The work of WHO in the Eastern Mediterranean Region

Annual report of the Regional Director

2020

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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Introduction

None of us will ever forget 2020. As the COVID-19 pandemic swept across the world, social and economic life was turned upside down.

It was an extraordinary experience, perhaps especially for anyone involved in the field of health. We witnessed an impressive response by countries of the Region, with health escalated to the top of the policy agenda. We saw incredible efforts on the part of brave, dedicated health professionals and other essential workers to serve their communities. And we mourned the loss of far too many colleagues, friends and loved ones.

This report presents an overview of WHO's work in the Eastern Mediterranean Region during the year. The Region is highly diverse in terms of socioeconomic circumstances and health systems, and almost half our 22 countries and territories are experiencing conflict or other large-scale humanitarian crises. Managing the pandemic response in that context has presented multiple challenges but also many opportunities, and we did not forget about our other public health priorities.

We start by highlighting some key features of the COVID-19 response. This is followed by chapters focusing on each of our four strategic priorities, as set out in WHO's vision for the Region, *Vision 2023*, and our regional strategy. Those priorities – protecting people from emergencies,

expanding universal health coverage (UHC), promoting healthier populations and transforming WHO – are aligned with WHO's main global strategy, the Thirteenth General Programme of Work (GPW 13), and the Sustainable Development Goals (SDGs).

As the report shows, the pandemic touched every aspect of our work and raised many challenges. Essential health services were severely disrupted. Weaknesses in health systems were mercilessly exposed. And while there was investment in health on an unprecedented scale, many personnel and other resources were diverted to the COVID-19 response.

But as the report also shows, time and again the pandemic also stimulated new ways of thinking and operating through which WHO staff, our countries and partners were able to maintain services and activities. There were notable achievements during the year far beyond the COVID-19 response, and many innovations that offer the opportunity for long-term improvements in health and well-being.

The report is not a comprehensive account of all WHO's activities in the Region during the year – that would be a very long and detailed document. Instead, in keeping with our aim to engage with the widest possible range of stakeholders and ensure that we are accountable to a broad public, we have focused on the most important issues and challenges during the year.

The COVID-19 pandemic has demonstrated the value of many of the strategies that WHO has been advocating for years. Investing to build stronger, more resilient health systems. Establishing national infection prevention and control programmes. Ensuring effective, integrated disease surveillance. Developing national capacities under the International Health Regulations (IHR 2005). Implementing robust multisectoral approaches and engaging whole communities in health promotion.

Truly, our work – and that of our countries and partners – has never been so important. We will be working hard to learn the lessons of the pandemic and build back better and fairer towards our vision of Health for All by All in the years ahead.

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


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Highlights of the COVID-19 response in the Region

The first COVID-19 case in the Eastern Mediterranean Region was reported on 29 January 2020, and within eight weeks all 22 countries and territories had reported cases. By the end of the year, total cases in the Region had reached 5 million with 122 181 associated deaths.

WHO acted swiftly to lead a coordinated and evidence-based response to the pandemic in the Region.

On 22 January 2020, the Regional Director activated the Incident Management Support Team (IMST), in accordance with the WHO Emergency Response Framework, to coordinate preparedness and response efforts in the Region. This multidisciplinary team brings together colleagues from across WHO's different technical and operational departments and links up with incident management teams (IMTs) at country level and IMST at WHO headquarters to provide integrated technical, operational and financial support to countries.

The Regional Director also engaged actively to keep in touch with key decision-makers, galvanize action and mobilize support for the response in the Region. Thanks to the generosity and solidarity of Member States and donors, these efforts generated over US$ 350 million – more than any other WHO region (see Fig. 1). Most (55%) of these funds were raised at country level, 42% at the WHO headquarters level and 3% at the level of

the Regional Office (see Fig. 2). In addition, US$ 131 million was added to this amount through transfer from other programmes, bringing the total amount of funds mobilized for the Region in 2020 to more than US$ 480 million.

Here, we note some highlights of WHO's response; for more information, see: *COVID-19 pandemic response in the Eastern Mediterranean Region: 2020 progress report of the Incident Management Support Team.*

Country-level coordination, planning and monitoring

In line with the International Health Regulations (IHR 2005), WHO quickly sought to establish a regional plan of action to guide countries in dealing with the pandemic. The first edition of the regional *COVID-19 strategic preparedness and response plan* was published in February, and by March all 22 countries and territories had developed national plans and activated multisectoral coordination mechanisms to facilitate their implementation. WHO maintained daily IMST internal meetings – a total of 191 during the year – as well as weekly meetings with a network of 35 regional partners, while ministers of health were updated frequently by the Regional Director through meetings, email and instant messaging.

Throughout 2020, the Regional Director sent 280 daily updates to ministers of health, released 27 statements in Arabic and English, and held 10 briefing meetings with ministers of health and ambassadors. To support effective and sustained efforts in COVID-19 control among leaders in the Region, a ministerial technical working group was established by the Regional Office consisting of seven countries: Egypt, the Islamic Republic of Iran, Lebanon, Morocco, Oman, Saudi Arabia and Somalia. This group provided an interactive platform to share experiences and provide focused recommendations that were relevant across the Region. From August to December 2020, the working group held regular high-level meetings to build on best practices within the Region and beyond. As a result, lessons learned and key recommendations were provided to guide and strengthen regional and national preparedness and response plans for 2021.

Fig. 1
COVID-19 funding distribution by major WHO office, 2020 (US$)

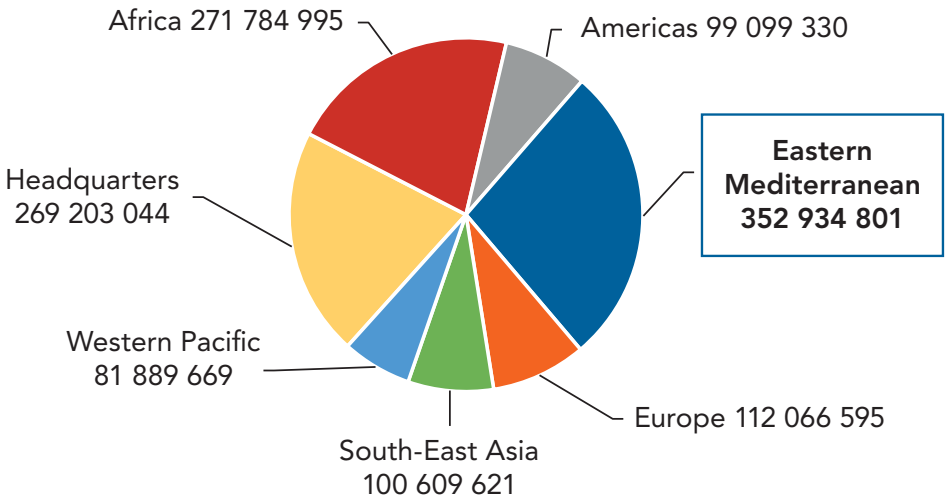
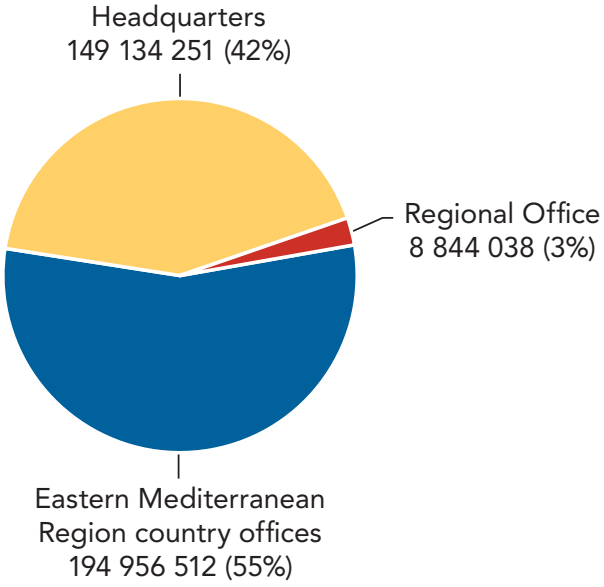


Fig. 2
Mobilization of COVID-19 funding for the Eastern Mediterranean Region by WHO organizational level, 2020 (US$)



Risk communication and community engagement (RCCE)

In collaboration with an interagency regional working group of more than 16 organizations, WHO supported countries to develop, implement and monitor national RCCE strategies, plans, tools and products. Ministries of health and other partners contributed greatly to RCCE messaging, and several countries implemented RCCE initiatives early in the pandemic. To support and strengthen this effort, WHO worked with social media network companies and other media outlets to tackle misinformation and rumours and increase adherence to personal and social protective measures. More than 300 social media tiles, videos and brochures were disseminated; the WHO regional COVID-19 website gained 7.5 million page views; and WHO experts in the Region gave more than 130 media interviews.

Surveillance, rapid response teams and case investigation

With WHO's support, countries in the Region rapidly adapted and expanded existing surveillance and response systems. Five countries received WHO support to establish event-based surveillance to complement national routine surveillance and enhance the detection of case and death clusters. WHO also provided support in conducting regular risk assessments, analysing data to monitor trends and guide decision-making, using innovative tools and models, and reviewing surveillance and testing strategies. WHO supported modelling in 11 countries to investigate the spread of COVID-19 in different scenarios and guide decision-making regarding the implementation of public health and social measures.

Several platforms, databases and dashboards were developed at regional level and in support of country offices including a regional sharepoint to store all COVID-19 information, a daily data management platform, a regional dashboard, a monitoring and evaluation database and dashboard, a dashboard for the time-varying reproductive number (Rt), and a database and dashboard on public health and social measures (PHSM).

Consistent sharing of data in line with the requirements of the IHR (2005) is invaluable in helping to characterize and control a pandemic. However, the Region faces challenges due to poor, irregular, or incomplete reporting and data-sharing from some countries despite frequent requests and reminders. In addition, regional surveillance and modelling efforts have been hindered by fragmented national surveillance systems, inappropriately used routine health information data, the absence of high-quality disaggregated data and differences in data granularity from one country to another.

Points of entry, international travel and transport

All 22 countries and territories of the Region took early action to strengthen preparedness and response at points of entry, and WHO worked to support assessments and further strengthening in this regard. The Region faced limited adherence to the IHR (2005); strict travel restrictions were implemented to control the spread of COVID-19, but with great variations between countries. WHO aimed to address these inconsistencies by promoting a risk-based approach, continuing to advocate for country compliance with IHR (2005) obligations, and encouraging countries to conduct risk assessments to inform the implementation of travel measures and to align with WHO guidance.

National laboratories

Laboratory diagnostic capacities were rapidly strengthened, including utilizing existing resources such as the influenza and high-threat pathogen network and establishing new capacity. By the second week of February, 20 countries had the capacity to detect the virus in at least one laboratory, and WHO then worked to build capacity through training, procurement of tests and expanding the network to subnational levels. Over 650 public health laboratories had been set up nationally and regionally by the end of the year, in addition to private laboratories. WHO also supported the use, development and scaling up of sequencing capacities, and at time of writing in 2021, 14 countries have now developed in-country capacity. Regional referral laboratories in Oman and the United Arab Emirates are providing support to countries with no sequencing capacities and have become global resources as part of the WHO COVID-19 Reference Laboratory Network.

Infection prevention and control (IPC)

Health care workers across the Region strove courageously to fight COVID-19 and provide other essential services, all too often exposing themselves to the risk of infection. WHO worked with countries and partners to reduce health care workers' risk of infection. An online IPC

training was conducted for over 2150 health care workers across eight countries, on-site intensive training was provided in five countries, and 11 country missions were conducted to strengthen IPC at national and local levels. Through the six regional and five country-specific IPC webinars conducted in 2020, WHO trained 4200 health care workers in the Region. WHO disseminated up-to-date scientific evidence across multiple regional IPC network platforms and media outlets. WHO also supported the procurement and distribution of personal protective equipment (PPE). Recommendations were made to strengthen national and facility-level governance mechanisms for IPC.

Case management

Capacity-building and technical support for the clinical management of COVID-19 was another priority. WHO provided online training courses, hands-on training and on-demand tailored training packages to over 15 000 health care workers across 10 countries. Sixteen countries were supported in the identification and procurement of life-saving biomedical supplies and equipment, and 10 countries from the Region joined the global Solidarity trial for therapeutics and other clinical research.

