



WHO's strategy for the Eastern Mediterranean Region, 2020–2023

Turning *Vision 2023*
into action



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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Foreword by the Regional Director

The World Health Organization (WHO) aims to promote the health and well-being of everyone, with a special focus on the most vulnerable. Everyone has a right to the highest attainable standard of health.

As the leading global health organization, WHO aims to encourage, support and guide work by many different stakeholders in government, nongovernmental organizations, business and civil society as health is now everyone's business, everyone's priority.

It is therefore fundamental that we have a clear, shared vision to guide our work with our partners, especially our Member States.

When I took office as WHO's Regional Director for the Eastern Mediterranean in June 2018, my top priority was to develop a vision and a plan for public health in the Region. I led a broad consultation process involving WHO's staff in the Region and external contributors to chart a new course for the Organization.

The result was our new vision, *Vision 2023*, which calls for solidarity and action to achieve health for all, by all in the Eastern Mediterranean Region. *Vision 2023* is aligned with WHO's global strategy, but reflects our regional priorities, opportunities and challenges. It was warmly welcomed when we presented it to Member States in October 2018. Subsequently, we set about working out what we need to do to put the vision into practice by identifying key goals, priorities and challenges, and the strategic approaches required to address them.

This document explains how our vision will shape our strategy. It sets out the overall strategic framework and objectives that will guide all our work in the Region for the next five years, and specifies how we will achieve impact at country level and how we will measure progress in meeting our objectives.

While the strategy is intended to guide WHO's work, our vision of health for all, by all necessarily involves action by a wide range of stakeholders. As I noted above, WHO can only succeed by coordinating and working with Member States, partner organizations, communities and the people we aim to reach.

We hope you will join us to make our vision of health for all, by all a reality.

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



a call for
solidarity
and action

Introduction

On 16 October 2018, WHO unveiled an ambitious new vision for the Eastern Mediterranean Region.

Vision 2023 pledges the Organization to work towards health for all, by all so that everyone in the Eastern Mediterranean Region can enjoy a better quality of life.

Health for all has been a global goal for decades. *Vision 2023* calls for it to be pursued by all – through solidarity among, and action by, the widest possible range of people and organizations.

WHO's role in achieving the vision is to encourage, shape and support action by a range of stakeholders. It will do that by focusing on four interrelated strategic priorities: expanding universal health coverage, addressing health emergencies including eradicating polio, promoting healthier populations and making transformative changes in WHO itself. While those priorities are at the heart of WHO's strategy for the Eastern Mediterranean Region, they also form part of a global endeavour.

The global context of our regional vision

In September 2015, world leaders embraced radical change. The 2030 Agenda for Sustainable Development,¹ unanimously adopted by 193 Member States at the United Nations General Assembly, commits all those countries to 17 Sustainable Development Goals (SDGs) and 169 related targets – a “plan of action for people, planet and prosperity” which adopts a five-dimensional model of sustainable development known as the 5 Ps.²

Health features prominently in the 2030 Agenda. SDG 3 requires parties to “ensure healthy lives and promote well-being for all at all ages”, but the goals and targets are an integrated, indivisible package, and many others have a strong connection to health and well-being.

Achieving the SDGs will require concerted action from a wide range of stakeholders, led by national governments. Recognizing this, WHO's global leadership developed a new global strategy for the Organization. The Thirteenth General Programme of Work (GPW 13)³ was adopted by Member States at the Seventy-first World Health Assembly in April 2018, and will guide the Organization's work over the period 2019–2023. It aims to maximize the value that WHO adds by ensuring that all its actions contribute to measurable improvements in public health at country level. Those actions will be focused on three overriding strategic priorities linked to global goals – often referred to as the “triple billions” – namely, to ensure that one billion more people benefit from universal health coverage, one billion more are better protected from health emergencies and one billion more enjoy better health and well-being by 2023.

The triple billions represent milestones that must be reached to get the world's countries on track to meet their commitments under the Sustainable Development Agenda. In other words, they are effectively interim global targets for the health-related SDGs.

