted the education of health professionals, exacerbating these gaps.

Progressive implementation of the framework for action for health workforce development has increased commitment in Member States. A number of countries have developed or are developing health workforce strategic plans. In 2018, Pakistan, Jordan and Sudan developed national health workforce visions, strategies and/or policies, while Afghanistan, Bahrain, Morocco and provinces of Pakistan were developing health workforce strategic plans.

Efforts have been made to enhance analysis of the health labour market and health workforce information. Health workforce data is being improved and validated through the National Health Workforce Accounts platform; health workforce observatories in Jordan and Sudan are being strengthened; and the establishment of health workforce observatories in Morocco and Punjab province in Pakistan is being supported. A special issue of the *Eastern Mediterranean Health Journal* (Volume 24, issue 9) focusing on scaling up the health workforce in the Region was also published.

With the increasing involvement of the private sector in the education and employment of the health workforce, regulation requires greater attention. Technical cooperation was provided to review health workforce regulation in Pakistan, which emerged as one of the priorities in the National Human Resources for Health Vision; and the Afghanistan Medical Council is being established with a strategic plan for the next five years in close cooperation with WHO.

Globally, the Nursing Now campaign was launched in 2018 to raise the profile of nursing, followed by national launches in seven countries of the Region. Efforts have been made to improve the quality of nursing and midwifery services in the Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Pakistan, Palestine, Somalia, Sudan and United Arab Emirates.

The fellowship programme continues to support building national capacities, with 16 fellowships awarded in 2018.

Essential medicines and technologies

WHO undertakes a wide range of activities to help ensure that people have access to essential, high-quality, safe, effective and affordable medical products. In 2018, this included, among other things, important work in the areas of regulation and manufacturing.

Seventeen countries attended the 2018 Eastern Mediterranean Drug Regulatory Authorities Conference meeting, which focused on regulation of similar biotherapeutic products, the threat of substandard products, the need to improve local production of essential medicines, the regulator's role in addressing antimicrobial resistance and in emergency settings, pharmacovigilance, and the collaboration and networking of standards and practices between national regulatory authorities. A survey on regulation of biotherapeutics and similar biotherapeutics was undertaken which revealed that 60% of countries have established specific guidelines to regulate these products.

In the area of good governance for medicines (GGM), technical support was provided to Libya and Palestine. A survey of local medicine and vaccine manufacturers in the Region was conducted to collect data to help shape appropriate support for and strengthening of local production capacity.

In addition, assessment was done of the good manufacturing practice (GMP) of selected pharmaceutical manufacturers in Lebanon and of the capacity of the national regulatory authority for GMP compliance oversight. The assessment will help to develop a national strategy and plan of action for pharmaceutical manufacturing development. The Regional Office is also actively involved in the African Medicines Regulatory Harmonization Initiative to promote the domestication of the African Union Model Law on Medicines Regulation in African countries.

A policy brief on health technology assessment was developed in collaboration with the Middle East and North Africa Health Policy Forum and Tunisian health technology assessment agency to guide countries on the steps and resources needed to initiate the development of health technology assessment units. A rapid survey on the regional status of assistive technology revealed inadequate policies, systems and service delivery in several countries. This fed into a regional framework on advancing access to assistive technology which was drafted during a meeting in Islamabad, Pakistan, and will be piloted in Bahrain, Iraq and Pakistan.



Health data and health information systems

Implementing the regional framework for health information systems and core indicators for monitoring the health situation and health system performance remains a priority for technical support in the Region. Key SDG indicators are incorporated in the regional core indicators list to provide countries with a unified approach for reporting health-related indicators. Intensive work with Member States to strengthen country health data and measurement systems has led to a remarkable improvement in core indicator reporting, with an average increase of 15% in indicators reported at the regional level in the period 2014–2018. In 17 out of 22 countries reporting of core indicators ranges from 76% to 95%; whereas in the remaining countries it ranges from 62% to 75%.

In 2018, several initiatives were taken to help countries improve data sources for the development of national indicators. Mindful that surveys are major data sources for reporting on 60% of key health indicators, WHO facilitated multisectoral, multidisciplinary national workshops to develop national strategic plans for survey implementation, and technical support continued on adapting global standardized survey tools and conducting national surveys in the Region.

A training workshop on the District Health Information System, version 2 (DHIS2) in December 2018 aimed

to equip health managers and health information system focal points with the skills needed to use data generated from routine health information systems for decision-making through clear and concise dashboards. Participants from Iraq, Lebanon, Palestine, Somalia, Sudan, Syrian Arab Republic and Yemen attended.

A comprehensive assessment of the national health information system was conducted in Afghanistan, while in Libya DHIS2 was piloted to enhance the collection, processing, analysis and reporting of health data, as recommended by a comprehensive health information system assessment conducted in 2017. A regional consultation was held on SCORE, a new health data technical package developed by WHO and partners.

Progress was also made in strengthening country capacity in the production of high quality cause-of-death statistics. Accurate compilation of cause-of-death data is a key step in ensuring that accurate health indicators are reported for countries, and a priority for the Region and WHO. National death certification workshops in Iraq, Lebanon, Qatar, Tunisia and United Arab Emirates trained 600 physicians and statisticians in ICD-10 compliant certification of deaths, while other activities reached participants from Djibouti, Iraq, Morocco, Saudi Arabia and Tunisia. WHO and the United Nations Economic Commission for Africa co-organized a capacity-building workshop on death certification and an open verbal autopsy tool in November 2018. During the 65th session of the

Enhancing WHO collaborating centres in the Eastern Mediterranean Region

WHO collaborating centres are leading research institutions designated by the WHO Director-General to support the Organization's programme of work in specific areas of expertise.

The centres form a global network and collaborate with WHO at all three levels of the Organization.

Vision 2023 has identified scope to make more use of collaborating centres in the Eastern Mediterranean Region, including both expanding the number of institutions in the Region and deepening collaborations with centres where appropriate.

In 2018, there were 45 WHO collaborating centres in the Region, and WHO supported the establishment of a new WHO collaborating centre on ethics in Karachi, Pakistan.

Regional Committee in Sudan, ministers of health were introduced to the new form of certification of death and the verbal autopsy form. While these forms were issued in 2016, they are not still fully implemented in several countries of the Region.

During 2018, 14 countries reported mortality data using ICD-10, with data completeness above 60% for 10 countries. WHO plans to build national capacity in certification and data management tools to improve the quality of cause-of-death data for use in public health planning and evidence-based decision-making. Countries showing commitment to reporting high quality data are being supported to scale up the adaptation of automatic coding tools at the level of data collection and registration; documentation of their experience will help guide other countries in the Region.

Under GPW 13, there is greater attention to forecasting progress in health outcomes using health data and appropriate methods. Future work will focus on supporting Member States to address the remaining challenges for health information systems. In 2018, WHO worked with academic partners to develop new approaches for measuring equity in health data, and conducted a workshop for participants from Egypt, Somalia and Sudan.

Research development, knowledge management, use of evidence and innovation

In 2018, WHO support on providing access to knowledge focused on building the capacity of health care and academic institutions for better utilization of Research4Life programmes, particularly the Hinari Access to Research for Health programme. Subregional training of trainers workshops reached over 100 participants from Djibouti, Egypt, Libya and Tunisia.

The flagship monthly *Eastern Mediterranean Health Journal (EMHJ)* included special issues on the health workforce in the Region and scaling up prevention and control of noncommunicable diseases, and the EMHJ website was enhanced to make it more accessible and user-friendly. The EMHJ is one of few public health-oriented academic journals that remains free of charge to authors as well as users of its published content.

Analysis of national health priorities, potential opportunities for and barriers to eHealth applications was updated, while capacity-building work continued. Cumulatively, eHealth focal points from 21 countries in the Region participated in at least one of the two national eHealth strategy workshops held in

Unified Medical Dictionary

A new edition of the Unified Medical Dictionary (UMD) was launched at the 65th session of the Regional Committee in October 2018.

The UMD is multilingual resource, containing more than 200 000 terms in Arabic and English, with many also available in French, German and Spanish. The new edition is the fifth since work on the UMD began in the 1960s, and is available through a user-friendly online platform – see: <http://umd.emro.who.int/whodictionary>

2017 and 2018. Following progress in mHealth projects in Egypt and Tunisia, WHO is now supporting mHealth projects in Sudan, with a focus on the control of diabetes, cervical cancer and breast cancer.

Sixteen public health research projects from nine countries were recommended for funding under the Research in Priority Areas of Public Health grants scheme, including for the first time research in the areas of environmental health and health information systems. In addition, another 16 tropical disease research projects from eight countries were recommended for funding under the WHO Regional Office for the Eastern Mediterranean and UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR). Capacity-building for health research continued through regional workshops on implementation research and good health research practices, in coordination with the TDR-supported regional training centre in Tunisia. National health research plans and systems in Palestine, Qatar, Saudi Arabia and Sudan were supported through joint activities and country missions.

As requested by the WHO Regional Committee for the Eastern Mediterranean at its 64th session in 2017, WHO undertook extensive analysis and consultation on ways to enhance the use of research evidence in health policy-making. This important ongoing work fed into the development of a new regional framework which will be presented to the Regional Committee in 2019.

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Promoting health across the life course

Promoting health and well-being across the life course was a top priority in 2018.

Key areas of focus included the health of women before, during and after pregnancy and the health of the newborn, children, adolescents and older people. By identifying critical stages in the life-course that influence health, opportunities for health promotion can be recognized and addressed along the continuum of care. As well as promoting healthier populations, the approach involves addressing the social and environmental determinants of health through multisectoral action and advocating for Health in All Policies.

Reproductive and maternal health

While reproductive and maternal health is critical for achievement of the WHO triple billion goals and Vision 2023, the Eastern Mediterranean Region ranks fifth among the six WHO regions in terms of reproductive and maternal health indicators. During 2018, technical support was provided for strategic planning in many countries. Afghanistan, Egypt, Iraq, Libya, Morocco, Oman, Pakistan, Qatar, Sudan, Tunisia, United Arab Emirates and Yemen all finalized reproductive and maternal health strategic plans. A regional framework for action on preconception care 2019–2023 was endorsed by the 65th session of the Regional Committee for the Eastern Mediterranean in October 2018. The

following month, a regional meeting on engaging countries and strengthening partnerships towards better maternal and child health was held in Amman, Jordan. It provided an opportunity to introduce national programme managers to updated WHO guidelines and recommendations on family planning and preconception, antenatal and intrapartum care, and to develop country plans of action. In order to respond to reproductive and maternal health needs in crisis situations, a special edition of the medical eligibility criteria wheel for contraceptive use was developed, suitable for service delivery in humanitarian settings.

The average rate of caesarean section in the Region is 21%, with country rates ranging from one of the world's highest (52% in Egypt) to the lowest (2% in Somalia). To assess caesarean section practices in the Region, research activities were supported during 2018 in Egypt, the Islamic Republic of Iran, Lebanon, Morocco and Syrian Arab Republic, and an informal consultative meeting was held on WHO recommendations on nonclinical interventions to reduce unnecessary caesarean sections. In October, following the 65th session of the Regional Committee, a technical meeting took place in Khartoum, Sudan, on the surge in caesarean sections in some countries of the Region. Work is underway to build on that meeting and optimize the use of caesarean sections in the Region.