Operational support and logistics

WHO's logistics hub in Dubai is the Organization's largest stockpile of medical equipment and supplies in the world. In 2020, the hub received US$ 70 million worth of supplies and dispatched US$ 58.9 million worth of supplies to 110 countries in all six WHO regions – a higher value than the last five years combined. In the first three months of pandemic, the hub dispatched approximately three quarters of all supplies distributed globally for the COVID-19 response. It played a critical role throughout the year in prepositioning and distributing millions of life-saving supplies, including PPE, ventilators, oxygen concentrators and diagnostic kits. More than 30 charter flights were supported to serve countries with complex emergencies such as Libya, Somalia, the Syrian Arab Republic and Yemen.

Throughout the Region, WHO spent US$ 161 million on the procurement of life-saving supplies for the pandemic, corresponding to a third of the total US$ 483 of funds mobilized for the regional COVID-19 response. An estimated 90% of this procurement was conducted at country level, mainly in the Islamic Republic of Iran, Lebanon, Yemen, the Syrian Arab Republic and Pakistan.

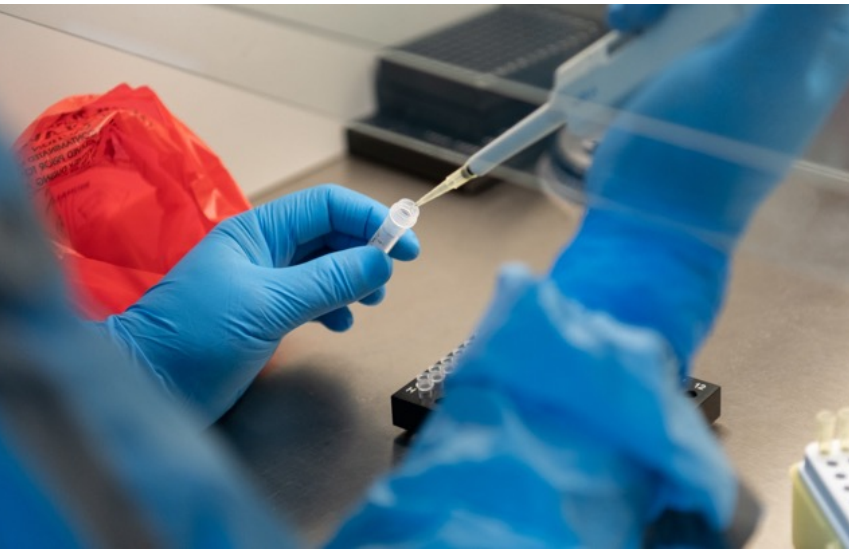
These efforts helped to address the global market failures and supply-chain challenges that have constrained the response worldwide. Indeed, in the early phases of the pandemic, accessing the global market was

challenging due to travel restrictions and the unavailability of supplies, obliging many countries to procure supplies through local and regional markets. WHO also helped to overcome additional sanction-related constraints on the COVID-19 emergency response in some countries of the Region.

Maintaining essential health services and systems

Rapid assessments showed that the pandemic affected health services on a large scale. The global Pulse survey on essential health services continuity during the COVID-19 pandemic covered 13 countries of the Region and found that up to 75% of all essential health services had been at least partially disrupted. WHO addressed these issues by providing operational and technical support to countries to maintain routine health services such as immunization for children, reproductive health services, mental health services, and the management and treatment of patients suffering from other communicable and noncommunicable diseases (NCDs) with a COVID-19 lens.

Twenty-one countries ensured an uninterrupted supply of antiretrovirals in 2020, and over 83 000 life-saving treatments for communicable diseases were delivered for specialized individual case management. WHO



provided support to countries for all essential health services, for example by deploying the NCDs emergency kit in five emergency countries (Afghanistan, Iraq, Libya, the Syrian Arab Republic and Yemen) with continuous support for procurement and deployment. The Organization is continuing to work with Member States to avoid unnecessary interruption of key services, supporting the implementation of tailored guidance for a range of different health issues.

COVID-19 vaccination

WHO's work on COVID-19 vaccination in 2020 included supporting countries in registering to join the COVAX Facility, developing national deployment and vaccination plans, and preparing for the rollout of COVID-19 vaccines. All countries in the Region participated in the COVAX Facility, and 11 countries receiving official development assistance were supported to ensure the timely submission of all necessary documentation and to develop technical support plans for COVID-19 vaccine deployment. Country teams were trained in planning effective vaccination campaigns and administering the vaccines, and technical information about different vaccine products was shared with countries to help guide decisions on vaccine storage, supply, handling and administration. In some countries, local vaccine development was supported, as well as facilitating participation in clinical studies or providing visibility for such studies (phases 2 and 3). WHO also facilitated the fast-tracking of licensing and registration at the national level.

Research and knowledge management

WHO promoted evidence generation in the Region to contribute the response in line with the WHO Research & Development blueprint and the ACT Accelerator. As part of the WHO Unity Studies, seven countries were supported to conduct sero-epidemiology studies to estimate the extent of infection among the general public and other vulnerable groups. WHO also provided overall guidance and coordination to countries engaged in clinical trials for drugs and vaccines, and worked to promote the engagement of regional academia and partner institutions to support COVID-19 research and innovations.

WHO support missions to countries

To review all pillars of the response, multidisciplinary technical teams from WHO, the Global Outbreak Alert and Response Network (GOARN) and other partners conducted 14 field missions to 12 countries. Through these missions, strengths and challenges were identified, and practical recommendations were provided to address them in the short and long term. Many countries in the Region were able to leverage existing systems and networks, and strong partnerships were a key enabler of the response. The most commonly observed findings were fragmentation of surveillance and information management, inconsistent testing strategies, poor IPC adherence and governance, limited targeting of RCCE capacities, and variable adherence to public health and social measures. These findings assisted in targeting support for specific response pillars, as shown by the progress in strengthening testing capacities and IPC practices.

In addition to missions conducted by GOARN, the IMST conducted eight missions in the initial phases of the COVID-19 pandemic to assess country preparedness and response in the Islamic Republic of Iran, Bahrain, Kuwait, Iraq, Afghanistan, Pakistan, Egypt, and the Syrian Arab Republic (in that order).

Later, starting in September 2020, the IMST conducted enriched intra-action reviews (IARs) through review and assessment missions of the COVID-19 response in Afghanistan, Lebanon, Pakistan and Tunisia to identify and document strengths and areas of improvement while supporting health ministries in reviewing and assessing each country's COVID-19 response. These missions were conducted through desk

reviews, interviews with key informants and field visits. After each mission, key recommendations and findings were shared with ministries of health through mission briefings and reports. Recurring recommendations have included adopting a multisectoral whole-of government approach, streamlining data collection and management, institutionalizing IPC, carrying out risk assessments and improving capacities at points of entry (POE), designating a focal point for RCCE in the ministry of health and capitalizing on existing COVID-19/intensive care unit beds and resources in private hospitals. Recommendations were also integrated into the updated 2021 strategic preparedness and response plan so that all countries of the Region could benefit from the lessons learned.

Addressing other health emergencies

The Eastern Mediterranean Region remains highly prone to emergencies from a wide range of infectious, societal, natural and technological hazards. Ten countries are directly impacted by large-scale humanitarian crises, and 43% of all of people worldwide requiring humanitarian assistance reside in the Region. Several other countries host large refugee populations, and the Region is the source of 64% of the world's refugees.

WHO coordinated the health sector response to 15 graded emergencies[1] across the Region in 2020, including four at Grade 3 – the COVID-19 pandemic, Somalia, the Syrian Arab Republic and Yemen (see Table 1). A substantial proportion of emergency resources and capacities were directed at responding to the COVID-19 pandemic, but WHO maintained a comprehensive approach to managing other emergencies.

[1] A graded emergency is an acute public health event or emergency that requires an operational response by WHO. There are three WHO grades for emergencies, signifying the level of operational response by the Organization: Grade 1 (limited response), Grade 2 (moderate response) and Grade 3 (major/maximal response). Emergencies that extend beyond 6 months can be reclassified as protracted emergencies, similarly graded P1, P2 or P3.

Table 1
Graded emergencies in the WHO Eastern Mediterranean Region, December 2020

Graded emergencies			
2	9	1	15
Grade 3	Grade 2	Grade 1	
2	1	0	
Protracted 3	Protracted 2	Protracted 1	

This included strengthening prevention/mitigation, preparedness, detection and response work in a broad and complex range of operational settings – from the high-income countries of the Gulf Cooperation Council to the humanitarian crises of Afghanistan, the Syrian Arab Republic and Yemen, where health systems have been severely disrupted by years of conflict.

Preventing, mitigating and responding to high-threat pathogens

The Eastern Mediterranean Region continues to confront serious public health threats from emerging and re-emerging infectious disease outbreaks. WHO works with countries of the Region to prevent and control infectious diseases and minimize the human, economic and social impact of outbreaks.

In 2020, seven out of 22 countries and territories in the Region experienced 10 major outbreaks (excluding COVID-19) with the potential for global spread, including poliomyelitis in Afghanistan and Pakistan, chikungunya in Somalia and Sudan, cholera in Somalia and Yemen, dengue fever in Pakistan and Yemen, diphtheria in Sudan and Yemen, Crimean-Congo haemorrhagic fever (CCHF) in Afghanistan, chickenpox (varicella) in Pakistan, Middle East respiratory syndrome (MERS) in Saudi Arabia and the United Arab Emirates, and viral haemorrhagic fever in Sudan. There were 241 190 cases in total from these outbreaks, and 302 deaths.

A major priority for WHO's regional team was enhancing early warning outbreak surveillance for countries with complex emergencies. Technical

strengthen, upgrade and expand the Early Warning Alert and Response Network (EWARN) surveillance systems in several countries, while a three-day virtual workshop focused on transitioning the EWARN system in emergencies to routine or national surveillance systems.

WHO also supported efforts to enhance and expand the capacities for outbreak investigation, verification and response to public health threats through the training and operationalization of national and subnational rapid response teams (RRTs) in six countries of the Region. A series of webinar trainings were conducted to build the capacity of national and subnational RRTs to respond to COVID-19, reaching more than 300 participants from 20 countries.

The regional team continued to provide technical support to all countries of the Region to improve the surveillance and detection of, and response to, seasonal, novel and pandemic influenza viruses, and 19 countries maintained functioning influenza sentinel surveillance systems. At the same time, the influenza surveillance system was leveraged to support COVID-19 detection and response across the Region.

Longer term work on high-threat pathogens received a boost in October 2020 when the 67th session of the Regional Committee endorsed a new regional strategic framework for the prevention and control of emerging and epidemic-prone infectious diseases. Developed through an extensive consultation process, the framework will support countries in setting priorities and formulating national strategic plans in this area.

Strengthening emergency preparedness

Enhancing preparedness for all hazards is an essential aspect of WHO's work on emergencies. The COVID-19 pandemic provided a vivid illustration of the value of investing in preparedness, as set out in the *2020 report of the Global Preparedness Monitoring Board*. However, efforts to date across the Region have been inadequate, and the pandemic also exposed many gaps and challenges that had not always been evident through State Party self-assessment annual reporting (SPAR) and joint external evaluation (JEE) processes.

WHO continued working to support the development of core capacities under the IHR (2005), and informed by the COVID-19 experience there was renewed emphasis on several relatively neglected areas. This included extensive work on preparedness and event management at points of entry (PoE). A Travel Measures Dashboard developed for PoE in the Region captures selected travel measures in real time, with information entered and verified by countries to facilitate coordination and adherence to Article 43 of the IHR.

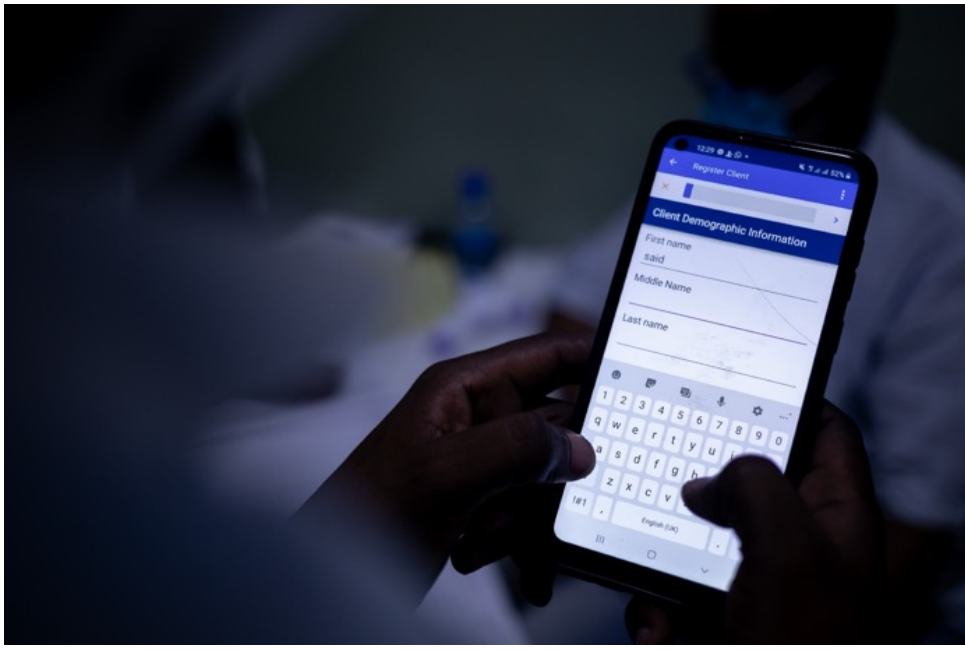
Cross-border collaboration within the Region and with neighbouring regions aimed to improve coordination in response to the pandemic and other public health threats. Joint surveillance and response efforts included training on the use of WHO's risk assessment tool for mass gatherings and guidance for global Islamic observances and festivals such as Ramadan and Eid Al Adha.