¹ Resolution A/RES/70/1. Transforming our world: the 2030 Agenda for Sustainable Development. In: Resolutions and Decisions adopted by the General Assembly during its seventieth session. Volume I: Resolutions, 15 September – 23 December 2015. New York: United Nations; 2016. ([https://undocs.org/en/A/70/49\(Vol.I\)](https://undocs.org/en/A/70/49(Vol.I)), accessed 8 October 2019).

² About the global goals. In: One World Center [website]. Bayswater, Australia: One World Center; 2019 (www.oneworldcentre.org.au/global-goals/agenda-2030-and-the-sdgs, accessed 8 October 2019).

³ Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2018 (WHO/PRP/18.1; <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 8 October 2019).

Alongside the substantive health priorities identified in GPW 13, WHO also committed to reforming itself. The WHO Transformation Agenda aims to overhaul the Organization. A comprehensive restructuring exercise will align departments more closely with the GPW 13 priorities, optimize business processes and tailor resources to country needs. At the same time, working modalities and culture are being transformed to minimize bureaucracy and promote teamwork that cuts across technical and programme-specific areas.

A new vision and strategy for the Eastern Mediterranean Region

WHO's leadership and Member States in the Eastern Mediterranean Region were quick to engage with the new global strategy. On taking office as Regional Director in June 2018, Dr Ahmed Al-Mandhari began a comprehensive process of review and consultation⁴ to develop a new vision and strategy for the Region. The first fruit of that process, *Vision 2023*, was presented to the annual session of the Regional Committee for the Eastern Mediterranean, the Organization's main governing body in the Region, in October 2018.

Vision 2023 is closely linked to GPW 13 and the SDGs. The four regional strategic priorities identified in the vision align with the GPW 13 triple billion targets and WHO's ongoing internal transformation.

This document sets out how WHO will work to realize *Vision 2023*. It is split into two short sections. The first introduces the vision, including our strategic priorities and the strategic approaches through which we will pursue those priorities, and explains how we will measure our progress. The second specifies what we aim to do to achieve each strategic priority through set objectives and specific directions.

WHO supports a huge range of technical programmes and initiatives in the Eastern Mediterranean Region. The purpose of this strategy is to provide a high-level focus for all our activities. It is intended to serve as a reference for countries, partners and other key stakeholders to complement the more detailed technical papers and documents which are submitted each year for Member States' consideration through WHO's governing bodies. Updates and further information are available through the dedicated webpage: www.emro.who.int/about-who/vision2023/vision-2023.html

WHO's vision for the Eastern Mediterranean Region

The context: challenges and opportunities

The Eastern Mediterranean Region is a dynamic and diverse world region with challenging social, economic and demographic conditions.

Average life expectancy among its 679 million people ranges from 55.4 years in Somalia to 80.7 years in Qatar,⁵ and while poverty is virtually non-existent in some countries, in others more than a third of the population lives below the international poverty line.⁶

⁴ *Vision 2023* was developed at a week-long workshop in September 2018 attended by senior WHO technical staff and external experts from the Region and beyond. That same workshop produced working papers on the regional strategic priorities. After the launch of the vision, the draft strategy papers were reviewed and revised by senior staff from across WHO's different programmes and technical units in the Region. Revised drafts were shared with all WHO's staff in the Region to ensure that everyone had a chance to contribute. The final revised drafts were then used as the basis of this strategy document.

⁵ Average total life expectancy (male and female) at birth in 2016 – the most recent available data at time of writing. See: Eastern Mediterranean Region: framework for health information systems and core indicators for monitoring health situation and health system performance 2018. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019.

⁶ According to the most recent available figures, 0.0% of Oman's population are living below the international poverty line; in both the Islamic Republic of Iran and Qatar the proportion is just 0.1%; but in Sudan 36.1% of people live in poverty and in Pakistan the figure is 39.0%. See: Eastern Mediterranean Region: framework for health information systems and core indicators for monitoring health situation and health system performance 2018. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019.