Child and adolescent health

Between 1990 and 2017, the under-five mortality rate decreased by 51% in the Region, from 102 deaths per 1000 live births to 50. However, the neonatal mortality rate has declined more slowly, by 35% since 1990. Around 458 000 newborns died in 2017, accounting for more than 54% of all under-five deaths. In terms of Sustainable Development Goal (SDG) targets, by the end of 2017, seven out of 22 countries in the Region had an under-five mortality rate higher than the global target for 2030 (25/1000 live births), while eight had a neonatal mortality rate higher than the global target for 2030 (12/1000 live births). The main causes of mortality in the neonatal period are prematurity (21%), pneumonia (15%), intrapartum-related complications (13%) and neonatal sepsis (9%). Pneumonia, diarrhoea and injuries remain the main causes of death among children under the age of five. There are many underlying causes of the continued high neonatal and child mortality in the Region, including humanitarian crises, making it the region with the highest neonatal mortality.

Adolescents make up around a fifth of the population of the Region (129 million). The adolescent mortality rate in the Region in low- and middle-income countries is 115 deaths per 100 000, which is the second highest in the world. The top five causes of mortality among adolescents are collective violence and legal intervention, road injury, drowning, lower respiratory infections and

interpersonal violence. The top five causes of loss of disability-adjusted life years (DALYs) among adolescents are collective violence and legal intervention, iron-deficiency anaemia, road injury, depressive disorders and childhood behavioural disorder.

In 2018, a draft regional neonatal, child and adolescent health implementation framework 2018–2023 was developed to support countries in implementing GPW 13 and regional priorities, and a workshop was held to build the capacity of WHO country office focal points to manage and coordinate reproductive, maternal, neonatal, child and adolescent health plans and activities. Furthermore, country capacity was built in the areas of essential newborn care, Integrated Management of Childhood Illness, care for child development and adolescent health strategic planning. To strengthen and integrate child and adolescent health services within national preparedness and humanitarian response plans, implementation of the regional operational guide on child and adolescent health in humanitarian settings was initiated in Sudan; implementation in Libya and the Syrian Arab Republic will follow.

The Eastern Mediterranean has the highest neonatal mortality rate of any WHO region

Ageing and health

The Regional Office is collaborating with WHO headquarters to develop a platform for innovation and change in responding to the health and social needs of older populations. This will enable WHO to collaborate with partners and draw on the best expertise available to identify innovative solutions to improve the health of older people. The draft platform will be made available in mid-2019 for consultation with Member States and is scheduled to be on the agenda of the Seventy-third World Health Assembly in 2020.

The Integrated Care for Older People (ICOPE) guidelines outline evidence-based interventions to manage declines in the intrinsic capacities of older people within the community. In June 2018, a consultative meeting was held in Beirut, Lebanon, on promoting the integrated care approach for older people and strengthening implementation of the Global action plan on the public health response to dementia 2017–2025 in the Region. The meeting introduced the concepts, approaches and parameters of ICOPE and outlined the steps required to support its implementation in the Region.

In May 2018, the results of a WHO global survey on progress in implementing the Global strategy and action plan on ageing and health were reported to the Seventy-first World Health Assembly. To assess progress, WHO collected data on 10 indicators from countries and regions. Responses from countries in the Eastern Mediterranean Region were

complemented by information collected for a regional survey on ageing completed in late 2017. The information will be used to strengthen country programmes. Close collaboration with key stakeholders to foster national efforts to address the health needs of older people in the Region is a prerequisite for achieving Health for All by All and ensuring that no one is left behind.

Violence, injuries and disabilities, including prevention of blindness and deafness

The Eastern Mediterranean Region has the third highest road traffic fatality rate (18 per 100 000 population) worldwide. Most deaths occur in middle-income countries, while high-income countries have an overall fatality rate three times the global average rate of similar countries. Males and younger people are hardest hit. In September 2018, the Eastern Mediterranean Regional Forum for Road Safety Legislators was established as a regional chapter of the Global Network for Road Safety Legislators. A draft road safety strategic framework on accelerating action on global road safety targets in the Eastern Mediterranean Region has been developed, in consultation with Member States, to guide countries in designing and implementing context-specific and

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comprehensive road safety policies and action plans based on the Safe System approach. WHO also supported countries to strengthen their emergency care systems, with Jordan and Sudan completing their assessments to identify priority actions.

The Region has the second highest prevalence of violence against women (37%), which is further exacerbated in emergency situations. During 2018, countries were supported to strengthen their health system response to gender-based violence in both development and emergency contexts. The development of action plans was supported in Egypt, Jordan, Morocco, Pakistan, Sudan, Tunisia and United Arab Emirates, while Afghanistan, Iraq and Syrian Arab Republic received support under WHO's global initiative to integrate gender-based violence into the health response in emergencies. Furthermore, 19 countries are implementing the Global status report on preventing violence against children survey. A side-event on gender-based violence in emergencies was organized during the 62nd session of the Commission on the Status of Women at United Nations Headquarters in New York in March 2018.

Based on WHO estimates that 15% of the population lives with some form of disability, the Region is home to almost 100 million people with disabilities. Reported disability prevalence in countries ranges between 0.4% and 4.9%. About 4.9 million people in the Region are blind, 18.6 million have low vision and 23.5 million are visually impaired, while 10.7 million people

aged 15 years and older have disabling hearing loss. The Middle East and North Africa region accounts for about 3% of all people aged over 65 globally with disabling hearing loss.

In accordance with Regional Committee resolution EM/RC63/R.3 on improving access to assistive technology, a draft strategic action framework on improving access to assistive technology in the Region has been developed and was reviewed at a consultative meeting held in Pakistan in May 2018. At the global level, with leadership efforts by the Government of Pakistan, the Seventy-first World Health Assembly endorsed resolution WHA71.8 on improving access to assistive technology. The resolution reinforces the commitment of Member States, WHO and partners to work together to improve access to assistive technology for everyone, everywhere.

During 2018, a regional consultation on the draft World report on vision was organized, and Iraq, Libya, Morocco and Saudi Arabia finalized their eye care assessment reports. In July, the Region participated in the third stakeholders' meeting for the WHO programme on preventing deafness and hearing loss and in the consultation to develop the World report on hearing. The Islamic Republic of Iran was supported to finalize its ear care assessment report.

The Region faces many challenges in addressing violence, injuries and disabilities, including insufficient financial and human resources at country and regional levels, weak implementation and evaluation of policy and legislative frameworks, the absence

of a Safe System road safety approach combined with insufficient multisectoral coordination, weak and fragmented data systems with widespread underreporting, and significant gaps in emergency and trauma care and rehabilitation services.

In 2019, the regional violence, injuries and disabilities programme is being reviewed in response to GPW 13 and Vision 2023. In addition, road safety and assistive technology regional frameworks will be piloted in countries, efforts to strengthen the role of the health system in addressing gender-based violence and violence against children will be scaled up, and road maps for strengthening emergency care systems will be developed based on country assessments.

Health education and promotion

GPW 13, with its mission to promote health, keep the world safe and serve the vulnerable, positions health promotion as an essential strategy to meet the needs of Member States. However, the Region lacks a strategic approach to health promotion within national health policies and interventions, and there is limited national capacity to plan, implement and evaluate health promotion interventions.

To address this, a detailed review was commissioned to systematically assess the available literature and analyse the type and effectiveness of health promotion and education interventions

in the Region. It found that most are formative research interventions to build the evidence base.

During 2018, a leadership course was initiated in partnership with the United Nations System Staff College for ministries of health and WHO country offices to enhance policy-level understanding of health promotion, particularly in the context of the health and well-being approaches called for by GPW 13 and Vision 2023. Another course has been initiated in partnership with the WHO Collaborating Centre for Public Health Education and Training at Imperial College, London, to build the capacity of health workers and managers in health promotion, and tools on leaving no one behind have been adapted to the regional context. To broaden partnerships for health promotion capacity-building at country level, several academic and nongovernmental institutions have been identified for collaboration with WHO. The selected institutions are being assisted to build their capacity for eventual recognition as WHO collaborating centres on health promotion. Recognizing the role of youth as change agents, a process has been initiated to develop a strategic approach to youth engagement in health. A regional town hall on youth was held in December 2018, with participation from large numbers of young people, youth organizations and WHO staff.

Physical activity is being promoted in the Region to reduce health risks and enhance the quality of life and well-being. Two key actions in 2018 were

the development of a regional plan of action on physical activity promotion and a social media campaign in Arabic, English and French. Several countries of the Region were provided with financial and technical support to promote physical activity, including Egypt, the Islamic Republic of Iran, Iraq, Jordan, Lebanon, Morocco, Pakistan and Tunisia. In 2019, a regional social media campaign on physical activity will be implemented and the regional plan of action on promotion of physical activity will be finalized.

Dental and oral health are essential components of overall health and well-being. However, this area is often ignored among health priorities at country level. WHO initiated a regional survey on oral health policies, systems and practices in 2018. To effectively engage community health workers in oral health promotion, the development of capacity-building tools was initiated, as was a package of oral health interventions to address the needs of displaced populations in the Region.

Social determinants of health, gender and Health in All Policies

The social determinants of health are the conditions in which people are born, live, grow and age, and the wider set of forces and systems shaping the conditions of daily life. With the adoption of the SDGs, they are receiving renewed attention. However, in the Eastern Mediterranean Region, progress in addressing the social determinants of health has remained limited. Vision 2023 advocates action in non-health sectors and addressing the social determinants of health as a priority.

In 2018, several steps were taken to promote policies and action on the social determinants of health. A review was commissioned to map research and interventions on the social determinants of health and provide recommendations for action. The review acknowledged the limited availability of published literature on the social determinants of health in the Region, but identified education, income, employment, food availability, conflict and the status of women as some key priority areas for the attention of policy-makers.

The 2017 Global gender gap report revealed significant gaps in women's economic participation, education, health and socio-political empowerment in the Region. Recognition of the public health value of gender mainstreaming

Promoting Health in All Policies in 2018

The Health in All Policies approach aims to ensure that health issues are factored into all government decisions, not just ministry of health policies.

It remains the key approach to address the multisectoral determinants of health in the Region, and a regional framework and action plan on Health in All Policies are being drafted.

The approach is already being used with success in some countries such as Sudan, and others, including Pakistan, Qatar, Saudi Arabia and United Arab Emirates, have started to embrace it. This momentum was reinforced in October 2018, when the Regional Committee for the Eastern Mediterranean adopted resolution EM/RC/65/R.5 urging all Member States in the Region to institutionalize Health in All Policies.

In November 2018, WHO began work to develop a regional package on intersectoral policies and interventions based on the evidence contained in Disease Control Priorities, third edition (DCP3), and the following month an expert consultation was held on the whole-of-government approach to addressing priority public health challenges faced by the Region.

remains inadequate, and there is a corresponding lack of national capacity, dedicated human resources and funding in this area. This is further compounded by the security situation and instability in many countries. Despite this, efforts are continuing to strengthen health system response to gender-based violence in both development and emergency contexts. WHO is actively participating in related United Nations inter-agency initiatives, including the Gender Thematic Group, to promote joint initiatives and gender mainstreaming at the regional level. In 2018, technical support was provided on gender equality and safeguarding to Lebanon and the emergency whole-of-Syria response.

In view of the complex political and security situation in the Region, and the central role of peace as a determinant of health and development, work has been initiated to identify opportunities for health as a promoter of peace in the Region. Work to develop a regional framework on community engagement in health has also been initiated.



