

## **Introduction of the Annual Report**

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**بسم الله الرحمن الرحيم**

Your Excellencies Ministers of Health and Heads of Delegations, Director-General, Ladies and Gentlemen,

It is my honour and pleasure to present to you the annual report on WHO's work in the Eastern Mediterranean Region.

The annual report document covers the year 2019. But in my presentation to you today, I need to talk about more recent events – and the future.

In the past few months, COVID-19 has turned all our lives upside down. Economies and societies have been massively disrupted. Health systems – and health leaders – are in the spotlight like never before.

The world is watching us.

Nearly 2.5 million COVID cases have been confirmed so far in our Region. More than 63 000 lives have been lost. And those numbers are still rising.

And the impact on health systems is truly alarming. Access to health care is being compromised. Essential services such as immunization, maternal, newborn and child health, and the management of chronic diseases have been severely affected. Trust in public health messaging is at risk from rumour and misinformation.

The long-term consequences threaten to be grave indeed.

But my message to you today is that we can meet these challenges. We can turn this experience into an opportunity for positive change.

The pandemic is a stress test for health systems and services. It is showing us what we need to address.

It is also stimulating innovations in health care delivery.

And it is a golden chance to mobilize support for investment in health. Creating resilient, high-quality health systems is costly. But as we have all seen, the price of not investing can be much higher. The International Monetary Fund calculates that GDP will fall by 4.7% across our Region this year a result of COVID-19, with a 13% drop in fragile and conflict-affected countries.

So today, I want to review both the challenges and the opportunities of the current situation. How do we deal with the pandemic while also accelerating efforts to meet our commitments and achieve the Sustainable Development Goals?

I believe our regional vision of Health for All by All is more relevant than ever. This pandemic has demonstrated that for communities to be protected, we must leave no one behind. A threat to the health of just one person can easily become a threat to everyone.

I also believe that the strategic priorities set out in the Thirteenth General Programme of Work and WHO's regional strategy remain the best way to achieve our vision.

Let me explain why.

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As you will recall, our first strategic priority is to **expand universal health coverage (UHC)** so that everybody can access the essential and quality health services they need without suffering financial hardship.

The Eastern Mediterranean became the first WHO region to commit to UHC when all our countries signed the UHC2030 Global Compact in 2018. This commitment was reinforced by the Salalah Declaration that same year. To move forward now, we need to develop country-specific roadmaps to advance UHC and ensure their effective implementation.

Our target is to ensure that at least 100 million more of our people benefit from UHC by 2023.

Unfortunately, we were making insufficient progress even before the current pandemic. According to the most recent global data, health coverage in the Eastern Mediterranean is well below many other WHO regions, at less than 60 out of 100 on the SDG service coverage index.

With all the disruption to health services and systems, the pandemic has surely made the situation worse – at least in the short term.

But we cannot afford to be discouraged. We need to stay focused on our goal.

The pandemic has shown us all that UHC and health security are really two sides of the same coin. We need to invest in building resilient health systems towards UHC and health security by investing in essential public health functions.

WHO is working with each country in the Region to identify gaps and weaknesses in your health systems and support you in addressing them.

Experience during the pandemic has once again highlighted the importance of primary health care. While hospital treatment of the most seriously ill patients tends to dominate the headlines, effective primary health care is critical to diagnose and follow up on mild and moderate COVID cases and to maintain essential health services.

COVID-19 has created barriers to primary health care, but it has also spurred interesting new ways to circumvent those barriers and deliver services. Telemedicine and e-health are now being used in many countries of the Region.

And WHO has been working to develop innovative solutions. Together with our sister UN agencies and the World Organization of Family Physicians, we recently created an online training course to give primary health care personnel the skills and knowledge they need in the COVID age. More than 5000 physicians have already registered.

We will be studying all these innovations and learning the lessons so we can rebuild better.

The pandemic has also underlined the supreme importance of the health workforce. Throughout the Region, health professionals have faced this deadly threat with courage, competence and dedication. At least 33 000 have been infected, and far too many have sacrificed their own lives as they fought to save the lives of others.

We must spare no effort to prevent further tragic losses. Our health care workers protect us. We must protect them.

We must ensure that all health care workers have adequate personal protective equipment. We must reinforce infection prevention and control in all health care facilities. We must provide effective counselling and psychosocial support.

And for all this to happen, strong infection prevention and control programmes must be embedded within national health systems, to provide leadership and guidance.

We must also make sure we secure the health professionals we need for the future. I had the honour of receiving a communication from Her Royal Highness Princess Muna Al-Hussein on this subject. As Her Royal Highness put it, “There is no universal health coverage without a strong health workforce, particularly nurses and midwives.”