Notwithstanding the wealth of some countries, the Region faces enormous health challenges. Health-related policies are often underdeveloped or inadequate; many health systems are under-resourced and poorly managed; and humanitarian emergencies are impacting the Region on an unprecedented scale. It is therefore unsurprising that many health outcomes fall well below global averages:

- The Eastern Mediterranean Region has the second highest neonatal mortality rate in the world – around 464 000 newborns died in 2018.
- Nearly a fifth (19%) of all births are low birth weight, and more than 24 million children in priority countries of the Region are at risk of poor development. More than a quarter (25.6%) of those aged under 5 are stunted.
- The Region has the second-highest child mortality rate globally, and the second-highest mortality rate for adolescents. Almost 3 million children annually fail to receive their basic routine vaccines.
- Polio is still endemic in the Region; it is the only region worldwide where wild poliovirus continues to circulate.
- According to the Universal Health Coverage Service Coverage Index (SCI), essential health services are less widely available in the Eastern Mediterranean Region than in most parts of the world. While the SCI increased globally from 45 to 66 out of 100 between 2000 and 2017, in the Eastern Mediterranean Region it remains at less than 60. Out-of-pocket payment accounts for a high share of health spending in the Region, oscillating around 40% of total current health expenditure between 2000 and 2015, a consequence of low public investment in health.⁷
- Financial hardship due to health spending rose around the world between 2000 and 2015, but the increase was higher in the Eastern Mediterranean than in any other WHO region. In 2015, 11.7% of the population faced catastrophic health expenditure (defined as spending more than 10% of their income on health care; up from 8% in 2000).
- Maternal mortality is high at 166 deaths per 100 000 live births. Most of these deaths are due to preventable factors including bleeding (25%), abortion (13%) and infection (12%).
- Over the last decade, the Region has experienced major outbreaks of many infectious diseases, including the largest cholera outbreak ever reported (over 2 million cases); it has seen the re-emergence of infectious diseases that had all but disappeared, such as diphtheria, and is experiencing very high rates of antimicrobial resistance which have rendered the treatment of infectious diseases extremely challenging, both in the community and health care settings.
- Countries in the Region exhibit the highest burden of certain communicable diseases and neglected tropical diseases, including tuberculosis, hepatitis and leishmaniasis. Infections that are under control in other regions such as HIV are rising in the Eastern Mediterranean Region.
- An estimated 100 million people in the Region live with disabilities.⁸

⁷ Advancing universal health coverage. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 (http://applications.emro.who.int/docs/RC_Technical_Papers_2018_4_20534_EN.pdf?ua=1, accessed 8 October 2019).

⁸ Disability and health. In: WHO/News-room/factsheets [website]. Geneva: World Health Organization; 2018 (<https://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>, accessed 8 October 2019)

- Rates of some noncommunicable diseases (NCDs), including diabetes, and some important NCD risk factors such as obesity and smoking, are among the highest in the world. In 2016, NCDs were the cause of 2.6 million deaths, equivalent to 62% of all deaths in the Region,⁹ with the highest prevalence of diabetes at 13.7% compared to the global average of 8.5%.¹⁰ Nearly a fifth (18.1%) of the Region's people smoke and almost half (49%) are overweight or obese.
- A quarter of all people in the Region will experience a mental health episode in their lifetime, but only 1 in every 27 sufferers receives treatment. For people with substance use disorders, the treatment rate is 1 in 13.

The public health challenges are daunting, but the Eastern Mediterranean Region also has rich assets that can be exploited in efforts to achieve better health: a strong shared culture, large numbers of confident and aspirational young people, renowned intellectual heritage and a robust societal fabric. There is also a tradition of community approaches to health. Countries in the Region have adopted and institutionalized many examples of good practice and expertise that can be evaluated and shared, while WHO has developed strong expertise in many relevant areas, for example knowledge and public health assets for polio eradication, emergency preparation and response, and disease surveillance.

To deploy all these assets to best effect, WHO needs to seize – and create – opportunities.

Our vision, mission and strategic priorities

Vision 2023 is intended to leverage all the available assets in the Region. The core principle – health¹¹ for all, by all – recognizes that every country, community and individual has a valuable contribution to make.

More specifically, WHO's mission in the Region is: “To collectively strive and accelerate progress towards the health and well-being of the people of the Eastern Mediterranean Region by leveraging all opportunities and mobilizing all regional assets in line with WHO's global mission outlined in GPW 13: promote health, keep the world safe and serve the vulnerable.”