There was also a strong focus on risk communication and community engagement (RCCE) to address community perceptions, behaviour, rumours and misinformation. The Interagency RCCE Working Group (IAWG) expanded to over 16 organizations from the UN, international NGOs and academia to provide technical guidance, collective resources and implementation of joint initiatives. Collaboration within IAWG led to the development of a regional guiding framework for risk communication and community engagement for the COVID-19 response in the Eastern Mediterranean Region/Middle East and North Africa by WHO, UNICEF and IFRC. This framework is designed to support staff and responders working with national health authorities and other partners to develop, implement and monitor an effective action plan for communicating with the public and engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during early response to COVID-19.

The RCCE collaboration also augmented the use of timely data-driven planning and communication across the Region. A regional survey of knowledge, attitudes and practices (KAP) undertaken in 23 countries in partnership with UNICEF helped guide the response to pandemic fatigue and complacency among communities, particularly as countries geared up for the COVID-19 vaccine roll-out. A national KAP survey package to support countries in standardizing national data collection and analysis is now in development, and the IAWG is also exploring innovative approaches including social listening and community feedback.

Advancing public health intelligence and health information management

WHO's health emergency information and risk assessment team provided essential support for the COVID-19 response in the Region. Innovative work included the development of a regional COVID-19 model that was run in 11 countries. Results of the model were used to inform decisions on implementing or lifting public health measures, and the team is now exploring how to expand the use of modelling to other aspects of COVID-19 (vaccination) and to other diseases.



Numbers of COVID-19 cases, deaths, recoveries, and hospitalizations were collected daily, and detection capacity was enhanced through the use of tools scanning social media. The implementation of Epidemic Intelligence from Open Sources (EIOS), a media scanning tool developed by WHO, was monitored in Egypt and Oman, and the first COVID-19 cases in Egypt were detected thanks to EIOS. A specific module was developed for the Health Resources and Services Availability Monitoring System (HeRAMS) to track the response to COVID-19.

Meanwhile, work continued on detection and verification of signals and risk assessment of other public health events. Public health situational analyses were conducted on the massive explosion in Beirut and the floods in Sudan, and a total of 99 signals not related to COVID-19 were detected, 84 (92%) of which were verified within 72 hours.

Among other projects, a health cluster response monitoring framework was developed which includes a set of indicators, data collection tools, a regional database and a dashboard. Data for 2019 and 2020 were collected, and two regional briefings and 15 country-specific trainings were organized.

As in many other areas, the COVID-19 pandemic stimulated fruitful collaboration between different technical teams within the Organization to address shared challenges. A major departmental initiative is now under way to develop a regional integrated disease surveillance strategy that will support countries to achieve stronger, more efficient and cost-effective surveillance. A literature review has been undertaken and surveillance systems have been mapped. A paper proposing the new strategy will be presented to Member States at the Regional Committee session in October 2021.

Rising to the challenge of protracted emergencies

In 2020, 8 of the 22 countries in the Eastern Mediterranean Region experienced large-scale humanitarian emergencies (defined as the presence of a UN Humanitarian Response Plan). Strong collective efforts are crucial to respond to these crises, reduce needs and prevent future emergencies.

WHO and its partners recorded some notable achievements during the year. The situation in Yemen has been graded as a protracted emergency

to indicate the need for support to the country's health system, frequent disease outbreaks, a critical food security situation and chronic gaps in health service delivery. In response, the WHO country office is directly involved in health service delivery through many partnerships, including direct support to 72 hospitals. In 2020, more than 90% of children treated for severe acute malnutrition were cured, while the case-fatality ratio for cholera cases was maintained at well below 1%. Both outcomes are well within international standards.

Meanwhile, senior staff from WHO's Emergencies and Health Systems departments undertook a landmark support mission to Somalia to agree on the most effective approach to simultaneously advance health system strengthening, promote health security and ensure a robust ongoing response to humanitarian needs. Although the COVID-19 pandemic delayed implementation of several key recommendations, the mission led to a significant update of the essential service package (ESP) of health services, and set the tone for future collaboration to operationalize the humanitarian-development-peace nexus.

In the Syrian Arab Republic, WHO continued to apply an all-modalities approach through the Whole of Syria structure. The United Nations Security Council (UNSC) resolution that cancelled the cross-border operation to north-east Syria has put additional challenges on WHO to secure the crossline supply of essential commodities and to ensure the delivery of essential services. In response, WHO deployed two full-time international staff to north-east Syria to invigorate the dialogue with health partners and strengthen the health sector response on the ground by providing technical expertise and playing a more active role in health cluster coordination. WHO arranged six road convoys and 13 airlifts covering 45% of the estimated needs for health supplies in the north-east over the course of the year.

A robust cross-border operation was maintained from Gaziantep in southern Turkey into north-west Syria despite the closure of one of the two UNSC-authorized border crossings. In government-held areas of the country, service delivery was supported largely through the support of NGO partners. Across the whole of the country, health sector partners provided an extraordinary 270 221 trauma consultations and 241 423 mental health consultations. The consultation rate of 1.15 consultations per person per year was within international standards.

Responding effectively to acute emergencies

Several countries in the Region faced acute emergencies during the year. The massive explosion in the port of Beirut, Lebanon, in August 2020 killed over 178 people, injured more than 6500, and left 300 000 people homeless, while also severely damaging critical health infrastructure and medical supplies.

WHO's immediate response included the dispatch of 20 tonnes of critical health supplies from the Dubai hub within 26 hours. The Organization subsequently established a strategic plan to help ensure effective coordination. Maintaining COVID-19 activities and other essential health services were key goals, and led efforts to integrate response to the blast and COVID-19 pandemic response efforts.

WHO procured PPE and surgical and trauma kits for hospitals affected by the blast, and supported the national mental health programme in developing awareness materials focused on normalizing the reaction to a traumatic event. Further work included support for the relocation of the damaged warehouse into new premises and the assessment of damaged hospitals.

In Sudan, devastating floods in September 2020 were classified as a Grade 2 emergency, with more than 860 000 people critically affected and more than 181 000 houses damaged or destroyed.

WHO responded swiftly and on a large scale. An incident management system was established at the country and regional levels to coordinate the response and operational support, while technical expertise was provided and resources were mobilized through internal funds and the contingency fund for emergencies (CFE) for a rapid response.

WHO worked with partners and the national authorities to identify health needs, and responded to 128 disease alerts, including diarrhoea, measles, COVID-19 and others. The Organization also supported mobile clinics, provided essential medical supplies and supported urgent action and capacity-building to address the increased risk of waterborne and vector-borne diseases.

Tackling malnutrition during emergencies

Humanitarian emergencies can have devastating consequences for the nutrition of populations. A case in point is child nutrition in Yemen. There were estimated to be around 1.9 million children under 5 with acute malnutrition in Yemen in 2020, including 320 000 with severe acute malnutrition, 32 000 of whom had medical complications.

WHO is responsible for ensuring effective management of severe acute malnutrition with medical complications in Yemen. In 2020, full support was extended to 100 therapeutic feeding facilities across the country, targeting at least 15 185 children. Along with life-saving services, support included preventive measures through extensive counselling for caregivers. WHO covered the provision of medical and non-medical supplies to all therapeutic feeding centres as well as their running costs and referral payments for caregivers to reduce out-of-pocket payments.

In addition, nutrition programmes for emergencies were integrated within regular programmes in Afghanistan, Iraq, Pakistan and Sudan to reach deprived and poor communities affected by natural and man-made disasters. Nutrition capacity in Sudan was boosted by WHO-supported recruitment of field nutrition experts to support nutrition teams in nine states, and training of trainers was conducted for physicians, paediatricians, nurses and nutritionists from 10 states. WHO also undertook capacity-building of health and nutrition staff to support the operation of stabilization centres for the management of severe acute malnutrition and improve the quality of inpatient care.

The ongoing crises throughout the Region threaten to further undermine nutrition and food security in various ways, with the COVID-19 pandemic and related disruption exacerbating the situation. Tackling malnutrition during emergencies will therefore remain a high priority in 2021 and beyond.

Fighting polio while fighting COVID-19

The risk of the international spread of poliovirus remains a Public Health Emergency of International Concern, and that risk was very real in 2020. Polio eradication efforts faced a serious setback during the pandemic, leading to an increase in both case numbers and positive environmental samples in 2020.

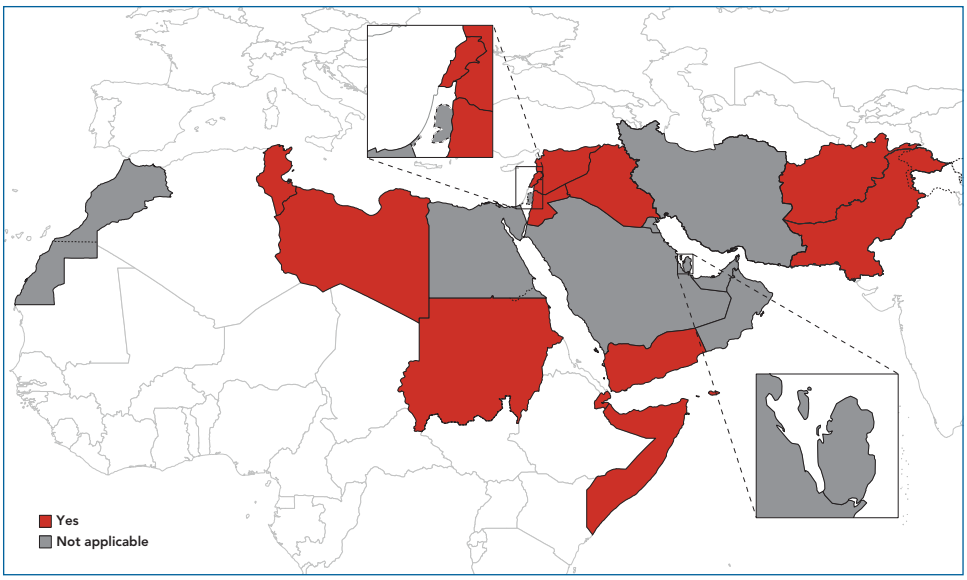
A total of 140 cases were recorded in the two remaining endemic countries, 56 in Afghanistan (almost twice as many as in 2019) and 84 in Pakistan, and as well as being detected in known reservoir areas, circulation expanded to other areas.

Alongside the existing challenges of polio eradication – including reluctance to vaccinate, population movement, threats to the safety of frontline workers and heterogenous, generally low routine immunization coverage – the pandemic entailed additional problems. Vaccination efforts were paused for four months from March to July 2020 while assets were redeployed to help tackle COVID-19 through field and laboratory surveillance, capacity-building, contact tracing, data management and more. (see Map 1).

While this experience demonstrated the value of polio personnel and infrastructure in pandemic response in most countries and territories of the Region, it came at a cost.

Almost 80 million vaccination opportunities were missed in the Region, affecting approximately 60 million children and resulting

Map 1
Use of polio assets to support the COVID-19 response in the Eastern Mediterranean Region, 2020



in significant immunity gaps. Polio surveillance and reporting were unavoidably impacted through lockdowns and movement limitations on polio surveillance staff and problems shipping samples to reference laboratories. Contingency plans were developed for shipment of specimens to other laboratories in the global polio laboratory network, and a hub was established in Dubai to ensure distribution of laboratory supplies across the Region, but these temporary delays resulted in the late detection of outbreaks of circulating vaccine-derived poliovirus (cVDPV) in Sudan and Yemen.

Polio immunization campaigns resumed in July 2020 under a totally new protocol, with vaccinators and social mobilizers equipped with PPE and using no-touch or minimal-contact techniques to minimize the chances of COVID-19 transmission. Local staffing for frontline work was implemented to ensure that polio campaigns did not introduce COVID-19 into new areas. Robust new supply chains, information and education initiatives and staff testing protocols underpinned the return of the campaigns. By the end of 2020, almost 68 million children in the Eastern Mediterranean Region had received at least one dose of polio vaccine through supplementary immunization activities.