Yet in many countries of the Region, the numbers of doctors, nurses and midwives per population remain far below target. At last year’s Regional Committee, Member States responded by endorsing a bold call for action to strengthen the nursing workforce.

This year is the International Year of the Nurse and the Midwife. Please fulfil the commitment you made. Please step up your efforts to recruit, train and retain the nurses and midwives that we need throughout the Region.

It is one of the best investments you can make.

Universal health coverage also means working to prevent and control diseases.

Improving communicable disease prevention, preparedness and response is a core part of our strategy, and the pandemic has shown that it is vital. We can never let our guard down. Epidemics and pandemics can quickly disrupt societies and economies, and spiral into global threats.

We had been making solid progress in immunization thanks to years of concerted effort. In most of our countries, immunization programmes are the basis of primary health care. Fourteen countries in the Region maintained the target 90% national coverage for DTP3 vaccine in 2019.

COVID-19 has threatened to de-rail that progress, challenging our capacity to deliver services to those who need them the most. Most immunization campaigns and many outreach activities were put on hold in the spring.

But we are starting to get back on track. We have been liaising closely with countries to map the disruption of services, model the likely impact on population coverage, and mitigate the consequences.

The investment that was made in immunization services has made them more resilient. We can and should invest in the resilience of other services.

The pandemic response is an opportunity to further improve immunization services. For example, just last month we supported an integrated multi-antigen campaign in Somalia to deliver vitamin A alongside measles and polio vaccines.

And we have been developing alternative delivery models such as home visits and community participation to maintain services for people on longer-term treatment, including tuberculosis, HIV and hepatitis patients, and those with noncommunicable diseases.

We are also looking to find and exploit other opportunities in this extraordinary situation.

The pandemic has boosted the profile of some crucial health systems and services.

Integrated disease surveillance systems are critical not just to manage the pandemic response, but to support evidence-based policy-making in all public health programmes.

Health laboratories are critical for testing, screening and monitoring of epidemics and numerous other diseases.

These are life-saving systems, and they are required under the International Health Regulations, but they have not always received the attention they deserve. The pandemic is a wake-up call. We need to ensure, once and for all, that they get full support.

Perhaps most importantly, recent experience has highlighted the importance of regional and international cooperation in producing and supplying medicines and vaccines.

While nothing can be guaranteed at this stage, there is real hope that a safe and effective vaccine may be developed for COVID-19. WHO has been coordinating international efforts to speed up progress in identifying the most promising candidates, with great participation from countries in our Region.

And if and when a vaccine is found, the COVAX Facility will make sure that sufficient stocks are available around the world, including in low- and middle-income countries.

Countries will need to develop and implement plans for national distribution and effective delivery. That will be another challenge for national immunization programmes, but if we can achieve it, our systems will be considerably strengthened.

We can learn a lot from this experience. There is huge scope to improve access to essential medicines and vaccines in our Region. Tomorrow, we will be presenting a new regional strategy designed to support the improvements we need, including new mechanisms such as pooled procurement.

It is a challenging proposal, but the time is right.

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Our second strategic priority is to **protect people from health emergencies**. That has been a long-standing priority – and challenge – in our Region, but its importance is now clearer than ever.

When COVID-19 hit, half our countries were already impacted by emergencies. Health systems were fragile, and tens of millions of displaced people were highly vulnerable to this novel risk.

I am proud of the way that WHO, our countries and our partners stepped up to protect the people of this Region.

We developed and published a plan to guide preparedness and response efforts at an early stage, in February.

We put in place effective structures to coordinate the implementation of that plan.

And we have been working around the clock at all three levels of WHO to deal with this new emergency.

The response effort has been tremendous. WHO's work has ranged from gathering and analyzing data to providing trusted information to media and communities, and from offering guidance on policy and technical issues to supporting interventions in the field.

Once again, our logistics hub in Dubai has proven its worth well beyond our Region: 324 shipments of essential supplies have been delivered so far, reaching 108 countries.

All of this has been possible thanks to strong collaboration with our Member States, our sister UN agencies and many other partners and funders. Let me take this opportunity to thank Member States' affiliated donors such as the King Salman Humanitarian Aid and Relief Center, the Government of the United Arab Emirates, the Government of Kuwait and the Qatar Fund for Development.

Together, we have achieved some remarkable results.

Nearly 40 million people have been tested.

More than 2 million confirmed cases have recovered from the disease.

More than 3 million health workers have received personal protective equipment through our efforts.