To realize the vision, WHO will focus on four priorities which reflect both regional and global strategies:

- 1) **Expanding universal health coverage** by building equitable, resilient health systems based on primary health care, a people-centred approach and quality and safe services; and focusing on implementing the recommendations of the Salalah Declaration on Universal Health Coverage of 2018; ensuring that at least 100 million more people benefit from universal health coverage by 2023.
- 2) **Addressing health emergencies** through forecasting, comprehensive preparedness, prompt and effective response and well-planned recovery guided by the humanitarian, development and peace nexus; and focusing on ensuring access to health services during emergencies, initiating early recovery and promoting the transition to health and fostering peace.

⁹ Global Health Observatory data repository [online database]. Geneva: World Health Organization; 2016 (<https://www.who.int/gho>).

¹⁰ Global report on diabetes. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/204871/9789241565257_eng.pdf?sequence=1, accessed 8 October 2019).

¹¹ WHO defines “health” very broadly to mean “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The WHO Constitution of 1946 further stipulates that: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

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- 3) **Promoting healthier populations** by advocating for Health in All Policies, multisectoral action, community engagement and strategic partnerships with a focus on addressing the social and economic determinants of health across the life course, addressing risk factors for health including NCDs and injuries, and leaving no one behind.
 - 4) **Making transformative changes** in WHO by reforming the Organization's business models, systems and culture in the Region to ensure that it is fit for business, accountable and a dynamic catalyst in health; by focusing on creating an enabling working environment; strengthening and streamlining strategic communications as a core function; increasing the availability and sustainability of financial resources for WHO-supported health programmes in the Region; optimizing use of those resources; and strengthening WHO's country presence.

The regional strategic priorities are not mutually exclusive; on the contrary, work on each of them is likely also to reinforce progress on the others.

Driving public health impact in countries

Six approaches will be used to enhance WHO's impact at country level:

- 1) **Building public health capacity** including multisectoral needs assessment, priority setting, generating intelligence, planning and evidence-based policy development that is responsive to local needs to ensure equitable and resilient health systems.
- 2) **Enhancing preparedness** by expanding capacities for effective and timely response to, and recovery from, the variety of current and potential emergencies and post-conflict situations affecting the Region, and mitigating risk by building resilience into health systems.
- 3) **Strengthening partnerships** with professional organizations, civil society and local communities to protect people's health, build strategic alliances, and ensure effective engagement for health among individuals, experts, champions, organizations, academia, the private sector, civil society and regional foundations.
- 4) **Effectively advocating for health**, working on and building regional expertise for Health in All Policies, equity and gender mainstreaming and community-based actions to address health determinants and strengthening regional experience in community-based actions to meet the SDGs and ensure a people-centred approach to public health actions, including in times of emergencies.
- 5) **Mobilizing resources** employing innovative approaches. Resources for health are not just financial; they include human resources, knowledge, information, science and technology.
- 6) **Fostering innovation** by investing in technological advances that are appropriate for national needs and that support the achievement of the regional priorities, and supporting the generation, translation and dissemination of knowledge and its systematic use in policy-making.

Changing the way we work

Within WHO, four enabling approaches will be taken to transform the Regional Office and country offices to better respond to health priorities:

- 1) **Creating a working environment that positively influences the way people work** by fostering mutual support, open and transparent dialogue, flexibility and better accountability, and facilitating a rapid improvement in WHO's response to country needs.
- 2) **Strengthening and streamlining strategic communications** as a core function to reinforce WHO's role as the trusted health authority, reaffirm staff's pride in the Organization's work, utilize traditional and contemporary digital media and platforms for expanded outreach, and enhance WHO's partnerships with key stakeholders.
- 3) **Increasing the availability and sustainability of financial resources** for WHO-supported health programmes in the Region and optimizing the use of these resources, including by using existing and new modalities for resource mobilization and enhancing regional strategic partnerships for health.
- 4) **Strengthening WHO's country presence** by improving the delegation of authority with clear lines of accountability and transparency, ensuring effective communication, facilitating access to technical support and coordination in a spirit of teamwork, and decentralizing certain operational functions based on available capacity with appropriate risk-management criteria.

Tackling our regional strategic priorities: strategic objectives and directions

For each of our four strategic priorities, WHO has identified the main strategic objectives that we need to pursue, and each of those objectives is then supported by more detailed strategic directions. The strategic objectives and directions are specified in detail in the next section of this document. We have sought to make the objectives and directions as clear as possible while also covering the whole scope of WHO's work.