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Health and the environment

Environmental risk factors such as air, water and soil pollution, chemical exposures, climate change and radiation contribute to more than 100 diseases and injuries. Recent WHO estimates for food safety, chemical exposure, air pollution and occupational risks show that avoidable environmental deterioration has escalated, causing the death toll to exceed the 850 000 premature annual deaths estimated in 2016 (1 in 5 of all deaths in the Region). Environmental risk factors contribute to more than 23% of the total burden of disease, constituting a triple

Avoidable environmental risks now cause more than 850 000 deaths per year in the Region

environmental health burden through the impact of noncommunicable diseases, communicable diseases and emergencies. The burden is even higher among children: it is estimated that 26% of childhood deaths and 25% of the total disease burden in children under five could be prevented through the reduction of environmental risk

factors such as air pollution, unsafe water, chemicals, lack of sanitation and inadequate hygiene. Air pollution alone is responsible for about 100 premature deaths in children per 100 000 population. Against this background, WHO's Regional Centre for Environmental Health Action (CEHA) was reviewed during 2018 to strengthen the Organization's ability to address environmental risk factors in the Region.

In resolution EM/RC65/R.2, the 65th session of the Regional Committee endorsed the regional framework for action on health and the environment (2019–2023), promoting health and well-being by addressing the determinants of health and reducing environmental risk factors through multisectoral approaches and Health in All Policies. In line with the regional framework for action on climate change and health 2017–2021, 11 countries are updating their national health and climate profiles. Implementation of the regional plan of action to implement the roadmap for an enhanced global response to the adverse health effects of air pollution (2017–2022) has started improving air quality monitoring and reporting; the number of regional cities reporting their ambient air quality monitoring data through the WHO Global Urban Ambient Air Pollution Database has increased by 25%. As a result, estimates of the burden of disease due to air pollution were refined in 2018 in all countries of the Region.

During 2018, regional training was conducted on monitoring SDG 6 (ensure availability and sustainable management of water and sanitation for all) targets

6.1, 6.2, and 6.3 on water, sanitation and hygiene. Furthermore, support was given to the Arab Forum on Sustainable Development 2018 to produce a regional report, and status reports were completed on water and sanitation, including in-depth monitoring of SDG 6 targets on safely managed drinking water and sanitation services in two countries and global analysis and assessment of sanitation and water in 11 countries. Environmental health and food safety assessment and technical support missions were conducted to Bahrain, Egypt, Iraq, Lebanon, Libya, Oman, Pakistan and Saudi Arabia, and implementation of 16 national workplans on food safety was followed up.

On chemical safety, support was provided to the chemicals and health network to address the health

aspects of the Strategic Approach to International Chemicals Management (SAICM) framework, and to the regional campaign to phase out lead in paints. Within the framework of the cross-programme initiative on antimicrobial resistance, five countries were enrolled in the Tricycle Project (Egypt, the Islamic Republic of Iran, Jordan, Morocco and Pakistan) to implement an integrated trans-sectoral surveillance system for bacterial resistance to antibiotics in humans, the environment and the food chain. Ad hoc support was provided to countries during event alerts through the International Food Safety Authorities Network (INFOSAN) system, and WHO led the investigation and analysis during the fish kill episode in Iraq, providing timely findings and conclusions on the root cause.



Image by Tibor Janosi Mozes from Pixabay

The image features a solid teal background. On the left side, there is a vertical strip of green foliage, showing various shades of green leaves and branches, which appears to be part of a tree or bush. The foliage is dense and occupies the left third of the frame.

Noncommunicable diseases

World leaders agreed to redouble efforts to tackle the challenge of noncommunicable diseases in 2018.

At the third High-level Meeting of the United Nations General Assembly Special Session on Noncommunicable Diseases in September, countries renewed their commitment to reduce premature deaths from noncommunicable diseases by one third through prevention and treatment, and to promote mental health and well-being. Gaining political support is a huge step in this fight, but efforts need to be stepped up to meet SDG target 3.4, which is unlikely to be met at the current rate of progress and with a business-as-usual approach. Countries need to take responsibility for delivering agreed strategic interventions under the four areas (governance, surveillance, prevention and health care) of the regional framework for action for the prevention and control of noncommunicable diseases which they have endorsed.

Although many policies are in place in the Region, bold and innovative action is required to accelerate progress towards achieving SDG target 3.4 between now and 2030, in line with the recommendations of the WHO Independent High-level Commission on Noncommunicable Diseases. Countries must increase national investments and capacity, mobilize funds, foster collaboration and engagement with key stakeholders, set specific priorities, and reorient health systems according to national contexts and needs.

Governance

During 2018, WHO continued to support countries in developing multisectoral noncommunicable disease action plans, incorporating noncommunicable diseases into national development plans, and setting up national noncommunicable disease targets, stressing the importance of a whole-of-government, whole-of-society approach. Egypt and Oman launched national multisectoral noncommunicable disease action plans, while missions were conducted in Jordan, Qatar and Tunisia to support the development and implementation of their action plans. Overall, 10 of the 22 countries in the Region now have plans.

In July, economic tools to support national noncommunicable disease responses were recommended to countries, based on global evidence. They include using fiscal measures to help reduce noncommunicable disease risk factors while generating government funds for health care, and developing national noncommunicable disease investment cases to promote a comprehensive national response. A costing exercise was conducted in Oman, and development of a noncommunicable disease investment case initiated in the Islamic Republic of Iran.

Prevention and reduction of risk factors

WHO continued to provide technical support to countries during 2018 to scale up implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), noncommunicable disease “best buys” and the MPOWER measures. In October, the 65th session of the Regional Committee for the Eastern Mediterranean endorsed a regional strategy and action plan for tobacco control and a regional framework for action on tobacco control.

Collaboration continued with the WHO FCTC Secretariat to strengthen tobacco control. Egypt and Jordan were selected to join the WHO FCTC 2030 initiative, and workplans for the initiative were finalized and adopted. A joint regional meeting was held with the FCTC Secretariat to prepare countries for the eighth session of the Conference of the Parties in October 2018, and regional training was jointly conducted on implementing Article 5.3 of the WHO FCTC on ending tobacco industry interference in tobacco control policies. The training concluded with a call for funding proposals from nongovernmental organizations and government to support implementation of the Article, leading to five projects being selected for funding. Similar national-level training was conducted specifically for Pakistan, given the strong tobacco industry presence there.

Collaboration continued with the United States Centers for Disease Control and Prevention on implementing the Global Tobacco Surveillance System in countries of the Region, with the Bloomberg Initiative to Reduce Tobacco on implementing tax increases in Pakistan and healthy cities in Jordan and Morocco, with the Gulf Cooperation Council on strengthening taxation systems and evaluating the health impact of tobacco use in member countries, and with the League of Arab States to support the regional adoption of model tobacco control legislation based on the WHO FCTC. Funds from the Government of Italy supported new initiatives in Egypt to implement tax increases and Sudan to implement graphic health warnings.

Several achievements were noted in 2018. The Islamic Republic of Iran, Pakistan and Qatar became Parties to the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products, meaning five countries in the Region are now Parties to the Protocol. Sudan and Tunisia began drafting new tobacco control laws, and Qatar a new by-law, while Saudi Arabia issued a new tobacco control by-law. Saudi Arabia also adopted plain packaging (to take effect in 2019), making it the first country in the Region to do so, while Pakistan increased the size of its graphic health warnings from 40% to 50%. Bahrain, Saudi Arabia and United Arab Emirates started implementing tobacco excise taxes, with other member countries of the Gulf Cooperation Council moving forward on this as well, and tobacco control needs assessments were conducted in Qatar, Sudan and United



Arab Emirates. To support national tobacco control efforts, information resources were produced for World No Tobacco Day (on tobacco and cardiovascular diseases) and on the impact of tobacco control policies. A focus is now required on implementing tobacco control measures, together with policy development, in order to bridge the gap between policy and enforcement.

Malnutrition takes a heavy toll on the health, well-being and sustainable development of populations in the Region. Some countries, especially those affected by conflict, continue to experience high levels of food insecurity, undernutrition and micronutrient deficiencies. Half the Region's adult women, more than two in five men and 15% of children are overweight or obese; unhealthy diet and physical inactivity are key contributors to this burden. There have also been marked changes in the Region's dietary patterns, shifting towards higher-energy diets dominated by increased intake of fats and sugars. However, in SDG 2 countries expressed the ambition to end all forms of malnutrition by 2030, including achieving internationally agreed targets on overweight and obesity.

To help realize this goal, the 65th session of the Regional Committee endorsed a regional framework for action on obesity prevention. In addition, a comprehensive regional strategy for improving nutrition and tackling unhealthy diets was finalized through consultation, and will be presented for endorsement by the

Regional Committee in 2019. Eighteen countries of the Region have developed national nutrition strategies and/or action plans, and Afghanistan, Pakistan, Somalia, Sudan and Yemen have joined the Scaling Up Nutrition Movement, comprising governments, civil society, the United Nations, donors, businesses and researchers in a collective effort to improve nutrition and stimulate progress towards the SDGs.

To support national efforts, a nutrition profiling model was developed to help countries regulate the marketing of unhealthy foods and beverages in schools. Sin taxes have now been introduced on sugar in Bahrain, the Islamic Republic of Iran, Morocco, Oman, Saudi Arabia and United Arab Emirates, and more than 17 countries in the Region have developed full or partial legal documents on the Code of Marketing of Breastmilk Substitutes. However, implementation remains a big challenge.

Supplementation and food fortification with essential micronutrients (iron and folic acid) has been addressed in almost all countries of the Region through voluntary and mandatory regulations. Countries are scaling up programmes, including growth monitoring, food-based dietary guidelines, obesity control and prevention, and promoting healthy diet. Skills and knowledge have been developed in the management and treatment of severe cases of acute malnutrition, which has triggered countries in emergency situations to expand nutrition stabilization centres for the treatment of severe and complex cases of malnutrition, particularly in

Afghanistan, Djibouti, Iraq, Pakistan, Sudan, the Syrian Arab Republic and Yemen. Support is still needed from WHO, UNICEF and other specialized UN agencies and nongovernmental organizations.

Surveillance, monitoring and evaluation

In 2018, 13 Member States set time-bound national targets for surveillance, monitoring and evaluation based on WHO guidance. Countries continued to strengthen noncommunicable disease risk factor surveillance systems by implementing the WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) and the Global Tobacco Surveillance System, including its components the Global Youth Tobacco Survey (GYTS), Global Adult Tobacco Survey (GATS) and Tobacco Questions for Surveys (TQS).

Egypt, Oman and Sudan successfully completed national-level STEPS and released fact sheets presenting the results, while Afghanistan completed STEPS data collection, and Somalia is in the process of survey completion. Jordan, Kuwait and Qatar made progress in developing a protocol for national-level STEPS implementation in 2019. All countries integrated TQS. United Arab Emirates integrated its national-level STEPS questionnaire into the World Health Survey for 2018 and completed data collection and analysis.

Pakistan is planning GATS repeat implementation under a donor funding mechanism, while Saudi Arabia progressed its work on GATS implementation through self-funding. Bahrain, Kuwait, Oman, Qatar and Tunisia successfully completed GYTS repeat data analysis and released results fact sheets. Egypt, Iraq and Palestine are preparing GYTS repeat surveys.