These successes reflect great strengths in the Region. Through many years of dealing with emergencies on a colossal scale, WHO and our partners have developed deep expertise.

For years, we have been working to improve emergency preparedness and response by strengthening core capacities under the International Health Regulations.

If we can bring capacities up to standard in every country, our Region could make a major contribution towards achieving WHO's global target of protecting 1 billion more people from health emergencies by 2023.

But experience has shown that in too many instances IHR capacities are not adequately developed. Investment in National Action Plans for Health Security has proven insufficient.

The pandemic has uncovered major gaps in our systems. Adherence to IHR procedures has fallen well short of what is expected. We need to work tirelessly to address these gaps. We owe it to our people to keep them safe.

And while the pandemic has absorbed most of our time and energy over the past nine months, we cannot forget the 71 million people requiring humanitarian assistance across the Region. Most are caught up in protracted conflict, with limited access to quality health care. These are among the most vulnerable people in the world and it is our duty to do everything possible to meet their health needs and ensure that they are not left behind.

To strengthen emergency preparedness, we have developed a new strategic framework for the prevention and control of emerging and epidemic-prone infectious diseases. The framework has been finalized with extensive input from national focal points, and we will be inviting Member States to kindly endorse it tomorrow.

Ladies and gentlemen,

There is one long-standing emergency where the world is now counting on us alone: polio.

In August, eradication of wild poliovirus was confirmed in WHO's African Region. That is wonderful. But at the same time, it makes the demands on us to finish the job here even stronger.

The Eastern Mediterranean is now the only region where polio remains endemic. We got so close to our goal of ending it for good, but cases were already beginning to rise again last year and the COVID-19 pandemic is sure to have led to a further increase.

Despite our best endeavours, surveillance and immunization activities have been affected. But we are resuming them as fast as we safely can. And we are also drawing on our substantial polio assets to support other affected services and the COVID response effort.

In that regard, I would like to pause and pay tribute to a WHO colleague, Mr Zamanuddin Shams, District Polio Eradication Officer in Afghanistan, who sadly passed away on Saturday 3 October 2020.

Mr Shams is the third member of staff from the polio programme to have lost their lives in this pandemic. Like his colleagues – and like so many other health workers across the Region – he worked tirelessly to save lives, knowingly risking his own health and life to save others.

Let us honour their memory by completing the important work to which they were so dedicated.

Last year, WHO established a hub in Jordan hosting representatives of all partner agencies of the Global Polio Eradication Initiative to galvanize polio eradication support to Afghanistan and Pakistan.

This year, we are proposing to establish a new regional Subcommittee for Polio Eradication and Outbreaks, to maintain high-level support for this critical work.

I call on our Member States and partners to give these new structures your most active backing.

With COVID-19, we have once again seen how an outbreak in one country can escalate very rapidly. As long as polio exists in any country, it constitutes a global danger.

We must complete our mission and achieve a polio-free world.

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Our third strategic priority is **to promote health and well-being**. This is challenging because it involves working across multiple sectors to address the root causes of ill health.

Courageous and far-sighted political leadership is required to bring in changes which can be contested and which may not have an immediate pay-off.

Unfortunately, the Region has not been making sufficient progress to meet our targets. Despite gains in recent years, indicators such as maternal, neonatal and child mortality are not on track.

But the pandemic is an opportunity to build support for this work. Effective response to COVID has demanded exactly the things that we have been advocating for years. We have all seen the real value of interventions such as health promotion, health in all policies, and a whole-of-government, whole-of-society approach.

Our community engagement strategies have been tested and we have seen that they work. We were able to identify key partners to reach out to entire communities. Where we implemented the Healthy Cities programme, we could observe a much more coordinated response to the pandemic.

We have even witnessed some parties in conflict setting aside their differences to focus on the threat of COVID. These instances of health serving as a bridge to peace are rare and fragile, but they demonstrate the approach we are promoting through our new Health and Peace initiative.

Policies that may have seemed unthinkable just months ago are now becoming widespread. Seventeen of our countries have banned waterpipe smoking in public places. Many countries are investing in online platforms and telephone services to provide mental health support.

Let us ensure that these changes remain in place for good.

And lockdowns have had one great benefit along with all the pain. Air pollution levels fell dramatically across the Region this year. People have had a chance to see a brighter, fresher future. That will help to mobilize support for the reforms we need to create a greener, healthier world.

But of course, all these gains have come at a huge cost – to health services as well as economic and social life. The pandemic has been a double-blow to millions of people with disabilities or noncommunicable diseases. Not only do their conditions put them at extra risk if they become infected with COVID-19, but all too often the services they rely on have been compromised.