From the evidence so far, polio eradication efforts have bounced back successfully. As of August 2021, just one case of wild poliovirus has been reported from each of Afghanistan and Pakistan in 2021. This presents an unprecedented epidemiological opportunity to stop polio for good.

But while the reduction in transmission of wild poliovirus in 2021 is promising, a single case is one too many. Eradication work now faces further complications from increased population movements as a result of displacement from Afghanistan. The programme remains focused on ensuring high-quality campaigns that reach every child, including newly accessible children in Afghanistan, while maintaining and further strengthening surveillance.

Tackling cVDPV

Circulating vaccine-derived polioviruses continued to spread rapidly in the Eastern Mediterranean Region in 2020, constituting a deepening emergency. Outbreaks of cVDPV2 continued in Somalia and Pakistan, and additional cVDPV2 outbreaks were detected in Afghanistan and Sudan. A total of 515 cVDPV2 cases were reported across the Region (308 in Afghanistan, 135 in Pakistan, 14 in Somalia and 58 in Sudan). In Yemen, 29 cVDPV1 cases were reported during the year (data as of 9 March 2021).

Furthermore, VDPV2 isolates were found in environmental samples in the Islamic Republic of Iran that were related to viruses seen in Afghanistan and Pakistan, while a sample collected in Giza, Egypt, was linked to transmission in Sudan, highlighting the risk of international spread of the virus to other countries. Based on risk assessment and poliovirus epidemiology, the Syrian Arab Republic is classified as being at very high risk of outbreak, and Djibouti, Iraq and Libya and are at high risk (see Map 2).

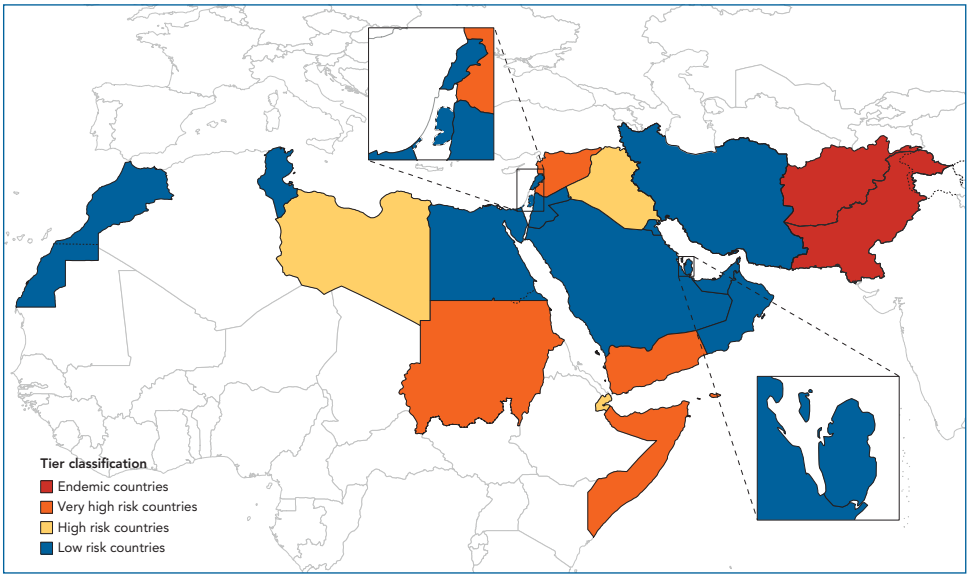
WHO is providing technical and logistic support to these countries to implement supplementary immunization and surveillance activities. Sudan successfully conducted two nationwide vaccination responses to cVDPV2; Yemen responded to cVDPV1 transmission with one nationwide vaccination campaign and two rounds of integrated vaccination outreach in Sa'adah, the epicentre of the current outbreak; and an outbreak of cVDPV3 detected in Somalia in 2018 was successfully stopped with no international spread and declared closed after careful analysis of available data.

The epidemiological field and molecular data demonstrates shared transmission of cVDPV2 between Member States of the WHO Eastern Mediterranean and Africa regions, mainly between Somalia–Ethiopia–Kenya and Chad–Sudan–South Sudan–Egypt. Some Horn of Africa countries are Member States of WHO's African Region while others are members of the Eastern Mediterranean Region, so it is important to have a mechanism to regularly coordinate in surveillance and immunization activities, including laboratory testing of specimen and vaccination activities.

The increased burden of cVDPV outbreaks across the Region spurred WHO and its sister agency UNICEF to establish a regional Incident Management Support Team (IMST) to reinforce preparedness and response to polio outbreaks and streamline coordination between WHO, UNICEF and GPEI structures and partners during the response.

In 2020, the IMST supported a rapid and more joined-up response to VDPV detections with outbreak response planning, surge support,

Map 2
Countries of the Eastern Mediterranean Region categorized by risk of polio outbreak



increased surveillance, resource mobilization, communication, vaccine procurement and implementation of vaccination campaigns. The IMST mechanism better enabled the regional polio programme to request and benefit from the joint leadership and support of WHO and UNICEF's regional directors.

A further major boost in the fight against VDPV came in November, when novel oral polio vaccine type 2 (nOPV2) received an interim recommendation for use under WHO's Emergency Use Listing (EUL) procedure. As with wild poliovirus, outbreaks of cVDPVs are stopped by ensuring every child is reached with oral polio vaccine through high-quality immunization campaigns that close immunity gaps, and nOPV2 is more genetically stable than its predecessor. Efforts are ongoing to support countries towards readiness for use of nOPV2 in outbreak response campaigns, and Egypt is now preparing to implement two nationwide rounds with the new vaccine.

Improving support for polio eradication and transition

Transfer of essential public health functions to the government health system is the ultimate goal of polio transition, and the pandemic did not preclude significant action to improve polio eradication and transition in the Region in the longer term. Eight countries – Afghanistan, Iraq, Libya, Pakistan, Somalia, Sudan, the Syrian Arab Republic and Yemen – have been prioritized for transition planning activities, but polio transition activities remained held back in the two endemic countries to enable focus on interrupting WPV1 transmission in Afghanistan and Pakistan. Outbreaks of vaccine-derived poliovirus in Somalia, Sudan and Yemen, coupled with the COVID-19 pandemic, delayed the transition planning process in the Region, as the priority in these countries is stopping cVDPV outbreaks. However, Iraq and Sudan were able to make some progress in their integration and transition plans in 2020, while others are aiming to finalize their transition plans and progress in its implementation by end of 2021.

The success of polio infrastructure support for the COVID-19 response led to the idea of integrated public health teams (IPHTs) as an interim approach to sustain support to countries until essential functions are

integrated into the national public health systems. Through this approach, WHO country-level programmes will integrate to strengthen broader public health services, including essential immunization, surveillance and emergency response capacity in priority countries. The Regional Steering Committee on Polio Transition endorsed the IPHT approach in the transition priority countries, with Somalia, Sudan and Yemen likely to be the first to adopt this approach.

The programme continues to support efforts to deliver polio vaccines within a broader package of basic health services and recognizes broader community needs in areas vulnerable to polio transmission. It is working to ensure that polio essential functions continue while polio infrastructure is used for larger public health goods.

Meanwhile, the Global Polio Eradication Initiative (GPEI) has been working to finalize a new strategy following a review of its governance and management structures and processes which engaged donors, governments, external experts, adjacent health workers, in-country teams, and global and regional-level representatives of the six partner agencies throughout 2020.

The GPEI Hub to support the Afghanistan and Pakistan programmes, which launched in September 2019, is now largely operational, staffed by technical experts from across the GPEI partnership with just a few positions still pending recruitment or relocation. The new GPEI strategy envisages greater regionalization of the global programme, and the GPEI Hub is on its way to becoming a robust partnership platform in the Region to support the two endemic countries.

Galvanizing high-level commitment and action

Momentum to galvanize the fight against polio culminated in the establishment of a regional Subcommittee for Polio Eradication and Outbreaks through the adoption of resolution EM/RC67/R.4 at the 67th session of the WHO Regional Committee in October 2020.

This is an important expression of collective commitment among all countries of the Region to eradicate all polioviruses. The new Subcommittee brings together health ministers from many WHO Member

States of the Region to advocate for and champion polio eradication. It will support the remaining wild poliovirus-endemic and polio outbreak-affected countries in the Region in their intensified polio eradication efforts, and help to facilitate polio transition.

Sustained high-level commitment will be crucial in securing a polio-free world. Inevitably, GPEI funding is becoming more limited as the polio endgame nears, and financial resources have been further depleted by cVDPV2 outbreaks across the African and Eastern Mediterranean regions. The status quo of programmes heavily funded by the GPEI is no longer tenable, and so more support from domestic sources is needed. The pivot to COVID-19 has demonstrated the value of the polio network and infrastructure and showed what successful integration might look like. Now, the onus is on the programme to build on this success and work towards full transition and integration with national health services.

Expanding universal health coverage

Globally and in the Eastern Mediterranean Region, WHO is committed to expanding universal health coverage (UHC) so that everyone can access the high-quality services they need without financial hardship.

UHC was seriously impacted by the COVID-19 pandemic in 2020. Health systems were put under extreme pressure, immunization campaigns were compromised and many other essential health services were disrupted.

However, WHO was able to draw on extensive skills and knowledge from dealing with other emergencies. An essential health services pillar was established within the regional IMST to galvanize the response in this critical area. The impact of the pandemic was rapidly assessed through surveys and close contact with countries, partners and other stakeholders. Innovative approaches to service delivery such as digital platforms were supported and documented. And WHO also strove to continue longer-term work to strengthen health systems and improve the prevention and control of diseases.

Promoting primary health care

WHO aims to make primary health care (PHC) based on family practice the core of health provision, so that people can access the health services they need within their communities. That was particularly challenging in 2020, since although the COVID-19 response increased the overall level of resources for health, attention and resources were focused largely on response efforts in hospital settings, especially during the early stages of the pandemic.

Efforts to support a more effective response at PHC level included a major project with other UN agencies and the World Organization of Family Doctors to develop a free-of-charge online training course on managing COVID-19 in PHC settings which has attracted more than 60 000 registrants so far.

WHO also conducted two studies on the role of private sector health providers during the pandemic. These will feed into a wider series of research reports on the private health sector that are being developed as part of ongoing efforts to better harness the sector to advance UHC in the Region.

Meanwhile, longer-term initiatives to strengthen PHC as part of more resilient health systems progressed despite the pandemic. WHO is collaborating with partner UN agencies including UNICEF, UNFPA, UNAIDS and UNHCR under the auspices the Global Action Plan for Healthy Lives and Well-being for All to prioritize implementation of PHC-oriented models of care, and also working closely with three countries – Pakistan, Palestine and Sudan – to develop a model of care approach that is not only suitable for each country context but supports the development of regional guidance for implementation.

Work on an initiative to systematically measure and improve PHC in countries of the Region included the publication of the first group in a series of profiles giving reliable, comparable information on PHC in different countries.

WHO also continued working to enhance implementation of the WHO regional professional diploma in family medicine as a bridging programme to upgrade the skills of general physicians. Negotiations began with the Arab Board of Health Specializations to develop a major collaboration to improve capacities in public health and community medicine and enhance postgraduate training in the Region. Working

together, WHO and the Arab Board can secure a favorable environment and wider professional acceptance for the introduction of the regional diploma. A two-year version of the Diploma will launch in October 2021.

Fostering good governance and health financing

The pandemic highlighted the critical importance of strong leadership from the highest levels of government to galvanize necessary action across all sectors and ensure effective preparedness and response.

WHO strove to provide trustworthy, objective guidance to support informed decision-making, The regional team published a policy brief reviewing the potential economic and social impacts of the pandemic in the Region and identifying strategic actions through which policy-makers could address them at the national and subnational levels.

Meanwhile, health financing experts from all three levels of WHO collaborated to develop guidance to help countries adapt and respond to the challenges brought by the pandemic through a series of blogs on priorities for the health financing response, public financial management and strategic purchasing.

And even with severe capacity and resource constraints due to COVID-19, WHO sought to turn the increased demand for stronger health system governance into an opportunity for longer-term progress. A regional diagnostic/mapping tool and data dashboard for health

system governance were implemented in six countries of the Region; regional capacity-building tools were developed to strengthen local health authorities for health policies, planning and health decision-making, for roll-out from 2021 onwards; and several other products are in development.