Following Regional Committee resolution EM/RC/65/R.1, endorsed in October 2018, steps have been taken to finalize the draft NCD surveillance system training package and make it available to Member States in 2019 to support them in implementing the WHO global monitoring framework. During 2018, in collaboration with the International Agency for Research on Cancer (IARC), Oman and United Arab Emirates received training on their cancer registries, while Egypt, the Islamic Republic of Iran, Iraq, Jordan, Morocco and Tunisia received training on strengthening their noncommunicable disease surveillance systems and implementing the WHO global monitoring framework on noncommunicable diseases. Moreover, the report on the 2017 noncommunicable diseases country capacity survey is being prepared for publication.





Health care

In line with the SDGs and the universal health coverage agenda, in 2018 WHO scaled up its support to countries in the Region for reorienting health services to better manage cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and their risk factors, with a focus on primary health care, including in crises and emergencies. Support was provided to develop and implement national cancer control programmes based on the regional framework for action on cancer prevention and control, endorsed in 2017.

Djibouti, the Islamic Republic of Iran, Pakistan and Sudan received support to integrate noncommunicable diseases into primary health care, and Afghanistan and Sudan were supported to develop and/or implement national cancer control programmes. Guidance and country support was also given for the management of noncommunicable disease care in crises and emergencies. The noncommunicable disease emergency health kit was procured by Afghanistan, Libya and Yemen. In collaboration with Primary Care International, training for health care providers in using the kit was conducted in Afghanistan.

In December 2018, a mission was conducted to Morocco on the Global HEARTS Initiative (to prevent premature deaths from cardiovascular diseases) and the Initiative to Eliminate Cervical Cancer. Morocco was selected as one of the fast-track countries globally for the elimination of cervical cancer. In September 2018, WHO announced the

Global Initiative for Childhood Cancer, which aims to reach a survival rate of at least 60% for children with cancer by 2030. Work on this in the Region is planned for 2019.

Following World Health Assembly resolution WHA71.14 on rheumatic fever and rheumatic heart disease, endorsed in May 2018, a regional consultation was held to review and finalize a regional framework, to be presented for endorsement by the Regional Committee in 2019, and steps were taken to establish a regional expert network to carry forward action on rheumatic heart disease in the Region. The framework is a roadmap for implementing the global resolution at regional level and serves to guide Member States on developing or adapting comprehensive and effective national rheumatic heart disease programmes. The regional consultation was organized in partnership with Reach and the World Heart Federation, global leaders in rheumatic heart disease prevention and control.

Mental health and substance use

Mental health and well-being cuts across all three strategic “one billion” priorities. The WHO mental health action plan 2013–2020 and the regional framework to scale up action on mental health provide countries with operational guidance and help to monitor progress on GPW 13 and the health-related SDGs. The number of countries experiencing complex emergencies and the epidemiological transition in the Region poses a challenge, but also an opportunity, for scaling up mental health and psychosocial support services.

During 2018, mental health strategies and legislation were reviewed, developed or updated in Afghanistan, Egypt, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Somalia, Sudan and United Arab Emirates, in accordance with the indicators and targets in the WHO mental health action plan 2013–2020 and the provisions of the UN Convention on the Rights of Persons with Disabilities. National autism plans were developed for Oman, Qatar and United Arab Emirates, and a dementia plan for Qatar. Support was provided to Afghanistan, the Islamic Republic of Iran and Tunisia to develop and strengthen national suicide prevention plans. Furthermore, a regional mental health atlas was finalized, mapping the resources and capacities available for mental health in the Region.

Action to tackle substance use

Substance use is a serious threat to public health globally, linked to crime, sexual abuse and interpersonal violence as well as a broad range of substance-induced disorders.

The public health response in the Eastern Mediterranean Region to date has been inadequate, with only one in 13 people in the Region receiving treatment. However, WHO is working with Member States to step up action. A regional framework for strengthening public health action on substance use has recently been developed, and will be presented for endorsement by the Regional Committee in 2019.

Work in 2018 also included the annual regional capacity-building workshop for mid-level managers on substance use policy development and service delivery, developed and conducted in collaboration with the National Rehabilitation Centre in Abu Dhabi. Furthermore, the Regional Office continues to contribute to field testing of treatment standards for substance use disorders, and to the joint development of prevention standards by WHO and the United Nations Office on Drugs and Crime (UNODC).





The annual regional course on leadership in mental health was hosted by the American University in Cairo to strengthen institutional capacity in countries, and participants from several countries of the Region participated in the international diploma on mental health, law and human rights at the International Islamic University in Islamabad, Pakistan.

To integrate mental health within primary health care, the WHO Mental Health Gap Action Programme (mhGAP) continued in Afghanistan, Egypt, Iraq, Jordan, Lebanon, Palestine, Pakistan, Somalia, Syrian Arab Republic and United Arab Emirates. Draft guidance on integrating mental health into primary health care was finalized in collaboration with WHO headquarters. Piloting of a curriculum to enhance the capacity of general nurses in providing mental health care was initiated in Iraq and continued in the Syrian Arab Republic.

The school mental health package has been piloted and is now being used in Egypt, Islamic Republic of Iran, Jordan, Oman, Pakistan, Qatar and United Arab Emirates, and in other WHO regions. Moreover, in collaboration with WHO headquarters, the Regional Office is contributing to randomized controlled trials on psychosocial interventions, including for children and adolescents. During 2018, technical support continued to strengthen mental health and psychosocial support for populations in Iraq, Libya and Yemen, and for those affected by the Syrian crisis, in coordination and collaboration with UN agencies, nongovernmental organizations, national stakeholders and academic institutions.

The background is a solid teal color. On the left side, there is a vertical strip of green foliage, likely from a tree, with many small, oval-shaped leaves. The foliage is darker green and appears to be in the foreground, partially obscuring the teal background.

Communicable diseases

Communicable diseases continue to cause significant morbidity and mortality – much of it preventable.

Breakdown of health and other systems due to conflicts, massive population displacement, environmental disasters and climate changes have resulted in the reemergence of communicable diseases as important threats, with many devastating epidemics. WHO's strategic emphasis on expanding universal health coverage and strengthening primary health care is an opportunity to improve the prevention and control of communicable diseases, with a focus on strengthening systems, including surveillance, laboratory services and service delivery, leading to better integration of services at various levels of health care.

Poliomyelitis

Wild poliovirus transmission continued in the two endemic countries, Afghanistan and Pakistan, with a total of 33 cases reported in 2018 (21 in Afghanistan and 12 in Pakistan). Patterns of both human cases and environmental positives indicate continued circulation of the virus in known reservoir areas in both countries. Access to all populations (affected by insecurity and bans on immunization in Afghanistan), the quality of immunization campaigns in reservoir areas, population movements and the safety of frontline workers remain the key challenges. Growing hesitancy to vaccinate, often related to the spread of misinformation over traditional and social media, has further complicated

efforts to reach every child with polio vaccine. Afghanistan and Pakistan continue to implement robust national emergency action plans (NEAPs), and emergency operations centres remain vital mechanisms at national and subnational levels to coordinate eradication efforts and monitor the implementation of NEAPs. A strong mechanism of cross-border coordination between the two countries has been established.

The onset of the last polio case in the world due to wild poliovirus type 2 (WPV2) was in 1999, and onset of the most recent case due to wild poliovirus type 3 was in November 2012. The eradication of WPV2 was certified in September 2015 by the Global Commission for the Certification of Poliomyelitis Eradication (GCC).

The circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak in Syrian Arab Republic which began in 2017 and paralyzed 74 children was officially closed in 2018. Concurrent outbreaks of cVDPV2 and circulating vaccine-derived poliovirus type 3 (cVDPV3) emerged in Somalia in 2018. There were 12 paralytic cases due to circulating vaccine-derived poliovirus (cVDPV) in 2018 (five due to cVDPV2, six due to cVDPV3, and one due to co-infection with cVDPV2 and cVDPV3).

The detection of cVDPVs in Somalia reflects a significant population immunity gap, primarily due to the



large number of inaccessible children in areas controlled by non-state armed groups. A comprehensive response plan is being implemented in coordination with other Horn of Africa countries, and the key lessons learnt from this ongoing response are being collected by regional teams to improve preparedness and response to any possible cVDPV outbreaks in other high-risk countries in the Region.

The twentieth meeting of the Emergency Committee under the International Health Regulations (2005) regarding the international spread of poliovirus, held on 19 February 2019, voiced concern over the increase in wild poliovirus type 1 (WPV1) cases globally in 2018. The Committee unanimously agreed that the risk of international spread of poliovirus remained a Public Health Emergency of International Concern, recommending the extension of Temporary Recommendations for a further three months. Afghanistan and Pakistan fall under states infected with WPV1, with potential risk of international spread, while Somalia falls under states infected with cVDPV2 and cVDPV3 with risk of international spread.

Despite the tremendous progress globally and in the Region, as long as wild poliovirus (WPV) is circulating anywhere, risks remain. Three countries in the Region are at very high risk, namely Somalia, Syrian Arab Republic and Yemen, and three are at high risk, namely Iraq, Libya and Sudan. All are experiencing varying degrees of complex emergency and have access or security constraints that hamper efforts to maintain high population

immunity and sensitive surveillance. WHO is providing technical and logistic support to these countries to implement supplementary immunization and surveillance activities. However, the global supply shortage of inactivated polio vaccine (IPV), first identified in 2016, continued in 2018, posing additional challenges to some countries with respect to covering all birth cohorts with at least one dose of IPV.

Surveillance performance indicators in countries of the Region have generally been maintained at or above certification standards in 2018. The acute flaccid paralysis (AFP) surveillance system reported nearly 23 000 cases in 2018 and all Member States but two met the key standard surveillance indicators for non-polio AFP rates (2 per 100 000 children under 15 years of age) and percentage of AFP cases with adequate specimens (80%). A network of 12 WHO-accredited laboratories supports this system. Environmental surveillance efforts continued to expand in 2018, with established and growing systems functioning in Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Lebanon, Pakistan, Somalia, Sudan and Syrian Arab Republic. Arrangements are in place for expansion to Iraq in 2019. Environmental surveillance functions as a vital early-warning detector for VDPVs, which remain a risk, particularly in conflict-affected countries where a significant number of children are inaccessible to immunization services.

In 2018, the regional polio eradication programme continued to support national preparedness and response planning. All polio-free countries of the

Region, except Yemen, have conducted polio outbreak simulation exercises. The regional team has started a process to update the methodology used for polio outbreak simulation exercises, in light of the lessons learned and best practices in other regions and programmes.

Four countries in the Region (Afghanistan, Pakistan, Somalia and Sudan) are among the 16 countries that have been identified globally as a priority for post-eradication transition planning. An additional four countries (Iraq, Libya, Syrian Arab Republic and Yemen) are considered regional priorities for assessing what polio functions will be integrated into other existing initiatives and what functions may be prioritized or phased out. In 2018, transition plans for Somalia and Sudan were drafted and consultation meetings held. The timeline for implementation of transition planning in the Region has been affected by the outbreak of cVDPV in Somalia and continued transmission of WPV1 in Afghanistan and Pakistan. Iraq, Syrian Arab Republic and Yemen are expected to begin work on transition plans in 2019.