Measuring our progress

To ensure effective implementation of this strategy, WHO will systematically monitor and evaluate progress. In line with the global approach to measuring the implementation of GPW 13, our main aim is to monitor the impact of the work of WHO and our Member States at country level. However, collecting and analysing comparable data from all countries of the Region, and across all areas covered by the strategy, is challenging. Indeed, improving data availability, quality and use are all, in themselves, strategic aims of WHO both globally and regionally.

Impact measurement reflects the joint contribution of WHO and its Member States. A further aim is to measure WHO's performance specifically – to separate it out from the results achieved in cooperation with Member States and partners.

To achieve these aims, WHO will draw on several different sets of indicators.

Measuring health improvement and WHO impact

In the Eastern Mediterranean Region, WHO has a framework of core indicators which focuses on three main components: 1) monitoring health determinants and risks; 2) assessing health status, including morbidity and cause-specific mortality; and 3) assessing health system response. The framework has been developed through intensive work by WHO and countries of the Region since 2012, and data reporting has expanded significantly over that period. It now covers 75 indicators, including all SDG 3 indicators, and a report is published each year. A list of core indicators is annexed to this document.

In addition, WHO has developed the global GPW 13 results framework with the aim of making the triple billion targets measurable at all levels, nationally, regionally and globally, contributing to reporting on SDGs and accelerating progress towards them, and providing a means of tracking the joint efforts of WHO, our Member States and partners.

The framework is a measurement system with three layers: (i) programmatic indicators and milestones aligned with global health and SDG indicators; (ii) triple billion targets using composite indices including UHC coverage index, service coverage and health-related financial hardship; and (iii) healthy life expectancy (HALE) as the collective indicator for assessing health improvement.

As a regional priority and part of the triple billion results framework, WHO tracks polio eradication through highly sensitive poliovirus surveillance systems and indicators of program performance through extensive monitoring mechanisms.

The GPW 13 results framework is available via WHO's web page on GPW 13: <https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>.

We will use this framework to monitor progress towards UHC as well as the other triple billion targets.

Measuring WHO's functions and performance at regional and national level

This will be based on key performance indicators (KPIs) developed by WHO's Regional Office. Through extensive technical work during 2019, a set of 56 KPIs and relevant targets has been established, 20 of which are prioritized and will be measured and reported each year for each country and at the regional level. KPI measurement will help align WHO's operations with its strategic objectives, as stipulated in *Vision 2023* and GPW 13, and keep track of WHO's performance. The KPIs cover the full scope of WHO's work in the Region. They are listed below in Annex 2.

The Regional Health Observatory

From 2020, WHO will also use a new version of our Regional Health Observatory that will include all the core indicators as well as briefs and reports that highlight health system performance, health determinants and risks, and health status and outcomes in the Region. Additional indicators from the GPW 13 results framework will also be included in the observatory as the data become available, as will KPIs, meaning we will be able measure our progress towards our *Vision 2023* objectives, the GPW 13 triple billion targets and ultimately the UN SDGs.

Strategic objectives and directions

WHO will work with Member States and partner organizations to pursue the following strategic objectives and directions for the four regional strategic priorities.

Regional strategic priority 1: Expanding universal health coverage

Vision: Advancing UHC in all countries of the region, including those in emergencies, so as to ensure that at least 100 million more people benefit from health services they need in good quality and without financial hardship by 2023.