Health financing progress matrices (HFPM) assessments have now been initiated in 21 countries of the Region to develop in-depth, standardized qualitative assessments of health financing, and technical support was also provided for institutionalization of health accounts in several countries.

Improving access to essential medicines and treatment

The pandemic highlighted the vital importance of ensuring equitable access to essential medicines and vaccines. WHO supported countries to ensure the early availability and accessibility of diagnostics, treatments and vaccines (as discussed in more detail in Chapter 1 of this report).

WHO Member States in the Region also used the extraordinary momentum as a springboard for potentially radical longer-term changes with the launch of a new regional strategy to improve access to medicines and vaccines.

The new strategy was developed through extensive consultation with national focal points, and endorsed at the 67th session of the WHO Regional Committee in October 2020. It is designed to support coordinated action by WHO, Member States and partners across a range of areas, from governance and policy-making through to regulation, funding, pricing and distribution.

Based on the strategic objectives and priority actions proposed in the regional strategy, WHO supported the updating of national essential medicines lists and provided technical assistance to improve national supply chain management systems and strengthen the capacities of national regulatory authorities (NRAs) in several countries of the Region. As a result, all countries of the Region were able to register the first vaccines allocated through the COVAX facility within 15 days. Lebanon, Libya and Kuwait became full members of the WHO Programme of International Drug Monitoring (PIDM), increasing the membership from the Region to 16 countries.

Improving the local production of medicines and vaccines is a major concern. WHO and its partners are seeking to expand the capacity of Member States to produce vaccines, including COVID-19 vaccines to bring the pandemic under control, by establishing a regional action plan, and the strategy also includes a landmark commitment to establish a regional mechanism for pooled procurement or joint purchasing of pharmaceuticals and vaccines. A regional technical advisory group will be established to help implement this and other recommendations in the strategy.

The year also saw significant activities to improve blood supply and safety in the Region. WHO's regional team and partners organized webinars on managing blood during the pandemic, and collaborated to ensure the delivery of essential supplies for patients with thalassemia and hemophilia in Afghanistan, Iraq, Lebanon, Pakistan, the Syrian Arab Republic and Yemen.

WHO also produced an assessment of the impact of COVID-19 on blood supply and safety in the Region, and contributed to the development and implementation of WHO interim guidance on maintaining a safe and adequate blood supply during the pandemic.

Supporting and strengthening the hospital sector

WHO's strategic aim is to strengthen hospitals as part of integrated, people-centred health services in the Region. Implementation of a new regional strategic framework got under way during 2020 with work to develop several related tools and reports, including comprehensive guidance to assist countries in developing a transformative strategic plan for their hospital sector, detailed profiles of the hospital sector in different countries and the first phase of a project to develop a set of indicators to enable standardized assessment of hospital performance.

However, supporting the pandemic preparedness and response inevitably became the overriding priority. WHO developed simple, user-friendly checklists to help providers of pre-hospital and hospital services prepare for the pandemic. The checklists were trialed successfully in three countries and are now being made available in Arabic, French and English.

WHO also conducted a comprehensive study of hospitals' experiences in combating COVID-19 in the Region, and contributed to the development of the assessment tool to assess the financial impact of COVID-19 on hospitals.

Enhancing the quality of care and patient safety

The COVID-19 pandemic brought unprecedented attention to health, hygiene and infection prevention and control, providing an opportunity to promote safety and hygiene to a wider audience. WHO capitalized on that momentum with assertive global and regional campaigns around World Patient Safety Day, which emphasized the need to protect the health workforce, and World Hand Hygiene Day.

There was also notable progress in longer-term efforts to enhance the quality of health services and ensure the safety of patients and other service users through the flagship Patient Safety-Friendly Hospital Initiative and other work. WHO published a fully updated edition of its main resource for health facility managers in this area, *The patient safety assessment manual*, and supported its rollout with a series of virtual

workshops. A supplement to the manual covering patient safety during the pandemic is in development.

Work is now under way on tools to build on the experience of patient safety friendly hospitals and improve the safety of patients and other users in primary health care settings. This will be a priority in 2021 and beyond.

Celebrating and supporting the health workforce

Before COVID-19 was first reported in China, 2020 had already been designated by the World Health Assembly as the International Year of the Nurse and the Midwife. While the pandemic somewhat overshadowed plans for the year, it also reinforced the importance of skilled health care professionals. The shortage of health workforce in the Eastern Mediterranean Region was more evident than ever, as were the exhausting but critical work that health professionals do, the risks they face and the sacrifices they make to serve their communities.

Alongside urgent efforts to ensure that workers had PPE and other supplies, WHO supported countries of the Region to manage and mitigate the health workforce impacts of the pandemic. Surveys were undertaken to better chart and understand its impact on the education of health professionals and on the role and responsibilities of nurses in primary care, and interim guidance was developed to advise countries on health workers' response to COVID-19.

Efforts to implement longer-term programmes continued despite the disruption. A series of webinars and a conference were jointly organized under the auspices of the Asia Pacific Action Alliance on Human Resources for Health, facilitating the timely exchange of information and experience among countries of WHO's Eastern Mediterranean, South-East Asian and Western Pacific regions. Labour market analysis and health workforce strategic planning progressed in several countries, and extensive work to improve information included the production of a series of new country health workforce snapshots. There was also strong collaboration with the International Organization for Migration (IOM) on engaging the diaspora to address health workforce challenges and a joint publication on diaspora engagement in the Region was developed with partners at the IOM.

Looking ahead, 2021 will mark the International Year of Health and Care Workers, reinforcing work to support the health workforce response to COVID-19 and build resilient health workforce for universal health coverage and health security in the Region. The COVID-19 pandemic has highlighted the urgent need to address health workforce shortages and to build surge capacities for emergencies as well as strengthening capacities for health workforce regulation.

Developing health system resilience in emergencies

WHO in the Eastern Mediterranean Region has developed unique experience of dealing with health systems in emergency settings. That experience was particularly relevant during 2020. The Organization undertook extensive work to ensure effective support for migrants, internally displaced populations and other vulnerable groups during the pandemic. Among other things, this included developing regular situation reports on the Regional COVID-19 Crisis Management Group, Humanitarian Settings and Vulnerable Populations Working Group, Health of Internally Displaced Persons, Refugees, Migrants, Returnees and COVID-19 and WHO interim guidance on health system response to COVID-19 in the context of internally displaced persons, refugees, migrants and returnees in the Eastern Mediterranean Region.

A key feature of this work was close collaboration with partner UN agencies and other stakeholders. WHO cochaired a Regional Taskforce on COVID-19 and Migration/Mobility with the IOM and continued to work with partners at regional level, including through establishment of the Working Group on Response to COVID-19 Outbreak in Humanitarian Settings and Vulnerable Populations, under the Regional COVID-19 Crisis Management Group.

The IOM and WHO regional directors issued a joint press statement to promote the inclusion of displaced populations and migrants within UHC, while a roundtable discussion on expanding UHC among refugees and migrants was co-organized by WHO, the IOM, the United Nations High Commission for Refugees (UNHCR) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

Beyond the pandemic, achievements included the publication of a new implementation guide for health systems recovery in emergencies, and work is under way to develop a major series of publications which will be launched in 2021. These will focus on the humanitarian-development-peace nexus, a new way of working to improve coordination and complementarity among diverse actors in emergency settings.

Tackling communicable diseases during the pandemic

The control and elimination of communicable diseases through prevention, care and treatment must be a core part of efforts to achieve UHC in the Eastern Mediterranean Region. Prevention includes immunization and other strategies, while testing and treatment can cure patients or decrease the rate of complications, greatly improving their quality of life.

Many countries of the Region have made great progress in tackling communicable diseases in recent decades, with vaccine coverage often exceeding 80% alongside many other examples of good practice in the detection and treatment of various diseases.

However, the Region overall is still not on track to meet all global communicable diseases targets. Immunization coverage is below the global target of 90% in many countries; too many cases go undetected; and even when patients are diagnosed, all too often they do not receive the treatment they need because of deficiencies in the supply of medicines or trained staff, or other barriers such as stigma.

Addressing these challenges requires sustained action to embed effective prevention, diagnosis, treatment and management within integrated health systems, especially within PHC. Unfortunately, the COVID-19 pandemic disrupted this ongoing work. Immunization campaigns were

interrupted, surveillance capacities and other resources were diverted, and many people faced barriers in accessing services.

But the pandemic also spurred huge investment in essential public health infrastructure including laboratories and provided an opportunity to innovate. Capacity-building efforts that had been under way for many years gained new momentum as WHO and partners scaled up to deal with the urgent challenge. As such, the COVID-19 response could become a springboard for enduring health gains.

Getting immunization back on track

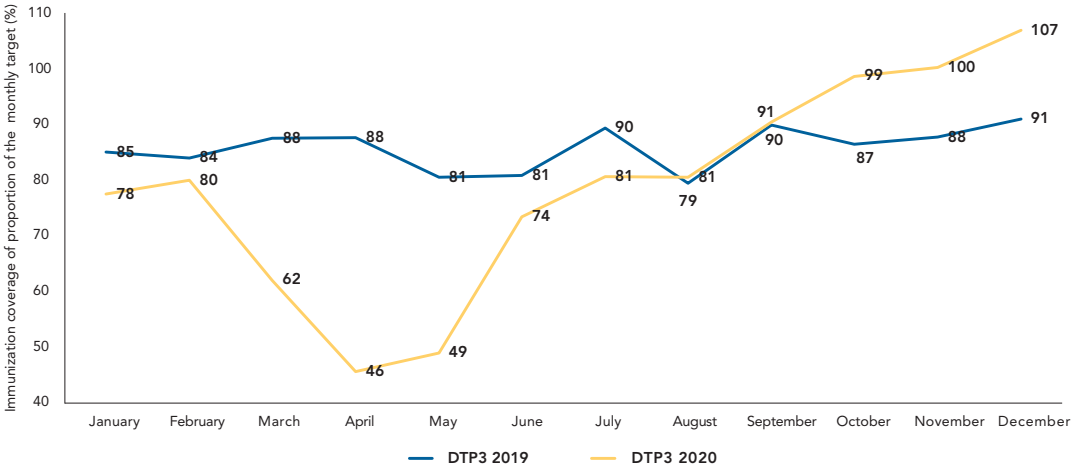
Prior to the pandemic, the Region was making progress in vaccination coverage. Coverage of the third dose of diphtheria-tetanus-pertussis (DTP3) increased from 80% in 2015 to 85% in 2019, and despite a modest 2% increase in the annual target cohort, the number of children receiving zero dose of vaccine fell by 26% during this period.

However, the onset of the pandemic severely compromised programmes in the first half of 2020, with vaccine-preventable disease surveillance, supply chains and service delivery all impacted. DTP3 coverage dropped to 81% in 2020 with an increase of over half a million zero-dose children. Apart from COVID-19 vaccine, no new vaccines were introduced in any national immunization programme after February 2020. As of August 2021, around half the annual cohort of children in the Region do not have access to pneumococcal and rotavirus vaccine, and around 7.5 million girls miss out on human papillomavirus (HPV) vaccine.

Countries started restoring routine immunization services during the second half of the year. WHO guidance helped them to develop their own standard operating procedures and plans to reestablish immunization services with appropriate IPC measures. Support from national governments and international partners ensured the supply of necessary PPE, helping to protect health workers and build their confidence, and 1.6 million more children were vaccinated with DTP3 in the second half of 2020 than in the first half of the year (see Fig. 3).

Fig. 3

Average national DTP3 monthly coverage in high-priority countries of the Eastern Mediterranean Region, 2019 and 2020



Note: High-priority countries for DTP3 immunization in the Region include Afghanistan, Iraq, Jordan, Pakistan, Somalia, the Syrian Arab Republic and Yemen.

WHO's regional team developed a tool to chart the impact of the pandemic on different functions of national immunization programmes and kept in close contact with Expanded Programme of Immunization (EPI) teams in nine priority countries through virtual monthly meetings.

Countries made special interventions to reach children who had been missed during the service disruption, guided by the WHO framework on decision making for Supplemental Immunization Activities (SIAs) during the pandemic.

Looking ahead, the immunity gap resulting from service disruption may lead to potential outbreaks of vaccine-preventable diseases unless further targeted interventions are considered. This will require additional financial and technical resources in most countries. WHO is now working to support such efforts alongside the roll-out of COVID-19 vaccines and longer-term efforts to strengthen health system resilience for future pandemics.

Enhancing public health laboratories

The pandemic highlighted the importance of health laboratories. The Region needs resilient and flexible laboratory systems that can adapt to surge situations and scale up capacities in emergencies while meeting population health needs and infectious disease surveillance and control functions during normal times.