The absolute priority for 2019 is to stop wild poliovirus transmission in Afghanistan and Pakistan by supporting implementation of national emergency action plans through technical, financial and logistical support. Another key focus will be stopping the current cVDPV outbreaks in Somalia and raising immunization levels to prevent subsequent outbreaks. In addition, as part of transition planning, polio assets will be leveraged to strengthen

routine immunization in transition countries. Enhancing preparedness and response capacity in all countries will continue, with a strong focus on improving surveillance systems to ensure early detection and effective response to any introduction of poliovirus, and supporting countries in laboratory containment of poliovirus and preparation for certification of polio eradication.

HIV and hepatitis

By the end of 2018, the number of people living with HIV (PLHIV) in the Region had reached 400 000, with 41 000 new HIV infections occurring during the year. The number of deaths among PLHIV reached 15 000, up 84% on 2010.

Member States continued efforts to scale up HIV diagnosis and treatment. The number of PLHIV receiving antiretroviral therapy (ART) increased to 82 000. Despite this, overall coverage of ART in the Region remains at 21%, due largely to limited coverage of HIV testing services, inefficient case detection, late diagnosis, poor linkage to treatment services and attrition from treatment after initiation of ART. In line with the *Vision 2023* strategic priority to expand universal health coverage, 2018 saw a focus on increasing HIV diagnosis and treatment coverage. The Islamic Republic of Iran was supported to initiate plans to integrate HIV services into harm reduction services for people who inject drugs and primary health care, and Pakistan for national consultations on HIV self-testing and decentralizing HIV care.

An estimated 21 million people are chronically infected with viral hepatitis B and 15 million infected with viral hepatitis C in the Region. Egypt and Pakistan account for over 80% of the hepatitis C burden. Regional coverage of hepatitis B vaccine birth dose immunization was 33% in 2018. Egypt is leading in the global effort to eliminate hepatitis C, driven by a presidential initiative to test 45–52 million people and refer those who test positive to treatment. During 2018, Pakistan was supported to assess its hepatitis diagnosis capacity and linkages to treatment, programme monitoring and strategic data collection and utilization, and the integration of HIV, tuberculosis and hepatitis services for key populations. In addition, a consultation with hepatitis and pharmaceutical regulatory focal points from ministries of health and civil society representatives considered ways to achieve affordable prices for hepatitis B/C medicines and diagnostics.

Tuberculosis

An estimated 771 000 people developed tuberculosis (TB) in the Region in 2017 – 8% of the global TB burden – and 536 185 TB cases were notified, representing a treatment coverage rate of 68%. Five countries (Afghanistan, Morocco, Pakistan, Somalia and Sudan) carry 91% of the regional TB burden. Drug-resistant TB continues to be a public health crisis globally and in the Region; in 2017 about 21 000 multidrug-resistant TB (MDR-TB) cases were estimated among the notified cases in the Region, but

Ending TB

The first-ever UN General Assembly High-level Meeting on TB was held in New York on 26 September 2018. The theme of the meeting was “United to end tuberculosis: an urgent global response to a global epidemic”. This landmark event highlighted the need for immediate action to accelerate progress towards ending the TB epidemic by 2030.

The meeting brought together more than 1000 participants from around the world, including 15 Heads of State, over 100 ministers and other country leaders, 360 representatives of civil society and other stakeholders, as well as 10 UN agencies. The meeting endorsed an ambitious political declaration calling for action and investment to accelerate progress towards ending TB. The declaration was subsequently adopted by the General Assembly on 10 October 2018.

As part of preparations for the event, high-level representatives from six high-burden countries in the Region (Afghanistan, Djibouti, Morocco, Pakistan, Somalia and Sudan) attended a regional consultation held by WHO in Islamabad, Pakistan, to support country participation in the meeting.



only 4353 of them (21%) were put on treatment. Treatment success rates of 92% and 62% were achieved among drug-sensitive and drug-resistant TB cases, respectively – the highest rates of any world region.

The first-ever UN General Assembly high-level meeting on TB was held on 26 September 2018. As part of preparations for the meeting, six high-burden countries (Afghanistan, Djibouti, Morocco, Pakistan, Somalia and Sudan) participated in a regional consultation.

Support was provided to several countries in the Region (Afghanistan, Jordan, Lebanon, Pakistan, Syrian Arab Republic and Yemen) to update their national strategic plans and guidelines for TB, childhood TB and latent TB infection. Pakistan was supported to begin implementing the FIND. TREAT. ALL #ENDTB initiative to reach the targets of the Political Declaration of the UN General Assembly high-level meeting on TB. The initiative is a joint undertaking between WHO, the Stop TB Partnership, and The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to enhance the capacity of the 13 highest TB burden countries.

Progress has been made in improving the detection and management of MDR-TB cases through implementation of a new molecular test for rifampicin resistance, GeneXpert, in all countries of the Region; more than half of re-treated cases were tested in 2017. TB programme review and rGLC support missions for drug-resistant TB were conducted in nine countries (Afghanistan, Djibouti, Jordan, Lebanon, Morocco, Pakistan, Somalia, Sudan

and Tunisia). Furthermore, annual meetings of the regional Green Light Committee (rGLC) and laboratory task force were held to review and accelerate programme management of drug-resistant TB.

Along with the missing third of TB cases, high dependency on external financing is a major challenge in the Region. Currently, 43% of the budget for regional TB programmes comes from international sources and 21% from domestic sources, leaving a funding gap of 36%. In addition, the destruction of health systems, huge population movements and poor security have severely impacted TB control programmes in countries experiencing complex emergencies.

WHO continues to support Member States to develop national strategies and plans incorporating the commitments made under the Political Declaration, and to promote a multisectoral approach to accelerate efforts to reach the targets set for 2022 and end TB by 2030. To find the missing TB cases, WHO is promoting the adoption of a roadmap to harness the full potential of private providers. Countries are being supported to transition towards the new drug-resistant TB policy, scale up latent TB infection treatment and roll out a new roadmap towards ending TB in children and adolescents.



Malaria

Progress in reducing the malaria burden is stalling, with an increase in estimated cases since 2016. In 2018, the Region reported more than 5 million presumed and confirmed cases, of which nearly 2.2 million were confirmed. The Islamic Republic of Iran and Saudi Arabia are aiming to eliminate malaria: local cases in the Islamic Republic of Iran declined to 20 in 2018, while in Saudi Arabia the number remained below 100 between 2010 and 2015, but has risen in recent years to reach 194 in 2018 (Table 1). The other endemic countries (Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen) are at the burden reduction stage. The number of malaria cases reached an alarming level in Djibouti due to population movement from neighbouring countries, the presence of invasive *An. Stephensi* and an inefficient control programme (Table 2).

In 2018, countries continued to be supported to increase access to preventive, diagnostic and treatment services to reach targets for universal health coverage. Coverage has increased in recent years, but is still below target. There were reports of stock-outs of medicines and diagnostics, and delays in distributing vector control interventions in Djibouti, Sudan and Yemen. Political unrest and instability in some countries has set back malaria control and allowed the emergence or re-emergence of other vector-borne diseases. Outbreaks of dengue and chikungunya have occurred in malaria-endemic countries and put increased strain on already-weak resources.

Malaria control interventions were supported in countries affected by insecurity and humanitarian emergencies, including Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen, and therapeutic efficacy studies for antimalarial medications continued to be supported in endemic countries of the Region.

A regional plan of action to implement the *Global vector control response 2017–2030* was developed through broad consultation. Vector control needs assessments and the development of integrated vector management and insecticide resistance management strategies were supported in priority countries. Vector control interventions and surveillance, including insecticide resistance monitoring, were supported in countries affected by outbreaks of vector-borne diseases, including Afghanistan, Djibouti, Oman, Pakistan, Somalia, Sudan and Yemen.

Neglected tropical diseases

The fight against neglected tropical diseases continued in 2018. The seventeenth meeting of the Regional Programme Review Group on elimination of neglected tropical diseases under preventive chemotherapy programmes was held in December 2018, covering five diseases: lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. The meeting was attended by representatives from 11 countries of the Region and partners,

Table 1
Parasitologically-confirmed cases in countries with no or sporadic transmission
and countries with low malaria endemicity

Country	2016		2017		2018	
	Total reported cases	Autochthonous	Total reported cases	Autochthonous	Total reported cases	Autochthonous
Bahrain	106	0	133	0	53	0
Egypt	233	0	305	0	356	0
Iran (Islamic Republic of)	705	94	939	74	625	20
Iraq	5	0	9	0	12	0
Jordan	51	0	44	0	41	0
Kuwait	390	0	419	0	299	0
Lebanon	134	0	152	0	146	0
Libya	370	2	397		9	0
Morocco	409	0	586	0	475	0
Palestine	1	0	1	0	0	0
Oman	807	3	1078	18	916	0
Qatar	493	0	444	0	464	0
Saudi Arabia	5382	272	3151	177	2711	194
Syrian Arab Republic	12	0	25	0	16	0
Tunisia	99	0	120	0	100	0
United Arab Emirates	3849	0	4013	0	3238	0

Table 2
Reported malaria cases in countries with high malaria burden

Country	2016		2017		2018	
	Total reported cases	Total confirmed	Total reported cases	Total confirmed	Total reported cases	Total confirmed
Afghanistan	392 551	190 161	320 045	161 778	294 691	243 324
Djibouti	13 804	13 804	14 671	14 671	25 319	25 319
Pakistan	2 115 941	318 449	2 190 418	350 467	965 555	374 513
Somalia	58 021	35 628	37 156	35 138	31 030	31 021
Sudan	974 571	575 015	1 368 589	720 879	3 534 862	1 323 603
Yemen	144 628	98 701	114 004	84 677	192 901	155 669

including UNRWA, The END Fund, the Mectizan Donation Program, Sightsavers and GlaxoSmithKline plc. Collaboration strengthened with the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), a five-year project launched by the WHO Regional Office for Africa in 2016 to provide countries with technical and fundraising support to help them accelerate control and elimination of the five neglected tropical diseases amenable to preventive chemotherapy (PC-NTDs) with the greatest burden on the continent: lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma. Five countries of the Eastern Mediterranean Region (Djibouti, Egypt, Somalia, Sudan and Yemen) participated in an ESPEN meeting in Kigali, Rwanda, in July 2018, and resources were secured from ESPEN to support three countries for mass drug administration campaigns.

Trachoma elimination is progressing in the Region following the regional action plan developed in collaboration with the Eastern Mediterranean Region Alliance for Trachoma Control. In 2018, elimination of trachoma as a public health problem was validated in the Islamic Republic of Iran; Iraq was supported in preparing a draft dossier for validation; and Yemen launched its first mass drug administration campaign for trachoma, targeting 395 139 people in Al Hudaydah governorate. Technical support was also provided to Yemen to prepare a dossier for validation of lymphatic filariasis elimination, which was reviewed by the dossier review group, and a regional consultation was held to support Sudan and

Protecting populations from the impact of emergencies: the Middle East Response initiative

Partnerships with the International Organization for Migration (IOM) and the Global Fund to implement the Middle East Response (MER) initiative have been strengthened. The initiative aims to ensure the continuum of care and essential HIV, TB, malaria and tropical disease services for vulnerable people living in countries with challenging operating environments, including Iraq, Syrian Arab Republic and Yemen, as well as Syrian refugees in Jordan and Lebanon. In 2018, technical support was provided to programmes in Jordan, Lebanon, Syrian Arab Republic and Yemen to accelerate implementation of the MER1 grant. Nine programme reviews were conducted, and the results helped shape the MER2 funding request for 2019–2021, which was approved by the Global Fund, securing US\$ 36 million to ensure that essential HIV, TB and malaria services reach vulnerable populations.