Strategic Objectives	Strategic Directions
<p>a) Strengthen health system governance structures and financing arrangements to expedite progress towards UHC.</p>	<ul style="list-style-type: none"> → Develop national roadmaps to advance UHC, tailored to country needs and level of socioeconomic development, by involving all stakeholders and engaging in an inclusive policy dialogue. → Assess health system challenges and develop national health policies, strategies and plans towards UHC in the Region. → Strengthen health system governance for UHC, focusing on institution building, accountability, legislation and the changing role of ministries of health in diverse contexts, including in decentralized settings and the private sector. → Develop equitable, efficient and sustainable health financing strategies for UHC, with opportunities to raise additional public money for health, establish prepayment arrangements, and shift towards strategic purchasing to optimize domestic and external resources. → Develop national and subnational plans to ensure effective, equitable, efficient and inclusive integration of programmes for: (a) promoting health and well-being, (b) prevention and control of noncommunicable diseases and violence and injuries, and (c) the control of communicable and vaccine-preventable diseases including polio. → Monitor progress towards UHC goals and objectives interlinked with SDG-specific indicators, and as related to global and regional commitments.
<p>b) Develop integrated, people-centred health services.</p>	<ul style="list-style-type: none"> → Scale up primary health care focused on family practice and referral to maximize availability, accessibility, acceptability and quality within an integrated district health system approach, including public and private sectors. → Develop national UHC priority benefit packages for promotive, preventive, curative, rehabilitative and palliative services, as well as intersectoral and fiscal policies to address environmental and behavioural risks and determinants of health. → Develop and implement national hospital strategic plans, while promoting integrated people-centred health services. → Establish mechanisms and regulations to ensure community engagement for integrated, people-centred self-care health services with representation of various age groups. → Improve quality of care, patient safety and infection control and promote safe and environmentally friendly health facilities.

<p>c) Ensure availability of appropriately skilled and qualified health workers.</p>	<ul style="list-style-type: none"> → Develop and implement comprehensive health workforce policies and strategic plans to optimize health workforce availability, accessibility, acceptability, quality and performance – based on an understanding of labour market dynamics. → Scale up and sustain the production of appropriately skilled, multipurpose health workers. When possible, optimize use of polio workforce as part of the polio transition. → Strengthen the governance and regulation of health workforce structures at all levels. → Establish or strengthen health workforce observatories to guide the design, implementation and monitoring of health workforce strategies. → Develop guidance for health workforce management and health infrastructure rehabilitation in emergencies.
<p>d) Improve equitable access to and appropriate use of safe, effective, quality-assured and affordable medicines, vaccines and essential health technologies.</p>	<ul style="list-style-type: none"> → Strengthen national regulatory systems to ensure the quality, safety and efficacy of health products including assistive products. → Develop and implement national medicine policies aligned to WHO technical guidelines, norms and standards for quality assurance. → Promote health technology assessment (HTA) of medical products, improve procurement and supply management systems, and strengthen local production of medical products including assistive products as per good manufacturing practices. → Promote the rational use, regulation and distribution of medicines – particularly antibiotics – and strengthen the collection, analysis and sharing of data, while ensuring transparent and stronger policies and actions for fairer pricing. → Strengthen preparedness for the entry of medicines, vaccines and other health products into countries experiencing a public health emergency.
<p>e) Build resilient health systems to withstand emergencies, continue to function and respond during emergencies, and recover swiftly and better than before.</p>	<ul style="list-style-type: none"> → Strengthen regional and country capacity to integrate emergency programmes and health system strengthening to enhance health system resilience and progress towards UHC in fragile, conflict and violence settings. → Bridge the divide between humanitarian and development streams in protracted emergencies by adopting the humanitarian-development-peace nexus, leveraging the comparative advantages of humanitarian and development partners to transition smoothly from humanitarian action to health system development. → Support countries for health system recovery in the aftermath of emergencies with a “build back better” approach by providing action-oriented guidance and capacity-building for national and local health systems. → Enhance the interface between science, policy and practice for health system strengthening in emergencies by developing a knowledge management system.

Regional strategic priority 2: Addressing health emergencies

Vision: Ensuring comprehensive preparedness, access to health services during emergencies, initiating early recovery, promoting the transition to health, and fostering peace.