There is still some way to go to reach that goal. Fourteen countries in the Region lack a national laboratory policy; biosafety and biosecurity are weak, with too little regional expertise in biological safety cabinet certification and shipping infectious substances. More support is needed to introduce new laboratory technologies, in particular sequencing and related data management, analysis and interpretation.

The COVID-19 response led to a huge effort to scale up laboratory capacity. WHO worked closely with national focal points to support effective laboratory testing as part of the pandemic response. Countries were supported to leverage their existing capacities, and WHO also provided online training and regional guidance on implementing SARS-CoV-2 PCR diagnostics, distributed emergency diagnostic kits and undertook support missions to three countries. Following the emergence of variants of concern for SARS-CoV-2, countries developed their capacity to sequence the genome of the virus.

Meanwhile, work also continued to build capacities for the longer term. For example, eight laboratory managers from the human and animal health sectors in Pakistan undertook the Global Laboratory Leadership Programme.

An essential next step is to add stronger foundations so that the progress made during the pandemic is maintained in the long term through sustainable health laboratory systems. To achieve this goal, the Region will need sustained advocacy, commitment, resources and efforts from all stakeholders. Recognizing this, and keen to build on the momentum created by the pandemic, at its 67th session in October 2020 the Regional Committee extended the time frame for implementation of the regional strategic framework for strengthening health laboratory services by three years, from 2016–2020 to 2016–2023.

Tackling antimicrobial resistance and strengthening IPC

The fight against antimicrobial resistance (AMR), including through the implementation of effective IPC, requires engagement from many stakeholders and collaboration between the human and animal health, agriculture and environment sectors. All too often, it receives only limited political support and resources. The COVID-19 pandemic affected AMR in two ways. On the one hand, the irrational use of antimicrobials, including broad-spectrum antibiotics, exposed the world to aggravated AMR threats. However, the pandemic also demonstrated that the costs of not investing in IPC are enormous.

The Region has made substantial progress in tackling antimicrobial resistance, starting with documentation of the problem. Countries received intensive technical support to enhance the collection, aggregation, validation and uploading of AMR data to the WHO Global Antimicrobial Resistance Surveillance System (GLASS), leading to a significant year-on-year increase in reporting from 15 to 18 countries despite the pandemic. A clearer picture is now emerging on the regional situation. For example, among countries reporting in 2019, the median proportion of bloodstream infections caused by carbapenem-resistant Acinetobacter species (CRAsp) was 70.3%. Data collected by WHO in the Region also show the weakness of antimicrobial stewardship programmes to prevent the emergence of resistance and the limited capacity in IPC to prevent spread.

The pandemic reminded all countries of the importance of IPC. WHO provided extensive support to countries to strengthen their IPC responses to the pandemic in terms of both national policy and health care facility-level practice. This included undertaking 11 country missions; assisting eight countries to update national IPC guidance and policies; and developing 12 guidance documents as well as a wide range of promotional materials, many of which were translated into Arabic. Eight thousand health care professionals were trained in IPC in the context of COVID-19.

Working to end tuberculosis (TB)

According to WHO estimates, the fight against TB in the Region is facing major challenges. In 2020, there were 821 500 cases in the Region – approximately 8% of the global burden – compared with 819 000 in 2019. The Region also accounted for nearly 8% of the global burden of resistant TB, with 34 500 estimated incident cases.

The gap in case detection widened to 48% in 2020 from 39% in 2019, while treatment coverage (notified cases/estimated incidence) decreased from 65% in 2018 to 52% in 2020. Barely 11% of estimated multidrug- and rifampicin-resistant (MDR/RR-TB) cases were treated in 2020, compared with 16% in 2019. Approximately 74% of missed MDR/RR-TB cases were in Pakistan.

Progress in implementing TB-preventive treatment has been slow in most countries, with a focus on children under 5 years of age and household contact of bacteriologically confirmed TB cases. There are insufficient domestic funds available to implement TB activities, leaving many countries dependent on international funding.

The low rates of detection/notification in the Region constitute a major missed opportunity, given that treatment success rates of 91% and 64% were achieved in 2019 among drug-sensitive and drug-resistant TB cases, respectively – the highest rates of any WHO region.

Furthermore, the COVID-19 pandemic has jeopardized recent global progress in the fight to end TB. WHO modelling suggests that there will be hundreds of thousands of additional TB deaths around the world between 2021 and 2025 due to drops in TB notifications and difficulties for patients in accessing TB care. The pandemic drove down case notification in the Region by approximately 35% in 2020 compared to 2019, and reduced treatment enrolment in most countries. However, WHO maintained close collaboration with national TB programmes to ensure continuity of TB services during the pandemic, and countries were able to continue delivering TB medicines to patients and ensure the provision of services.

There was also some progress towards longer-term goals. Most countries adopted the WHO guidelines on drug-resistant TB treatment, which will lead to major improvements in treatment outcomes and quality of life for patients with multidrug resistant TB. High-priority countries developed

and updated their national strategic plans to end TB with the support of WHO's regional team and in collaboration with partners. Many have adopted the multisectoral accountability approach.

Going forward, WHO is seeking to build on these gains through a new regional strategy to reach the goals and targets in the global End TB Strategy and the Political Declaration of the UN General Assembly High-level meeting on the Fight against Tuberculosis. Several countries of the Region could move towards TB elimination under a regional guiding framework for countries eligible in 2022 and 2023, and TB prevention and care efforts will yield better results through a more integrated and people-centred approach.

Innovating to fight malaria and other vector-borne diseases

The Region is reporting increasing trends in vector-borne diseases, particularly *Aedes*-borne diseases. An increasing number of countries are reporting the presence of these vectors, which are also expanding from urban to rural areas. There were an estimated 5.2 million cases of malaria in the Eastern Mediterranean Region in 2019, and the burden is likely to have increased in 2020 because of the impact of COVID-19, moving the Region even further off track from achieving related targets of the Sustainable Development Agenda by 2030.

The pandemic hampered many aspects of work to tackle vector-borne diseases. Logistical challenges led to delays in distributing bed nets and implementing spraying campaigns, and attendance figures at health facilities dropped significantly in the first two quarters of the year.

However, through swift action many challenges were successfully addressed. WHO's regional malaria and vector control team worked proactively with field staff, countries and partners to support service delivery. PPE and other supplies were dispatched across the Region from WHO's Dubai hub, and most planned programme activities were implemented.

Afghanistan reached a major milestone as close to 100% of malaria cases were confirmed, and despite logistical challenges and delays, more than 12 million long-lasting insecticidal nets (LLINs) were distributed in malaria-endemic countries, thanks to courageous and hard work by health staff in the field and support from all partners. WHO recommendations helped to

ensure the safe distribution of LLINs during the pandemic, contributing to the attainment of 40% operational coverage across the Region during the year.

Furthermore, as in many other areas of WHO's work, the pandemic stimulated new approaches which may offer long-term benefits. Frequent and in-depth contact through online technologies proved a more efficient way of providing capacity-building and technical support than traditional in-person meetings. It also facilitated participation from a wider range of partners and stakeholders. The programme will seek to build on this experience in the coming years to improve the impact of malaria interventions and build a more sustainable regional resource base.

Combating HIV, hepatitis and sexually transmitted infections (STIs)

The Region is far behind in achieving the global targets for HIV and hepatitis, and very weak in its STI response. In 2020, WHO and UNAIDS estimated that there were 420 000 persons living with HIV (PLHIV) in the Region, including 41 000 new infections and 16 000 deaths – which represented increases of 43% and 45% respectively since 2010.

Of the 15 million people that were living with hepatitis C virus in 2015, 37% had been diagnosed and 33% received treatment, while only 14% of the 21 million with hepatitis B had been diagnosed and 2% received

treatment. In 2020, 12 million people were living with hepatitis C virus and 18 million with hepatitis B virus. Progress in the hepatitis C response at the regional level is mostly due to the outstanding efforts by Egypt towards eliminating hepatitis C. Egypt's 100 Million Healthy Lives initiative has set a standout example for mass testing for and treatment of hepatitis C and scaling up all key interventions towards achieving elimination of hepatitis B and C.

Meanwhile, STIs were still prevalent, with chlamydia estimated at 0.65% (general population prevalence), trichomoniasis at 2.4%, gonorrhea at 0.65% and syphilis at 0.7%, and STI programmes, surveillance and services remained weak and fragmented.

The available data do also offer some encouraging signs. The Region moved close to achieving the global target for 2020 of 90% coverage with the third dose of hepatitis B vaccine – coverage reached 82% in 2019.

COVID-19 threatened to roll back gains made to date, putting the Region even further behind achieving global targets in relation to these diseases. Under pillar 9 of the COVID-19 response, WHO maintained close contact and coordination with country stakeholders to ensure continuity of HIV and hepatitis services during the pandemic. This resulted in good practices, including adaptation of policies towards multi-month dispensing of antiretrovirals (ARVs), take-home doses of methadone and partnership with civil society to ensure continued engagement with service users. WHO's regional team is now looking to build on this experience and support the development of more integrated services for the longer term.

Progress in tackling neglected tropical diseases (NTDs)

There was welcome progress in the fight against NTDs in the Region in 2020. Although COVID-19 disrupted community interventions, several countries managed to conduct mass drug administration (MDA) – a critical intervention to achieve elimination of NTDs amenable to preventive chemotherapy. Overall, more than 13.9 million people were treated through MDA during the year. (32% of the targeted population). Unfortunately, however, Iraq, Pakistan, Sudan and the Syrian Arab Republic could not conduct MDAs, and 26.8 million people missed the opportunity to receive preventive chemotherapy.

More than 83 224 lifesaving treatments were delivered for the management of individual cases of NTDs during the year, thanks to improved coordination between WHO and relevant pharmaceutical partners and the efforts of dedicated health workers. Compared with 2019, there was no substantial reduction in reported leprosy and visceral leishmaniasis cases in the Region, but there was a 32% reduction in reported cutaneous leishmaniasis cases.

Under WHO's medicine donation programme, countries received cost-free treatment for leprosy and visceral leishmaniasis. In Somalia, pregnant women and children, the most affected segments of the population, had been unable to receive treatment for visceral leishmaniasis due to the unavailability of safe and effective medicine, but following training, AmBisome will now be available free of charge, with clinicians receiving virtual clinical management training in how to use it.

Efforts against NTDs are set to be further boosted through engagement with two new WHO collaborating centres. The Dermatology Department of La Rabta Hospital, Faculty of Medicine, University of Al Manar 2, Tunis, Tunisia, was designated as a new WHO collaborating centre for the case management of cutaneous leishmaniasis. As the Region carries the highest global burden of this disease, the new centre will play a critical role in supporting needed improvement of countries' clinical management capacities. In addition, the designation of the Theodor Bilharz Research Institute (TBRI), Giza, Egypt as a WHO collaborating centre for schistosomiasis control will facilitate schistosomiasis elimination efforts globally. TBRI has more than 40 years of expertise in clinical management, research and training in the field of schistosomiasis.

Maintaining essential services for NCDs

The prevention, control and management of noncommunicable diseases (NCDs) were seriously impacted by the pandemic. More than 150 million people in the Region live with NCDs, and a WHO rapid assessment of NCD service delivery in May 2020 found worrying levels of disruption in the 19 countries and territories of the Region that responded to the survey.

While a majority of countries (63%) had included NCD services among the essential services to be maintained under their COVID-19 response plans, in most countries staff had been redeployed or reassigned away from NCDs to help fight the pandemic. Ministries of health reported that many services had been affected, including cancer treatment, hypertension management, diabetes management and urgent dental care, among others.

WHO worked with countries and partners to identify and fill gaps in these essential services. The regional NCD surveillance team monitored service provision in all countries and provided technical support to some countries to help them conduct their own detailed assessments and develop service continuity plans.

As in other areas of health policy and provision, the pandemic spurred novel solutions in NCD service delivery such as telemedicine and

mHealth. WHO documented these systematically and developed a web page to showcase some prominent examples, as part of efforts to foster innovation during the pandemic response and beyond. Support was also provided to ensure the maintenance of services and the supply of essential medicines, for example the supply of essential diabetes medicines for people with diabetes in Afghanistan, Djibouti, Somalia, Sudan and the Syrian Arab Republic.

Strengthening tobacco control

WHO's regional tobacco control team were quick to address the challenges of the pandemic. A regional publication on *Tobacco and waterpipe use increases the risk of COVID-19* was the first document on COVID-19 and tobacco produced anywhere within the Organization, and a wide range of other information materials were subsequently developed and made available via a dedicated webpage.

This and further advocacy efforts helped to galvanize an impressively strong response in countries of the Region, with 17 banning waterpipe use in public places as part of their risk mitigation measures. To support further action and ensure an informed policy response, WHO produced 22 country-specific policy briefs for private circulation among ministries of health, and also worked to document country experiences and best practices.