Yemen to develop multi-year plans for onchocerciasis elimination. A deworming campaign was supported in Afghanistan that saw 9 million school children receive albendazole, while Yemen, with support from WHO and partners, conducted an integrated large-scale treatment campaign covering 86 districts in 14 governorates that targeted 4 871 924 people for schistosomiasis and soil-transmitted helminthiasis, and 627 190 people for onchocerciasis.

Capacity-building activities were carried out for national staff from Jordan, Saudi Arabia and Yemen on snail control and from Djibouti on mycetoma case management. Additionally, 15 participants from countries of the Region were selected to enroll in an online neglected tropical skin diseases course. The DHIS2 platform was used for 2016 and 2017 leprosy data collection in endemic countries. Active case finding of leprosy was implemented in five priority countries and a field visit made to Sudan to review a special project there. Increased active case-finding activities in Somalia resulted in the detection of 2610 new cases in 2018, up 66% on the previous year and 311% on the year before that.

With 82% of countries in the Eastern Mediterranean Region endemic for both forms of leishmaniasis, control remains challenging, especially in conflict-affected environments. The Region bears about 70% of the global burden of cutaneous leishmaniasis and 20% of visceral leishmaniasis. In 2017, 141 904 new cutaneous leishmaniasis cases and 5245 visceral leishmaniasis cases were reported. Surveillance was strengthened

and data quality enhanced in 2018. Six high-priority countries reported detailed country-level data directly through DHIS2 and nine low-burden/non-endemic countries reported through standardized templates for 2016–2018. To ensure access to treatment for at-risk people in Syrian Arab Republic, WHO delivered around 170 000 vials of meglumine antimoniate and 63 000 bed nets to the country's north-eastern governorates and 15 000 vials of meglumine antimoniate and related supplies to the Mentor Initiative, a nongovernmental organization that operates in the north-east. Increased attention was given to visceral leishmaniasis, which is potentially fatal, with countries supported to update treatment guidelines and secure donations for first-line recommended medicines. Training workshops for paediatricians, medical staff and programme managers in Morocco and Tunisia on the use of AmBisome and recommended surveillance practices were carried out. The regional situation was reviewed and interregional collaboration strengthened at a meeting on leishmaniasis among neighbouring endemic countries in the WHO African, European and Eastern Mediterranean regions, held in Amman, Jordan, in September 2018. A joint WHO Regional Office/headquarters review mission was conducted in response to the increase in reported cutaneous leishmaniasis cases in Iraq.

Immunization

During 2018, emphasis continued to be placed on achieving universal vaccination coverage. Analysis of subnational immunization data and providing timely feedback to countries continued in order to ensure high coverage and equity. The development of coverage improvement plans and microplans for low coverage districts was supported, and Gavi-eligible countries were supported to develop and submit applications for resource mobilization to Gavi. The regional network for measles/rubella case-based surveillance and the regional surveillance network for bacterial meningitis, bacterial pneumonia and rotavirus gastroenteritis were also supported.

Different strategies were used in emergency situations to suit each local situation. In 2018, 98 health facilities resumed routine immunization in north-west Syrian Arab Republic, achieving over 90% coverage. Routine immunization antigens were provided to all newly accessible areas under government control. Regular availability of vaccines was secured for the entire country through exceptional support from Gavi, while WHO provided technical support and operational costs.

Despite emergencies in several countries, regional diphtheria-tetanus-pertussis (DTP3) immunization coverage increased in 2018 to 82%, with 14 countries achieving and maintaining 90% coverage nationally for DTP3-

containing vaccine, while coverage with the first dose of measles-containing vaccine (MCV1) exceeded 95% in 12 countries. Moreover, neonatal tetanus elimination was certified in Djibouti in 2018. However, an estimated 2.9 million children missed at least one dose of DTP3 immunization in 2018, with more than 90% of them in six countries: Afghanistan, Iraq, Pakistan, Somalia, Syrian Arab Republic and Yemen. An outbreak of diphtheria in Yemen, first reported in October 2017, led to over 3000 cases, including 178 deaths. In response, technical support was provided in 2017/2018 for case management, vaccination campaigns and resource mobilization, including exceptional support from Gavi to procure diphtheria and tetanus vaccines for older age groups.

Nine countries reported a very low incidence of endemic measles virus transmission (less than 2 cases per million population), with five (Bahrain, Egypt, Jordan, Oman and Palestine) reporting no endemic transmission; these countries are now seeking verification of elimination. The regional commission for verification of measles and rubella elimination is

DTP3 coverage reached 82% in 2018, but 2.9 million children still missed at least one dose



World Health Organization
UNICEF
أمانة الصحة العامة
مركز التطعيمات
مركز الرعاية الصحية الأولية
مركز الرعاية الصحية الأولية

Oral Cholera Vaccination Card
بطاقة التطعيم بآثار التوليد الفموي

Serial Date	Received Status	Remarks Mentoring
18/01/19		

Name: ☒ Male / ☐ Female
Date of Vaccination: 18/01/19

fully functioning, and a workshop was held in June 2018 to train countries close to achieving elimination on the documentation required for verification. All countries in the Region except Djibouti and Somalia are implementing national measles and rubella case-based laboratory surveillance.

In 2018, more than 50 million children received measles-containing vaccines in Afghanistan, Libya and Pakistan through vaccination campaigns, achieving over 90% coverage. WHO worked closely with all partners to support these campaigns, providing technical support in all phases of planning and implementation. To help control the high endemicity of measles in Somalia, support was provided to develop a five-year strategic plan for measles control, prepare Gavi applications for follow-up supplementary immunization activities, introduce a second dose of measles vaccine, and develop an immunization data quality improvement plan. Djibouti was supported for training on immunization, data quality assessment, developing an improvement plan and implementing a measles vaccination campaign.

New vaccines were successfully introduced, including rotavirus vaccine in Afghanistan, inactivated polio vaccine in Egypt (the remaining country to do so in the Region), and human papilloma virus vaccine in United Arab Emirates, and approval was granted for Gavi support to introduce typhoid vaccine in Pakistan.

A regional strategic plan for vaccine-preventable diseases and immunization is being developed, aligned with

GPW 13. The new strategic plan will encompass the role of immunization in promoting health, achieving universal vaccination coverage and equity, and ensuring no one is left behind, and the provision of immunization during health emergencies.

Public health laboratories

Public health laboratories make a cross-cutting technical contribution to the surveillance of, and response to, communicable diseases and emerging pathogens, including drug-resistant pathogens. Halfway through its lifespan, implementation of the regional strategic framework for strengthening health laboratory services 2016–2020 remains essential to improve the quality and safety of health laboratory services and meet country obligations under the International Health Regulations (2005). While there has been progress, work remains to be done.

To date, eight countries in the Region have endorsed a national laboratory policy and two are drafting policies. Renewed momentum is needed to strengthen the leadership and governance of national laboratory systems by establishing national laboratory working groups, policies and strategies in more countries. Health laboratory services must remain a priority nationally, with adequate resource planning and budgeting for operations, otherwise resource constraints and competing priorities will jeopardise implementation of

the strategic framework and the recommendations of joint external evaluations.

Producing quality results is at the core of every laboratory's work, and a valuable tool to assess and improve laboratory diagnostic performance is external quality assessment (EQA). In 2018, 35 laboratories in 20 countries participated in the regional EQA programme for microbiology, coordinated by laboratories in the Islamic Republic of Iran and Oman. The programme has been running since 2005, and is currently being evaluated. In addition, Jordan and Pakistan were supported to evaluate their national EQA programmes. To work towards establishing sustainable, sufficient and competent human resources for laboratory service delivery, WHO and partners are developing a global laboratory leadership programme, with the Regional Office leading the development of a pilot module for Pakistan.

Blood and transfusion safety

In 2018, WHO continued to support countries to implement the regional strategic framework for blood safety and availability (2016–2025) to improve access to affordable and quality-assured blood and blood products at all times, including during humanitarian emergencies. Work focused on strengthening the organization and governance of national blood systems for effective management of blood and blood products, establishing

mechanisms for plasma fractionation, improving blood donor management and meeting the increased demand for blood transfusion during emergencies.

Demand for blood and blood products continues to increase in countries affected by humanitarian emergencies. Five countries (Afghanistan, Libya, Somalia, Syrian Arab Republic and Yemen) were supported to integrate blood transfusion services into their national emergency preparedness and response efforts, and to address the safety and availability of blood transfusion during humanitarian emergencies.

Antimicrobial resistance

Significant progress was made in tackling antimicrobial resistance (AMR) in the Region in 2018. Development of national AMR action plans continues to be a key priority. By the end of 2018, nine countries (Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Libya, Oman, Pakistan, Saudi Arabia and Sudan) had officially endorsed and submitted their plans to the WHO online platform, while five countries (Bahrain, Iraq, Morocco, Qatar and Tunisia) had completed their plans pending endorsement by ministers of health. Planning involves the human health, animal health, livestock, agriculture, environment and food production sectors.

WHO's global action plan on AMR is being implemented in the Region with a focus on generating surveillance



data: 14 countries from the Region are enrolled in the global antimicrobial resistance surveillance system (GLASS) platform, with 12 reporting AMR data for the 2018 data call. To complement human AMR surveillance, the Tricycle Project was launched in 2018 to develop a global harmonized protocol on integrated AMR surveillance of extended-spectrum B-lactamase (ESBL) *Escherichia coli* in humans, animals and the environment. The Project reflects tripartite collaboration between WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE). Four countries in the Region (Egypt, Jordan, Morocco and Sudan) are being supported to implement the Project, while Pakistan began implementation in 2018. National antimicrobial consumption data from the Islamic Republic of Iran, Jordan and Sudan was included in the first WHO report on surveillance of antibiotic consumption, released at the end of 2018.

With support from the Korea International Collaboration Agency (KOICA), Jordan established a multidisciplinary national AMR committee and national coordinating centre, assigned a national AMR reference laboratory, selected eight sentinel AMR surveillance sites and developed a national AMR surveillance plan. Support was provided to build the capacity of the eight AMR sentinel hospitals, create and train AMR surveillance teams, and train hospital laboratories on standardizing operating procedures for pathogen identification, antimicrobial susceptibility testing and

quality control. WHONET software was installed at the national coordinating centre and surveillance sites for data collection and reporting. A point prevalence survey to measure the prevalence of antimicrobial use among hospitalized patients was conducted in the eight surveillance sites, and data analysis is in progress.

Laboratory capacities to support AMR detection in countries were mapped and national reference laboratories for microbiology and AMR surveillance assessed in Jordan, Pakistan, Sudan and Tunisia; action is being taken to raise workforce competency to international standards. Technical support was provided to set up internal laboratory quality control systems for three countries (Iraq, Jordan and Sudan). Furthermore, the status of infection prevention and control programmes was assessed in 14 countries.

Studies were piloted in Egypt and Sudan using tailored behaviour-change interventions for the containment of AMR. Efforts focused on changing antibiotic prescription practices in primary health care facilities in Sudan, and on improving prescription practices for surgical prophylaxis in Egypt. Qualitative research studies were conducted to identify target behaviours, followed by capacity-building and the implementation of interventions. Currently, both countries are evaluating the impact.