Strategic Objectives	Strategic Directions
<p>a) Streamline preparedness measures to ensure a more timely and coordinated response to health emergencies.</p>	<ul style="list-style-type: none"> → Enhance national health security and health system resilience by assessing and monitoring IHR core capacities, and developing and implementing national action plans. → Undertake hazard mapping, event forecasting and development of: a) all-hazard health emergency preparedness and response plans, b) hazard-specific operational readiness plans and c) disaster risk reduction plans. → Enhance emergency health care systems through baseline assessments of pre-hospital and in-hospital assessments, and by developing roadmaps and plans to enhance emergency system capacities. → Support countries to ensure health emergency management, health security and disaster risk reduction are integral parts of the national and local health systems → Develop cross-border agreements on surveillance and information sharing, risk assessment and response to public health events of mutual concern. → Prepare for mass gatherings, including securing international transport, travel and trade, and providing public health guidance for travelers.
<p>b) Strengthen capacities to prevent and control epidemics and pandemics of diseases in the Region.</p>	<ul style="list-style-type: none"> → Enhance capacities to prevent, detect and respond to potential disease outbreaks caused by high-threat pathogens, including advanced training, knowledge exchange, study tours and peer-to-peer learning, and optimize existing capacities such as the polio workforce as part of the polio transition. → Develop and implement novel epidemiological techniques and forecasting tools to prevent and respond to high-threat pathogens, including One Health for priority zoonotic diseases. → Strengthen partnerships to identify and implement evidence-based practices, and promote innovative research for the prevention and control of high-threat pathogens. → Promote sustainable national laboratory systems and networks at national and regional levels, especially for quality diagnostic testing of high-threat pathogens adhering to biosafety and biosecurity standards. → Expand partnerships with expert networks to enhance the prevention and control of priority epidemic/pandemic diseases, high-threat pathogens and other public health emergencies in countries of the Region.
<p>c) Address the remaining challenges standing in the way of achieving polio eradication in the Region and reaffirm the collective will to bequeath to the world a polio-free future.</p>	<ul style="list-style-type: none"> → Recommit all necessary resources – political, technical, financial and regulatory – to enable Afghanistan and Pakistan to stop wild poliovirus transmission. → Enhance surveillance activities to immediately detect and respond to any wild poliovirus importation or the emergence of vaccine-derived polioviruses and maintain strong outbreak response capacity.

	<ul style="list-style-type: none"> → Support the approval and availability of the vaccines necessary to respond to polio outbreaks, including the novel oral polio vaccine type 2 (nOPV2), including by prioritizing preparations for use of nOPV2 under emergency use listing (EUL). → Promote greater integration of polio assets and resources into national programmes to ensure essential functions that will sustain polio eradication; universal coverage of all eligible children with basic immunizations, including oral polio vaccine; and strengthened outbreak preparedness and response capacities.
<p>d) Develop systems for the early detection of and effective response to emergencies from all hazards.</p>	<ul style="list-style-type: none"> → Improve capacities and systems in countries to detect events of public health concern early, undertake timely risk assessment and situational analysis, and provide timely and up-to-date information on health resources and health needs to guide and tailor WHO operational response. → Scale up support to and capacity of countries to effectively manage the response to acute emergencies through consistent application of emergency management best practices – including the Incident Management System, fully resourced emergency operations centres (EOCs), predictable and effective surge, logistics support/supply chain and resource mobilization. → Effectively manage the response to protracted emergencies, including promoting universal health coverage (UHC), by leveraging the comparative advantages of humanitarian and development partners, applying the humanitarian-development-peace nexus, and advocating consistently for equitable and unimpeded access to health care. → Engage with partners and countries to ensure access to health for migrants, refugees and displaced populations through policy guidance, assessment of health needs, development and implementation of response plans, monitoring and evaluation, and regional collaboration. → Strengthen the collective response to emergencies with key operational partners – especially the Global Health Cluster (GHC), the Global Outbreak Alert and Response Network (GOARN) and emergency medical teams (EMTs). → Consistently monitor the effectiveness and impact of WHO’s emergency programmes through regular reporting of core indicators of access, coverage, utilization and impact.

Regional strategic priority 3: Promoting healthier populations

Vision: Promoting healthier lives and well-being across all ages through advocating for Health in All Policies, multisectoral action, community engagement and strategic partnerships, leaving no one behind.