The tobacco control and NCD surveillance teams worked together to develop a rapid assessment tool for country-level research to support tobacco control and its policies during and beyond the COVID-19 pandemic, and the tool was rolled out to countries in December 2020.

Meanwhile, longer-term tobacco control activities continued despite the disruption engendered by the pandemic and associated restrictions. Meetings and workshops that would have been in-person events in previous years were reconfigured as wholly or partially virtual meetings, and WHO also facilitated webinars in several countries and fostered collaboration through instant messaging networks that included government officials, nongovernmental organizations (NGOs), tobacco control advocates and researchers.

Looking ahead, a major focus will be institutionalizing the gains that have been achieved during the pandemic. Unfortunately, there are already signs that bans on waterpipe use in indoor public spaces are

being relaxed. This is contrary to public health, and it if was possible to introduce controls as a temporary measure, it should be possible to make them permanent.

Supporting mental health

The upheaval during the pandemic put people under immense and unprecedented pressure. Supporting mental health was therefore an urgent concern. WHO produced extensive resources to help individuals, families and communities across the Region cope with the stresses, and also worked closely with countries and partners to support service delivery.

The centrepiece of efforts to provide direct support was a mental health and psychosocial support platform. This innovative online tool helped users to assess their psychological well-being, offered advice on stress management and substance use, and provided contact details for further help if needed. It was made available in Arabic, English and French, and accessed by more than 54 000 people.

WHO also developed or adapted leaflets, posters and factsheets on topics ranging from excessive screen use and gaming to protecting one's mental health during Ramadan, all available via a dedicated mental health support web page, and developed training packages for psychosocial interventions for community and frontline workers.

Work to support services within countries included a rapid assessment carried out between June and August 2020 to map the impact of the pandemic. Of the 20 countries who responded, almost 90% reported that community/outreach services for mental health, neurological and substance use disorders had been disrupted, and 70% reported disruption of school mental health or workplace mental health services.

Countries were encouraged to make mental health and psychological support services a core part of their COVID-19 response efforts, recognizing that service disruptions were particularly harmful for the most vulnerable population groups and that digital technologies could be crucial in maintaining services.

WHO supported 19 countries to integrate mental health and psychosocial support into their national pandemic response plans and to establish multisectoral platforms or technical working groups to coordinate service

delivery. Furthermore, 17 countries set up hotlines and/or platforms for remote service delivery to ensure the continuity of specialized services.

In addition, WHO was able to leverage the growing interest in mental health during the pandemic to secure funding for promoting mental health as a bridge to peace in Jordan, Lebanon, Somalia and Sudan.

Making the investment case for tackling NCDs

While mitigating the effects of the pandemic and maintaining services were an overriding concern for WHO's regional NCDs team in 2020, work also continued on longer-term objectives. Activities are focused around implementation of the regional framework for action on NCDs, which was updated by the Regional Committee in 2019 to better reflect the new commitments made by Member States and the global community in the 2018 UN Political Declaration to accelerate national response to NCDs.

One of the new elements included in the updated framework is the development of NCD investment cases to provide countries with an economic analysis and advocacy tool to support the implementation of comprehensive national NCD prevention and control responses. During 2020, WHO collaborated with the United Nations Development Programme (UNDP) as part of the wider UN Interagency Taskforce on NCDs to produce six NCD investment cases for countries of the Gulf Cooperation Council (GCC).

Work is ongoing to support implementation of other new elements of the updated framework including NCD economics, high-level multisectoral engagement, strengthening national cancer registries and overall national cancer control response across the continuum of care (from prevention to palliation) and integrating NCD services at primary health care level in both stable and emergency settings. Progress in Member States will be reviewed in 2025 at the Fourth High-level Meeting of the UN General Assembly on NCDs.

Scaling up action on cancer

Activities to improve cancer care in the Region continued throughout the year. A regional stakeholder mapping exercise took place during 2020 to

prepare for Region-wide implementation of the WHO Global Initiative for Childhood Cancer (GICC). This was followed by a virtual consultation in January 2021 which brought together more than 130 participants including Member State representatives, civil society actors such as NGOs, patient organizations, academia and professional associations. The Region is thus well set for the launch of the GICC CureAll technical package in 2021. WHO also provided technical and financial support to Morocco, the first regional focus country for the initiative, for a set of priority interventions.

A global strategy to accelerate the elimination of cervical cancer as a public health problem was endorsed by Member States and launched on 17 November 2020. A regional taskforce on cervical cancer elimination is now working to adapt the strategy to the regional context and provide integrated support for its implementation in countries.

Meanwhile, following it in September 2019, the Regional Expert Network on Palliative Care convened regularly to work on the development of deliverables as part of its regional roadmap. The deliverables range across the domains of policy, human resources and service delivery and include: a regional curriculum for second level training in palliative care; policy briefs on the regional palliative care burden and access to medicines; case studies on models of care; a set of regional quality indicators; and a regional atlas on the status of palliative care using those indicators.

Addressing malnutrition and food security

Malnutrition poses a double burden in the Eastern Mediterranean Region. Hunger, food insecurity and malnutrition persist, with 51.4 million people undernourished and 137 million people moderately or severely food insecure. Just over half of the population in the region cannot afford a healthy diet. At the same time, millions of others in the Region suffer from overweight, obesity and poor diet, putting them at added risk of a range of diseases.

The COVID-19 pandemic exacerbated this situation in several ways. COVID-19 posed an increased risk to people affected by obesity or with underlying diet-related NCDs such as cardiovascular disease, diabetes or cancer, while the combined effects of COVID-19 and the measures taken to mitigate its impact, along with the emerging global recession, threatened to disrupt food systems and potentially reduce accessibility

and affordability of safe and nutritious foods. Furthermore, in addition to this direct impact on food insecurity and undernutrition, the social and economic hardship arising from the pandemic may have a longer-term negative impact on healthy diets, which are significantly more expensive than a diet that simply meets energy needs through a starchy staple.

However, the pandemic also presents a unique opportunity to rethink food systems as part of global and regional efforts to build back better. That is why, along with work to tackle malnutrition during emergencies as discussed in Chapter 2 of this report, WHO stepped up efforts to enhance food security and promote sustainable healthy diets in the Region through a food systems approach. Five countries – Egypt, Kuwait, Sudan, Tunisia and Yemen – have established national food systems dialogues, bringing many different stakeholders together to rethink food systems in the run-up to the United Nations Food Systems Summit in 2021.

Promoting healthier populations

Health issues can have a huge impact on economic and social life, and addressing them effectively requires coordinated action by multiple stakeholders across many different sectors. The COVID-19 pandemic has provided a dramatic example of this, but it is true of health issues more generally.

That is why WHO has made it a strategic priority to promote healthier populations through advocating for health in all policies, multisectoral action, partnership and community engagement.

While the pandemic disrupted this area of work in 2020, it also proved the value of many ongoing initiatives and should stimulate further progress in years to come.

Engaging communities for healthier lives

At the heart of WHO's vision for the Region, *Vision 2023*, is the principle of health for all by all. This reflects the belief that everyone has a role to play in maximizing the health and well-being of themselves and those around them.

To realize that vision, governments and other partners need to engage effectively with communities at all levels, and ensure that they get to shape and own the policies and services that can impact their health. Not only will this help to ensure that policies and services meet the needs of the community, but people who have a sense of ownership over their health are more likely to adopt healthy behaviours and lead healthier, more fulfilled lives.

The immediate benefits of community engagement became very clear during the pandemic. Local and national authorities that already had engagement structures and practices in place were able to use them for coordination and communication to support COVID-19 preparedness and response. For example, there is evidence that members of the Region's Healthy City Network achieved better compliance with public health measures and lower transmission of the virus.

WHO is now seeking to use the momentum from the pandemic to drive lasting improvements in community engagement in the Region. A regional framework on community engagement for health has been developed to support WHO staff and Member State representatives in working together to engage with communities. It provides a systematic basis for work in this area, from establishing key principles, planning action and identifying enabling structures and factors, through to facilitating engagement, building community capacity and ensuring effective monitoring and evaluation.

The framework was produced through extensive consultation with Member States, and will now be applied in selected countries to focus collaboration between WHO, governments and partners to improve specific health outcomes. It has also already been used as the analytical foundation for the development of a new roadmap to build more resilient communities for health and well-being which will be presented to Member States at the 68th session of the Regional Committee in October 2021.

Meanwhile, training materials for community health workers that were originally developed in 2010 are being comprehensively updated to take account of experiences during the pandemic and other lessons learned.

Tackling the underlying causes of ill health

The circumstances in which people live have a massive impact on their health. All too often, differences in wealth, gender, geographical location and other social factors lead to very different health outcomes for different population groups, and some groups are at particularly high risk from climate change, environmental damage and other threats. To ensure that everyone has a fair chance to enjoy the highest attainable standard of health, it is therefore critical to address these underlying factors.

That is a challenging task in the Eastern Mediterranean Region, where profound inequities exist between and within countries, and conflict and other crises have hampered development and restricted the life chances of millions of people. But WHO's work in this area took a giant leap forward with the establishment of a regional Commission on Social Determinants of Health in 2019.

An independent body composed of experts from the Region and beyond under the leadership of Professor Sir Michael Marmot, the Commission is tasked with producing a rigorous and authoritative study of the root causes of health inequity in the Region and recommending actions to

tackle them. It was originally due to deliver its report during 2020, but extended its deliberations at the Regional Director's request to consider the impact of the COVID-19 pandemic. While the pandemic is likely to have exacerbated many inequities, it also offers a unique opportunity to mobilize support across sectors for long-term reforms.

The Commission's report, which includes analysis of a wide range of economic, social, cultural and environmental determinants of health, provides an evidence base of unprecedented breadth and depth for work to promote social justice and health equity in the Region, and is set to become a key reference in the years ahead.

Encouraging health for peace

One of the major underlying challenges for health and development in the Region is widespread conflict within and between countries. Along with the direct cost to people's physical and mental health in affected areas, conflict also undermines development in countless ways, weakening health systems, driving away the health workforce and often generating large-scale population movements that create further challenges.

In 2019, as one of the priority initiatives under *Vision 2023*, WHO introduced a pioneering new project to use health as a bridge for peace in the Region based a three-pronged strategy: promoting evidence on linkages between health and peace, building peace skills among health workers in conflict countries and broadening partnerships.

The COVID-19 pandemic had a mixed impact on this work in 2020. On the one hand, the disruption to societies, economies and everyday life threatened to aggravate existing tensions. But there were also some encouraging signs. In the early days of the pandemic, the UN Secretary-General issued a call for ceasefire in all conflicts to focus instead on the collective fight against COVID-19, and there was evidence of increasing collaboration among opposing sides in some countries.

WHO continued efforts on Health for Peace despite the pandemic. A webinar in partnership with the Lancet–SIGHT Commission on Peaceful Societies through Health and Gender Equality brought together global and regional participants from the humanitarian, development and peace communities as well as health to explore the challenges and opportunities of the situation from the point of view of policy-makers,

while an online course and resources were developed to build the capacity of frontline health workers in health diplomacy and peace promotion in conflict affected countries in the Region. In collaboration with the Centre of Competence on Humanitarian Negotiation (CCHN), capacity-building opportunities were provided to WHO staff at country level to enhance skills in pandemic and humanitarian negotiations.

Supporting health across the life-course

Much of WHO's work to promote healthier populations focuses on fostering appropriate support and interventions at key points in the life course, from conception and pregnancy through to childbirth, infancy, childhood, adolescence and beyond.

Inevitably, assessing and mitigating the impact of the COVID-19 pandemic was a major concern during 2020 across all these different population segments, and WHO undertook extensive advocacy and technical support with a strong focus on ensuring continuity of services. For example, policy-makers, programme managers and researchers were trained and encouraged to use risk-benefit analysis to confirm that the benefits of maintaining sexual, reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services heavily outweighed the risks.

A key concern was maintaining momentum on neonatal, child and adolescent health services. The Eastern Mediterranean Region has the second highest neonatal and under-5 mortality rates in the world after the WHO African Region, and reducing them is an urgent priority. Work in this area took a major step forward at the 66th session of the Regional Committee in October 2019 when Member States endorsed a new regional framework on ending preventable newborn, child and adolescent deaths and improving health and development.

Alongside efforts to mitigate the disruption from the pandemic and ensure service continuity, WHO continued working to support the long-term implementation of the framework. To this end, a range of resources for programme managers are in development. An operational guide to child and adolescent health in humanitarian settings has been pilot tested and will be published in 2021, while a comprehensive package for national and subnational RMNCAH managers is now in the review phase.