The Video for Change initiative was launched in Egypt, Jordan and Sudan to encourage young people to use technology to promote behaviour change to combat AMR.

Over 100 medical, pharmacy and veterinary students attended a health communication training course. World Antibiotic Awareness Week was celebrated on 12–16 November 2018 under the theme “Safeguarding Antibiotics – Handle with Care”. The campaign included five days of tailored messaging around each of the objectives of the global action plan on AMR and a joint press conference between WHO and FAO regional offices on the importance of a One Health approach to AMR.

Stronger interregional collaboration

The WHO European and Eastern Mediterranean regions have started to map and document areas of collaboration to define potential areas for future collaboration and identify synergies. Collaboration in 2018 included an interregional workshop on preparing to transition towards domestic financing in TB, HIV and malaria programmes, an interregional consultation meeting on leishmaniasis among neighbouring endemic countries in the Eastern Mediterranean, African and European regions, and a meeting on laboratory strengthening. The two regions also collaborated in documenting and estimating the TB burden in selected regions of north-east Syrian Arab Republic and securing TB medicines to treat detected cases; immunization activities were

coordinated with the WHO Project Office in Gaziantep, Turkey.

Collaboration also included experience exchange between national HIV/AIDS and sexually transmitted disease programme staff from Pakistan and Ukraine, and collaboration on laboratory regulatory frameworks, workforce and EQA, among other areas. Lessons were learnt from the European Region in establishing an AMR surveillance network, and its tailored AMR behaviour-change programme was adapted to the Eastern Mediterranean Region.



Health emergencies

The Eastern Mediterranean Region is experiencing emergencies on an unprecedented scale.

These arise from all hazards – natural (geological, hydrometeorological), biological/outbreaks, societal (especially conflict and civil strife) and technological. Moreover, the Region hosts the largest number of people in need of humanitarian assistance globally, is the source of the largest number of forcibly displaced persons, and hosts the largest number of forcibly displaced people.

Of the 131.7 million people in need of aid globally in 2018, 70.2 million (53.3%) lived in the Region. The Region also faced increased population movement due to forced displacement and migration. At the end of 2018, 70.8 million people were forcibly displaced worldwide – including refugees and internally displaced persons. Of these, 32.1 million (45.3%) originated from the Region, while 25.4 million continued to reside in the Region.

Nine out of 22 countries in the Region continued to respond to emergencies in 2018 (Grade 3, as per WHO's grading: Somalia, Syrian Arab Republic and Yemen; Grade 2: Iraq, Libya, Palestine and Sudan; Grade 1: Afghanistan and Pakistan). Saudi Arabia has been at Grade 2 for Middle East respiratory syndrome coronavirus (MERS-CoV) since 2012. An additional seven countries in the Region were directly or indirectly affected by emergencies: Djibouti, Egypt, Jordan, Kuwait, Lebanon, Oman and United Arab Emirates.

Attacks on health care continued relentlessly in a number of countries, making it the most dangerous region for health workers among all WHO regions. WHO's Surveillance System on Attacks on Health Care documented 725 attacks in the Region during 2018, resulting in 137 deaths. At country level, steps were taken to prevent and mitigate such attacks, by increasing awareness of the right to health, as well as various physical measures to limit the impact of attacks on health infrastructure.

Ensuring country preparedness

WHO convened its seventh regional meeting of stakeholders under the International Health Regulations (IHR) (2005) in December 2018, bringing together diverse national sectors and technical partners. The meeting gathered more than 100 participants to discuss the current situation in implementation of core capacities and the way forward for the Region. WHO also developed guidance on the terms of reference and functions of the IHR multisectoral committee and the linkages such a committee should have with the other coordination structures in a country.

In accordance with Article 54 of the IHR (2005), States Parties within the Eastern Mediterranean Region continued to produce annual reports to WHO on

the achievement of IHR-related core capacities. The annual reporting tool was modified to improve its alignment with the joint external evaluation (JEE) tool following a consultative process with IHR national focal points. The revised annual reporting tool was introduced to States Parties in March 2018.

JEE is a voluntary collaborative process to assess a country's capacity under the IHR (2005) to prevent, detect and rapidly respond to public health threats. As of December 2018, 17 countries in the Region had conducted JEE and 15 JEE reports had been produced. The overall mean JEE score across the 19 technical areas in the Region was 3, meaning "developed capacity", and on average most of the attributes for these technical areas were available; however, work is still needed to meet the remaining attributes and ensure the sustainability of all capacities.

A national action plan for health security is an essential next step in the process of monitoring and evaluation of IHR core capacities in countries. In using the JEE to develop its action plan, each country is able to highlight gaps and needs for current and prospective donors and partners in an effort to fill gaps with resources. Implementing a national action plan for health security enables countries to address gaps through structured actions supported by stakeholders at the national, regional and global level. The plans guide Member States in building capacity to be better prepared and operationally ready to manage public health risks and events, and therefore to better protect

populations. In 2018, 12 countries of the Region completed their national action plans for health security and three were planning to finalize their plans; a further three countries are planning to finalize their action plans in 2019 (Morocco, Tunisia and United Arab Emirates). Implementation of the action plans requires dedicated resources and will be a priority for WHO support in 2019.

Mapping of hazards and development of national all-hazards public health preparedness and response plans were supported in Egypt, Iraq, Jordan, Libya, Morocco, Pakistan, Somalia and Tunisia. A regional profile for potential hazards as well as hazard-specific contingency plans were developed to facilitate and streamline the support provided to countries responding to public health emergencies.

Several activities were conducted for building IHR (2005) requirements at points of entry into Member States, including the development of all-hazards public health emergency preparedness and response plans enhancing cross-border collaboration, and providing advice on exit and entry screening in the context of public health emergencies.

In 2018, WHO provided training in conducting national simulation exercises for all countries in the Region. As an initial and key part of national exercises, participants were instructed on how to design and implement table-top exercises to test plans and procedures outlining their IHR capacities. The WHO simulation exercise manual has been translated into French and is being translated into Arabic. WHO



supported external review of national responses to acute public health events, particularly the systems in place and capacities in surveillance, laboratories, coordination, risk communications and case management. After-action reviews were conducted for the Islamic Republic of Iran (earthquake), Morocco (brucellosis) and Pakistan (dengue), with similar activities planned for Oman (dengue). Simulation exercises were conducted in Iraq, Jordan, Palestine, Pakistan and Tunisia, to test national responses to acute public health events. A regional simulation exercise was also conducted for potential importation of Ebola virus disease; the exercise tested several elements of regional capacity to scale up preparedness and operational readiness in countries.

Important progress was achieved in enhancing hospital preparedness. Activities were conducted to assess hospital preparedness, develop preparedness plans and train the hospital workforce in Bahrain, Libya and Sudan. Online training packages have been developed for hospital preparedness and management of all hazards, to be rolled out in countries using a blended approach of online and face-to-face training. Good progress was also made in advancing One Health activities in the Region; new approaches were used including a national bridging workshop on veterinary services and after-action reviews in Morocco. A regional plan was developed (based on JEE results) to enhance the One Health approach in countries, including an online training package.

The Khartoum Declaration on Sudan and Bordering Countries: Cross-Border Health Security was signed by Chad, Egypt, Ethiopia, Libya, South Sudan and Sudan in November 2018, to commit to strengthening preparedness and response to public health threats and events across borders in an effort to further the implementation of the IHR and pursue global health security.

The second global meeting on migrant health gathered migrant health focal points from WHO offices and representatives of stakeholder institutions to agree on a number of recommendations for promoting refugee and migrant health. The outcomes of the two-day meeting were aligned with the WHO global action plan for promoting the health of refugees and migrants. A regional action plan is being developed to promote the health of refugees and migrants and ensure their inclusion in national public health preparedness and response plans.

Managing infectious disease outbreaks

In 2018, 19 major outbreaks of 10 different emerging and epidemic-prone diseases occurred or continued in 12 of the 22 countries in the Region, resulting in 435 625 cases of illness and 844 deaths. Outbreaks included: chickenpox (varicella) in Pakistan; chikungunya in Sudan; cholera in Somalia and Yemen; Crimean-Congo haemorrhagic fever in Afghanistan, Iraq and Pakistan; dengue

fever in Oman, Pakistan, Sudan and Yemen; diphtheria in Yemen; extensively drug-resistant typhoid fever in Pakistan; MERS-CoV in Kuwait, Oman, Saudi Arabia and United Arab Emirates; travel-associated Legionnaires' disease in United Arab Emirates; and West Nile fever in Tunisia. WHO collaborated with the countries concerned to investigate and respond to these outbreaks and minimize their impact.

In Yemen, WHO collaborated with the Ministry of Public Health and Population (MoPHP) to strengthen early warning disease surveillance and case management, deploy oral cholera vaccines and improve access to safe water and sanitation. WHO, the MoPHP and partners launched Yemen's first oral cholera vaccination campaign in May 2018, aiming to control the world's largest cholera outbreak. The campaign was launched as part of a broader ongoing integrated response plan for cholera that included surveillance and case detection, community engagement and awareness, enhancing laboratory testing capacity, improving water and sanitation, and training and deploying rapid response teams. In March 2018, WHO, in coordination with the Ministry of Public Health and Population and the United Nations Children's Fund (UNICEF), conducted a large-scale vaccination campaign to control the spread of diphtheria. The campaign targeted around 1 million children aged 6 weeks to 15 years in 39 priority districts from 11 governorates.

In Sudan, WHO supported the improvement of early detection, laboratory diagnosis, case management

and access to safe water and sanitation, thus reducing cases of acute watery diarrhoea and related deaths. Sudan's Federal Ministry of Health, supported by WHO and partners, also contained an outbreak of chikungunya with integrated vector control management, risk communication and improved surveillance. Pakistan experienced a large outbreak of extensively drug-resistant typhoid fever, and WHO supported the country's response with technical support for a field investigation and the development of a national action plan.

WHO helped Member States enhance their capacity for prevention, surveillance, preparedness and response for seasonal and pandemic influenza. In Tunisia, experts and health ministry staff from five countries convened to strengthen national pandemic influenza preparedness plans, focusing on improving influenza surveillance, risk assessments, preparedness and response, and determining the severity of outbreaks. Advanced training on pandemic influenza severity assessment was conducted with the aim of strengthening the capacity of 14 countries to determine influenza baselines and threshold values. As a result, five countries in the Region completed the calculation of influenza baseline and threshold values in 2018. Influenza experts from 13 countries received advanced training on influenza detection and characterization in order to enhance and standardize the detection and confirmation of seasonal and pandemic influenza viruses.



In Somalia, WHO trained health surveillance officers from 11 regions across the country on the electronic Early Warning Alert and Response Network (EWARN), an upgraded version of the system which improves timely detection and information sharing for various high-threat pathogens. Likewise, during the yearly Hajj pilgrimage in Saudi Arabia, surveillance was a priority activity. WHO and the Ministry of Health of Saudi Arabia successfully piloted a Disease Early Warning System (DEWS), as well as implementing a range of preparedness and readiness measures as required under the IHR (2005) for mass gathering events. Due in part to these concerted efforts, the Hajj was once again free from any public health event of potential concern (as it has been since the emergence of MERS in 2012). Furthermore, in 2018 WHO helped establish a pool of MERS experts in the Region who can be deployed rapidly during any outbreak of the disease.