Meanwhile, the disruption has created new health risks and demands. Mental disorders and stress-related illness are a massive concern. Rates of domestic violence against women and children have increased by as much as 60%, and people with disabilities have been subjected to discrimination and abuse.

WHO is working to support the continuation of essential health services through policy guidance, information products and technical support. And we are spear-heading efforts to reach and protect the most vulnerable.

This is a crucial part of our response to the pandemic.

But we must not lose sight of our goal to achieve long-term improvements in health. Alongside urgent action to tackle the most immediate risks, we need to continue fighting to bring about permanent change.

As part of that work, we have developed a new strategic action framework to improve access to assistive technology in the Region. We are inviting Member States to endorse this new framework and to support its implementation.

And we look forward to another milestone early next year when the regional Commission on Social Determinants of Health delivers its report. Under the leadership of Professor Sir Michael Marmot, a team of experts from our Region and beyond has been analysing the health inequalities our people face and identifying ways to confront them.

I suspect the recommendations may prove challenging for many of us, including WHO.

But I am confident that our Member States will not be deterred from fulfilling our mission to promote health.

We have all seen how it pays dividends in the end.

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Our final strategic priority is to **transform WHO** itself to ensure that we make best use of our limited resources for maximum positive impact in countries.

Yet again, our strategic objectives appear more necessary than ever in light of the pandemic.

We were already supporting countries to strengthen their health information systems and use data and research effectively in evidence-based policy-making.

That will be even more important in the coming months and years, as health services are re-established. At present, we simply do not have the quality data we need to identify whether services are reaching all parts of society.

We were already reconfiguring our structure and operations to better meet the needs of our countries. We have completed a systematic country functional review, and now we are realigning our country offices and opening new offices.

Substantial extra resources will be transferred to the country level, for maximum added value on the ground, and we will be working to secure more resources to support this work.

We are proposing a revised procedure to develop the Programme Budget for the next biennium, to take account of the pandemic. The proposal includes extending the timeframe for the Thirteenth General Programme of Work from 2023 until 2025, giving us an extra two years to recover and meet the “triple billion” targets.

A separate document explains this in more detail, and I look forward to feedback from Member States.

We will look to exploit innovations stimulated by the pandemic to improve our operations, for example by using online platforms instead of costly in-person meetings and by expanding the role of the cross-cutting country support teams that were established during the pandemic.

To fulfil a priority action indicated in our *Vision 2023*, we had already established a new Department of Communications, Resource Mobilization and Partnership to streamline and strengthen these three closely connected areas of work. This is part of our paradigm shift from vertical to integrated structures and programmes, making them more strategic, productive and efficient.

We have identified strategic media communications as a core technical function to foster communications for health so that our trusted voice continues to be heard throughout the Region. That is already proving invaluable in combating the COVID-19 infodemic.

We are reaching more people than ever through innovative and proactive communication products and strategies. Our official Facebook page has received over 1.2 billion hits in the past seven months, and our Twitter page now has more followers than any other WHO regional office.

Our upgraded strategic resource mobilization capability is already paying off, too. We have raised a higher share of the resources we need to tackle COVID-19 than any other WHO region.

But we will need to do much more as we move forward in a challenging funding environment. We are therefore developing a new framework to channel financial, technical and in-kind resources towards initiating a stronger collaborative “Investment for Health” movement across the Region.

Above all, we have been striving to strengthen and deepen our relationships with Member States and with partner organizations.

At the core of *Vision 2023* is the recognition that WHO cannot achieve the necessary changes on our own. It is only by catalyzing action across the Region and beyond that we can succeed.

Recent events have shown the power of partnership. The horrific explosion in Lebanon prompted a huge display of solidarity. And the COVID-19 pandemic response is taking that to another level.

The response effort is supported by no fewer than 28 major donors. The regional COVID-19 Crisis Group brings together 35 technical and operational partners. In every country, we are seeing multi-stakeholder action like never before.

We are working to make this sort of high-impact collaboration a lasting feature of our Region. Our new dedicated regional partnership programme aims to enhance our existing partnerships and build new ones.

Countries of the Eastern Mediterranean are playing a leading role in the Global Action Plan for Healthy Lives and Well-being for All. A Regional Health Forum in March boosted multi-agency work to help meet the health-related Sustainable Development Goals, and we look forward to launching a Regional Health Alliance.

Ladies and gentlemen,

We face great challenges.

Even before the pandemic struck, we were falling behind on many strategic targets.

Now, more than ever, we need to come together. To overcome this global emergency. To build more resilient health systems. To give all our people the quality health services they need.

Together, we can achieve Health for All by All.