Preventing violence and injuries, and supporting persons with disabilities

COVID-19 and the upheaval caused by the pandemic heightened risks facing some population groups, and WHO stepped up efforts to mitigate those risks. Gender-based violence was a major concern given the additional stress from the pandemic and associated social measures keeping many people at home. To address this, WHO published interagency policy briefs, training materials and other information and advocacy materials, as well as supporting rapid needs assessments and the integration of gender-based violence into the COVID-19 response.

Another key priority was ensuring a disability-inclusive COVID-19 health response in line with WHO efforts to operationalize the UN Convention on the Rights of Persons with Disabilities and the UN Secretary General's policy brief on a disability-inclusive response to COVID-19. Action at regional level included a rapid assessment and the development of support resources.

Longer term work in these areas also continued to advance despite the pandemic. Eleven countries received hands-on support to strengthen health system response to gender-based violence in development and

emergency contexts, and two core resources, the *Clinical management of rape and intimate partner survivors guideline* and the *RESPECT framework for preventing violence against women*, were translated into Arabic.

Efforts to support persons with disabilities were boosted by the Regional Committee's adoption at its 67th session in October 2020 of a new strategic action framework to improve access to assistive technology in the Region. WHO collaborated with UNICEF in the Region for a workshop that brought participants from ministries of health, social development and education together with user groups to examine the procurement of assistive technology, and is now working to support countries from the Region to participate in an upcoming WHO-UNICEF joint *Global report on assistive technology*.

Transforming WHO

WHO is transforming itself as an organization, to better fulfil its leadership role in global public health and maximize positive impact within countries.

The COVID-19 pandemic hit just as the fourth and final phase of the WHO Transformation Agenda was getting under way, and like other areas of work, transformation was seriously disrupted by COVID-19 during 2020. But while the pandemic raised many challenges, it also catalyzed innovations which may well offer lasting benefits.

Maintaining and improving business operations

A major concern at the outset of the pandemic was maintaining WHO's business operations. As an international organization, WHO has particular operational requirements and vulnerabilities. The Organization's staff are drawn from many different countries and spread among regional, national

and subnational offices across the Region, and their work typically requires contact with a huge range and number of different stakeholders, often through international meetings or country missions.

The COVID-19 pandemic posed severe challenges to these working modalities, increasing demands on the Organization while simultaneously rendering many of its normal business practices unviable. Restrictions on movement between and within countries were especially challenging both professionally and personally.

WHO management acted swiftly to ensure business continuity while upholding its duty of care to its staff, interns, volunteers and their families across the Region. Comprehensive changes to operating practices were brought in to ensure the safety and security of staff and other stakeholders without compromising core functions.

Extensive medical and mental health support measures were put in place, and WHO led the way in establishing UN-wide standard operating procedures for COVID-19 and testing, isolation and treatment facilities.

Office premises were adapted to facilitate physical distancing and prevent infection, drawing on advice from the Organization's own infection prevention and control experts, while IT infrastructure and digital platforms were overhauled to support virtual meetings.

But perhaps the most striking change was the introduction of flexible and teleworking modalities on a large scale to avoid unnecessary commuting and contact, and so reduce the risk of transmitting diseases. As well as revising rules, procedures and working practices, this required significant investment to provide suitable equipment for all staff who needed it and increase the capacity of back-office technical systems. At time of writing, most WHO staff in the Region continue to work remotely with only a core minimum attending offices to ensure critical functionality.

It is still too early to assess the full impact of these changes. Thanks to the ingenuity, effort and cooperation of WHO's staff, Member States and partners, it has been possible to maintain the most important business – including holding a virtual session of the main regional governing body, the Regional Committee for the Eastern Mediterranean, in October 2020.

Furthermore, experience to date suggests that appropriate use of flexible working and virtual meetings may offer significant benefits for the long term, ranging from cost savings to enhanced productivity and a reduced carbon footprint.

WHO's regional team will work with colleagues across the Organization and other stakeholders to learn from recent upheavals, identify new best practices and embed them to create lasting value gains.

Optimizing resources and maximizing impact

Work on the longer-term WHO Transformation Agenda continued in 2020, albeit at a slower pace than originally planned because of the pandemic. The transformation includes far-reaching changes to the structure of the Organization to enhance coordination, improve alignment with strategic priorities and ensure that resources are concentrated where they can have the most positive impact on health and well-being.

Following the completion of comprehensive functional reviews of all WHO country offices in the Region, efforts are now focused on implementing the review recommendations. This will entail recalibrating the capacities of WHO's existing country office network, which covers 18 countries, and opening offices in several more countries to make sure that resources are matched to each country's needs. A committee has been established under the chairmanship of the Regional Director to drive implementation forward, and work is also underway to calculate and mobilize the significant extra resources that will be required.

Meanwhile, the major restructuring of the Regional Office undertaken in 2019 is already bearing fruit in the form of greater efficiency,

accountability and effectiveness. The new organizational structure, which is geared to the strategic priorities of GPW 13 and the regional strategy, enabled a continued strong focus on all priorities even as the COVID-19 response necessarily demanded a large share of time and resources, while a newly introduced set of key performance indicators supported more transparent and objective measurement of teams and departments at both country and regional levels.

Changing mindsets towards transparency and accountability

Transforming WHO is not just about structures, procedures and resources; it also means changing mindsets to ensure the consistently high levels of transparency, accountability and professionalism that Member States and donors expect.

Following the establishment of a Compliance and Risk Management Committee under the chairmanship of the Regional Director in November 2019 to provide high-level leadership, and with committees at country office level led by WHO representatives, efforts to improve monitoring mechanisms and compliance continued in 2020.

An important area of focus is harnessing information technology to support compliance monitoring and analysis. A risk management dashboard now allows all WHO budget centres in the Region to monitor their risks proactively, limiting the scope for overdue response actions and enabling exchange of best practices, while an audit dashboard supports senior managers oversight of implementation of audit recommendations.

These mechanisms were complemented by capacity-building sessions for staff and continuous engagement to foster a culture that is risk-aware but not risk-averse, with continuous integration of risk management into all business processes.

The Organization's compliance and risk management team also undertook several in-depth reviews to identify the top risks in the Region, understand the impact of COVID-19 on the regional risk profile and advance risk management.

Expanding communications, resource mobilization and partnerships

The 2019 restructuring included the creation of a department of Communications, Resource Mobilization and Partnership (CRP), to galvanize and coordinate action across the Region. That investment reaped dividends during the pandemic: as noted earlier in this report, WHO's resource mobilization effort for the COVID-19 response in the Eastern Mediterranean Region raised more than any other WHO region, while intensified communications efforts reached a record audience through a combination of social media and more traditional channels.

These experiences are now feeding into longer-term improvements, including a new regional Communication for Health (C4H) strategy and programme. The new approach will use insights from social, behavioural and communication sciences to inform and change attitudes and behaviours for defined public health outcomes at individual, community and societal levels.

The new CRP department also has a key role in expanding and deepening WHO's partnerships in the Region, to enhance its catalytic role in public health and leverage its expertise and comparative advantages.

The COVID-19 pandemic made that aim imperative. The number of stakeholders involved in the preparedness and response efforts and the scale of those efforts put a premium on effective coordination. WHO established a network of 35 health and development partners, including academic institutions and international nongovernmental organizations as well as other UN agencies, with working groups to address RCCE, supplies and logistics, and humanitarian settings.

A further advance in work on partnerships came with the First Regional Health Forum in March 2021, which brought together representatives from 12 international agencies to discuss how to implement the Global Action Plan for Healthy Lives and Well-being for All in the Region and provide coordinated support to countries to accelerate progress towards the health-related SDGs.

Forum participants developed a shared workplan to improve country support, and plans are also well advanced to create a Regional Health Alliance to make concerted collaboration for better health and well-being an enduring feature of development partners' work in the Region.

Enhancing engagement in WHO's governance

Everything the Organization does is mandated by Member States through its global and regional decision-making bodies, so it is critical to ensure that all countries are empowered to make a full contribution in decision-making. Significant steps have been taken in recent years to facilitate engagement in WHO's formal governance structures by Member States in the Region.

The Regional Director has undertaken a series of initiatives to reach out to Member State ministers, ambassadors and other leaders, to listen to their perspectives, encourage dialogue and foster the development of a strong regional voice in every governance forum. As part of this work, January 2020 saw the first-ever in-person briefing meeting between regional members of WHO's Executive Board, while extensive further briefings were held remotely during the year.

There was also further progress in work to ensure compliance with the resolutions of the Regional Committee – the main formal instruments through which Member States govern WHO's actions in the Region.

In 2018 and 2019 the entire body of Regional Committee resolutions was systematically reviewed under Member State supervision to identify continuing actions and obligations arising from older resolutions that were now arguably obsolete and should be discontinued. Going forward, the aim is to ensure that any actions mandated by resolutions are specific, measurable and have clear time limits and requirements to report periodically to the Regional Committee.

As the next step in this work, a digital dashboard is now being developed to record the actions mandated in every regional resolution and monitor progress in implementing them. The new tool will be launched in 2021.

Supporting better data collection and use of health information

As part of its strategic aim to maximize positive impact in countries, WHO works to improve the monitoring and evaluation of health, health systems and health policies. This includes a range of activities, from enhancing the collection of data and other information to fostering high-quality research and supporting the use of objective, credible evidence in health policy-making.

Inevitably, ongoing projects on health information systems were disrupted by the COVID-19 pandemic; as in other areas of WHO's work, the cancellation of planned missions to countries was a particularly severe blow. However, frequent online meetings and remote contact with focal points helped to advance key initiatives in spite of the challenges.

Most notably, large-scale virtual meetings were held in September and November to consult internal and external stakeholders on the regional rollout of the SCORE for health data technical package, a comprehensive set of tools, standards and proven interventions for strengthening country health information systems. Member States were introduced to the new package and also offered a preview of results from the global assessment of health information systems, which included 133 countries covering 87% of the world's population.

Across the two meetings, participants identified the most important weaknesses in health information systems including civil registration and vital statistics (CRVS) systems in the Region, as highlighted in the data gaps related to monitoring COVID-19, and then discussed strategic directions and proposed country actions to address them.

Other priority action included both in-person and virtual training events to improve cause-of-death reporting, including COVID-19 deaths, and the use of such data at health facility level. Ten countries in the Region have now submitted mortality data for the period 2017–2019 to WHO with at least 80% coverage of total deaths, and significant country investment in cause-of-death registration systems also helped to support the surveillance system for COVID-19-related deaths in countries of the Region.

Efforts continued to support the early adoption of the Eleventh Revision of the International Classification of Diseases (ICD-11), which has been piloted in five countries of the Region – Egypt, the Islamic Republic of Iran, Iraq, Kuwait, and Tunisia – and fully implemented within the primary health care system of UNRWA serving Palestinian refugees in Jordan.

Research promotion and development received a boost with the relaunch of the of the reconstituted Eastern Mediterranean Advisory Committee on Health Research after several years in abeyance, and a new team in the Regional Office started working to support implementation of the regional framework for action to improve national institutional capacity for the use of evidence in health policy-making. Initial action included the establishment of a new regional Network of Institutions for Evidence and Data to Policy with 22 member institutions from 19 countries of the Region plus 12 support institutions from the Region and beyond.

Producing authoritative research and knowledge

As well as strengthening data collection and use among countries, WHO also produces and disseminates its own research in the Region.

Publishing activity expanded in 2020, with the production of extensive regional and country-level information resources on COVID-19 alongside a large volume of publications on a wide range of topics. The Regional Office established a multidepartment team focused on research and knowledge management in support of the COVID-19 response. As a result, several research studies were supported in countries of the Region focusing on different aspects of COVID-19 pandemic in support of national priorities.

Meanwhile WHO's regional monthly flagship *Eastern Mediterranean Health Journal* achieved an impact factor of 1.628 – more than double the previous rating. The Journal has included numerous papers on original research papers, commentaries and editorials on COVID-19 since the start of the pandemic.

Another landmark publication was the *Health and well-being profile of the Eastern Mediterranean Region*, colloquially known as the regional health profile.

The profile draws on the latest available data for a range of health indicators and the health-related SDGs to present a comprehensive picture of the health situation in the Region as at October 2019. There are detailed profiles for each of the 22 countries and territories plus Region-level analyses of progress on the regional strategic priorities and other key themes.

The profile will be updated periodically to serve as an authoritative point of reference for researchers and policy-makers.

Meanwhile, WHO's research and statistics team were already working with colleagues from across the Region on the first-ever detailed report on progress on the health-related Sustainable Development Goals and targets in the Region, which will be discussed at the 68th session of the Regional Committee in October 2021.