To improve the speed and quality of emergency response, 130 members of multidisciplinary Ebola and MERS rapid response teams received additional training in five countries. The trainings improved knowledge and skills on how to conduct rapid risk assessments, outbreak

Regional Emergency Operations Centre

In 2018, the regional Emergency Operations Centre (EOC) continued to coordinate the organizational response to graded emergencies through real-time information sharing and collective decision-making. Additionally, the EOC hosted a number of global and regional simulation and table-top exercises for potential disease outbreaks and health emergencies, including influenza and Ebola virus disease.

In one of these, seven countries from the Region participated in a simulation exercise for a global pandemic in December 2018, coordinated by the WHO Global EOC and the EOC Network, a global network of health emergency operations centres. Egypt, Jordan, Lebanon, Oman, Saudi Arabia, Tunisia and United Arab Emirates were among more than 40 countries worldwide participating in the three-day simulation, which was the first global pandemic response training exercise.

The exercise provided a hands-on opportunity to determine the capacity of WHO and countries to respond to a potential outbreak of influenza with pandemic potential, allowing the identification of gaps that need to be addressed. The exercise occurred on the centenary of the 1918 influenza pandemic, which is estimated to have infected one third of the global population and resulted in the deaths of millions of people.

investigations and epidemiological data analysis, and how to implement initial public health measures to contain an outbreak. The trained national rapid response teams were actively deployed and responded to several emergencies, including outbreaks in Afghanistan, Libya, Somalia, Syrian Arab Republic and Yemen.

In 2019, WHO will finalize the regional strategic framework for the prevention and control of emerging and epidemic-prone diseases, and provide technical assistance to Member States to roll out its implementation. The framework covers all priority areas within infectious hazards management, from prevention and surveillance to preparedness and response. Some of the priorities for WHO in 2019, as detailed in the framework, include continuing to strengthen existing epidemiological and virological surveillance systems for various high-threat emerging and re-emerging diseases. In countries facing complex emergencies, WHO will regularly train the health workforce and improve electronic platforms for real-time data collection and automated analysis to support outbreak investigation, intervention and containment.

Countries will receive support for their core laboratory diagnostic capacity to detect high-threat pathogens, as required under the IHR (2005), and be supported to increase rapid response capacity by enhancing operational skills and competencies to conduct timely field investigations and response activities. WHO will also support research efforts to improve

understanding where there are gaps in knowledge about etiology, transmission, risk factors, disease burden and patient outcomes associated with high-threat pathogens.

Responding to humanitarian health emergencies

WHO continues to strengthen its management of emergencies through application of the Incident Management System (IMS) – an international best practice that has been adopted by many public health agencies worldwide. Increasingly consistent application of the IMS has assisted the Organization in becoming more predictable and effective in its response to emergencies, including in the Eastern Mediterranean Region. WHO has also improved its management of protracted emergencies through application of the humanitarian–development nexus, which brings humanitarian and development partners together for joint analysis, joint planning and the identification of collective outcomes.

The regional Emergency Operations Centre (EOC) continued to coordinate the organizational response for graded emergencies, and also hosted a number of global and regional simulation and table-top exercises in 2018 for potential disease outbreaks and health emergencies.

WHO's operations and logistics hub at the International Humanitarian City in Dubai continued to ensure the safe, reliable, timely and uninterrupted delivery of medicines and other health supplies to ensure the protection of people from the impact of health emergencies. Nearly 75% of all WHO health supplies procured globally in 2018 were delivered to countries in the Eastern Mediterranean Region: overall, WHO delivered more than 1462 metric tonnes of health supplies for more than 4.5 million beneficiaries in 22 countries across three WHO regions from its logistics hub in Dubai.

To help Yemeni children suffering from medical complications due to malnutrition, WHO established 25 therapeutic feeding centres in 2018 (bringing the total number of functional centres to 54 in 19 governorates), delivered 450 severe acute malnutrition kits to the feeding centres, trained 621 health workers on case management of severe acute malnutrition, and provided medicines and fuel to keep health centres functioning. In total in the period 2017–2018, WHO treated 14 697 children, increasing the cure rate from 75% (2017) to 87% (2018).

In 2018, the rapidly evolving situation in the Syrian Arab Republic required WHO to intervene in many geographic locations. In eastern Ghouta, more than 4200 people were referred to public hospitals and over 55 000 children were vaccinated against polio and other childhood diseases; community workers and mobile teams also provided basic psychological interventions to almost 34 000 people. In the southwest of

the country, WHO distributed over 70 tonnes of medicines and supplies to health care facilities and supported nongovernmental organizations that provided more than 97 000 primary health care consultations through fixed clinics and mobile teams. In November 2018, an interagency and Syrian Arab Red Crescent convoy managed to reach people in Rukban for the first time in over 9 months; WHO delivered over 3 tonnes of medicines and medical supplies (enough for 31 601 treatments) to the camp and assessed the health situation and health needs. From its cross-border hub in Gaziantep, Turkey, WHO supported the operating costs of 38 primary and secondary health care facilities, 185 mobile teams and 54 mobile clinics and ambulances in northwest Syria. The Gaziantep hub delivered 497 tonnes of medical supplies to the areas where health needs were greatest and supported 1.8 million primary health care consultations and the treatment of more than 88 800 trauma patients. The hub also supported partners through the provision of technical expertise and training. In the autumn of 2018, the Gaziantep hub delivered its largest ever cross-border shipment of emergency medicines and supplies to northwest Syria: 104 tonnes of supplies were delivered to 180 health care facilities. In 2018, WHO delivered over 245 tonnes of medical equipment and supplies (enough to address the health needs of more than 200 000 people) to northeast Syria through the Al-Yarubiyah border crossing in Iraq. WHO also supported an international nongovernmental organization that provided primary



health care and emergency referral services to over 10 000 people in Ar-Raqqa city in 2018.

Violence in southern Tripoli, Libya, in September 2018 left hundreds of injured people in need of urgent, life-saving medical care. Attacks on health care were also reported from the country. To support the response efforts of the Ministry of Health, WHO deployed 10 mobile emergency trauma teams to areas where fighting was ongoing. WHO also delivered trauma medicines for 200 critical cases. Medicines for the treatment of chronic diseases were delivered to health facilities in areas hosting people displaced as a result of the violence.

In August 2018, WHO and Iraqi health authorities responded to an outbreak of gastrointestinal illnesses in Basra as a result of unsafe water supplies. WHO and the Ministry of Health responded by providing medicines and medical supplies, ensuring free treatment to all patients, training and deploying health staff, conducting community awareness campaigns, and scaling up water quality monitoring in affected areas.

To support people affected by drought in Afghanistan, WHO supported rapid response implementation of the basic package of health services for areas at greatest threat. WHO also sent medicines and medical supplies to health facilities in prioritized drought-affected areas. In 2018, more than 1.24 million health consultations were provided, 18 mobile health teams were deployed to provide essential life-saving services to drought- and conflict-displaced populations, and 32 hard-

to-reach districts were provided with essential health services.

In 2018, WHO's work in the area of emergencies was funded at 80%, through the support of a number of key donors. These included the United States Agency for International Development (USAID), United States Department of State, European Commission's Civil Protection and Humanitarian Aid Operations department (ECHO), Germany, United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Japan, Republic of Korea, United Nations Central Emergency Response Fund (CERF), Department For International Development (DFID) United Kingdom, Norway, Qatar, Kuwait, World Bank, Saudi Arabia, United Arab Emirates, Oman, China, Italy, Algeria, Slovakia, Sweden and Lithuania. However, although some countries received substantial support from donors in 2018, other countries are facing forgotten emergencies, where health needs remain significantly underfunded, including Somalia, Sudan and refugee-hosting countries.

Partnerships remain vital for work in response to emergencies, with an emphasis on collective action and inter-sectoral coordination, especially with the nutrition and water and sanitation sectors. WHO has three main operational partnerships worldwide, all of which are active in the Region: the Global Health Cluster (GHC), the Global Outbreak Alert and Response Network (GOARN) and emergency medical teams (EMTs).

The GHC is the most operational partner in humanitarian crises, with 29 clusters active at country and regional levels, operating out of eight national and 42 sub-national sites, and aiming to serve 57.1 million people in need of health services. GOARN represents a network of public health institutions that deploys technical experts in response to outbreaks and public health events worldwide. WHO's Regional Office for the Eastern Mediterranean hosts 12 GOARN partners and during 2018 deployed experts from the network to an outbreak of dengue fever in Pakistan. EMTs are self-sufficient teams that can augment clinical services during emergencies. National EMTs are expanding throughout the Region, with some Member States also developing EMTs that may eventually deploy internationally to provide additional support when national capacities elsewhere are overwhelmed.

The background is a solid teal color. On the left side, there is a vertical strip of green foliage, likely from a tree or bush, with many small, pointed leaves. The foliage is darker green and partially obscures the teal background.

Implementing WHO management reforms

WHO is transforming the way it works

In 2018, the Regional Office continued to develop essential instruments to enhance the reform process, in particular managerial reform (such as recruitment and administrative processes), working closely with the other levels of the Organization to achieve the goals set in WHO's Twelfth General Programme of Work. It also continued to improve planning, forecasting, implementation, and monitoring and evaluation capacity, aiming to allocate and use its limited resources more efficiently.

Following the election of Dr Ahmed Al-Mandhari as Regional Director, the management team of the Regional Office and technical departments started a resource mobilization initiative with key donors including the German Government and the Bill and Melinda Gates Foundation to secure sufficient flexible funds in support of the Regional Director's transition. This initiative enabled the Regional Office to mobilize funds to cover transitional and transformational activities aligned to the new Thirteenth Global Programme of Work (GPW 13) and the Organization's new vision for the Region, Vision 2023. The funds mobilized will be used for: (1) functional reviews of WHO's country offices in the Region; (2) functional reviews of different departments in the Regional Office; (3) establishment of the results management framework for the Region; and (4) establishment of the regional communication strategy. These activities are aligned to WHO's new transformation agenda and are intended to reshape the operating model of both the Regional Office and country offices to make them fit for purpose for implementation of GPW 13 and maximize strategic impact. A Transformation Team was established to oversee the process.

Managerial actions continued in support of the WHO transformation process, to reshape organizational processes in line with global strategy and the Regional Director's approach. A regional Compliance and Risk Management Officer was successfully recruited. Accountability and controls remained at the heart of improvement efforts, focusing on compliance areas that had been mentioned repeatedly in preceding years' internal and external audit observations: direct financial cooperation, direct implementation, imprest purchase orders, asset inventories and non-staff contractual arrangements. The use of monthly compliance dashboards throughout the year has increased the awareness and capacity of staff across the Region regarding key administrative issues. Activities were aimed at managing financial and administrative risks effectively, improving the internal control framework, reducing audit observations to a minimum and closing outstanding audit observations in a timely manner. In 2018, all audits resulted in satisfactory or partially satisfactory ratings, showing continued improvement in controls and a deep commitment to zero tolerance of non-compliance across the Region.

WHO will continue to address key challenges, including the need for capacity-building to help Member States remain aligned with evolving requirements, strengthening country-level perspectives in responding to acute and protracted emergencies, and readiness to deploy and deliver on a no-regrets basis, and continuing improvement in accountability and control, as embedded in regulatory frameworks.