Strategic Objectives	Strategic Directions
<p>a) Adopt a multisectoral approach to prevent morbidity and mortality and promote healthy lives and well-being.</p>	<ul style="list-style-type: none"> → Facilitate policy dialogue on whole-of-government and whole-of-society approaches to priority public health issues, in line with the Global Action Plan for Healthy Lives and Well-being. → Promote addressing the social and other determinants of health for the achievement of the health-related Sustainable Development Goals, and to leave no one behind. → Strengthen the leadership and stewardship role of the health sector in multisectoral action to prevent and control noncommunicable diseases, communicable diseases (especially antimicrobial resistance), violence and injuries. → Encourage countries to implement the WHO Framework Convention on Tobacco Control and join the Protocol to Eliminate Illicit Trade in Tobacco Products. → Promote Health as a Bridge for Peace to ensure that all populations are covered by health services including in emergencies.
<p>b) Prioritize evidence-driven interventions to address the socioeconomic determinants of health.</p>	<ul style="list-style-type: none"> → Launch the regional Commission on the Social Determinants of Health. → Adopt and implement technical packages to address risk factors associated with noncommunicable diseases, injuries and violence (including violence against women, girls and children), as well as relevant surveillance systems. → Address the double burden of malnutrition by adopting and implementing the Regional Nutrition Strategy 2019–2030 and the Framework for Action on Obesity Prevention. → Advocate for and assist in the development and implementation of effective policies on mental health and substance use based on WHO technical guidance. → Support the adoption of a Safe System approach to address road safety, to systematically integrate road safety into relevant policies, both vertically within each concerned sector and horizontally across different sectors. → Advocate for and assist in developing better policies and practices to address the health needs of people with disabilities across the life course and their underlying determinants.
<p>c) Encourage and support improving health and well-being across all ages.</p>	<ul style="list-style-type: none"> → Support countries in reducing preventable deaths and addressing all health and development needs across the life course by adopting a multisectoral approach to the health of women, newborns, children and adolescents in both development and emergency contexts. → Invest in and advocate for promoting early childhood development in the context of the “thrive agenda” of the Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030 and the Global Nurturing Care Framework 2018.

	<ul style="list-style-type: none"> → Work with countries and partners to ensure universal access to effective nutrition interventions, including for infant, young child and maternal nutrition. → Promote recommended breastfeeding practices. → Develop and implement national strategies for adolescent health through a multisectoral approach using the Global Guidance on Accelerated Actions for the Health of Adolescents (AA-HA!). → Implement reproductive and maternal health guidelines including WHO flagship programmes. → Deliver integrated care for older people through the primary health care network, develop communities that foster the abilities of older people and maintain environments that are age-friendly.
d) Promote healthy settings, such as healthy cities and schools, and the adoption of Health in All Policies by the public sector.	<ul style="list-style-type: none"> → Advocate for the healthy settings approach including the expansion of the Regional and National Healthy Cities Network as a key platform for health protection and promotion to address the social determinants of health, achieve the Sustainable Development Goals and leave no one behind. → Strategize engagement with community enablers in the Region and countries to promote community involvement in health, including developing context-specific strategic actions to work with community health workers, religious leaders, youth and civil society organizations. → Prioritize health-promoting schools, the Baby-Friendly Hospital Initiative, workplaces and public spaces, and contextualize/ adapt the related global standards to the regional context, bearing in mind the prevailing humanitarian settings.
e) Accelerate multisectoral action to address the risks due to climate change and the environment.	<ul style="list-style-type: none"> → Catalyze the stewardship role of the public health sector in building partnerships and synergies to mobilize service providers and relevant stakeholders for protecting health and the environment, including emergencies. → Strengthen multisectoral partnerships to protect health and ensure that health risks due to the environment (such as pollution, water, sanitation and hygiene) and climate change are addressed through policies, strategies and regulations, including in emergencies. → Equip the public health and other relevant sectors with norms, guidelines, best practices, assessment tools and information for establishing efficient environmental health and climate management systems. → Enhance the regulatory and governance capacity for identifying, monitoring, evaluating and managing food safety, environmental risk factors and climate change to reduce health vulnerabilities. → Promote science and build evidence on the impact of environmental risk factors and climate change on health, and promote cost-effective interventions.

Regional strategic priority 4: Transforming WHO

Vision: Be an accountable, catalytic leader in health in the Region by making fundamental changes in the WHO working business model, systems and culture.

Strategic Objectives	Strategic Directions
<p>a) Align the work of all staff to a common strategy.</p>	<ul style="list-style-type: none"> → Invest in a respectful, motivating, enabling working environment fostering mutual support, collaboration and transparency, and emphasizing country-level results. → Encourage staff to embed WHO's Values Charter in the Organization's way of working at all levels to serve public health with professionalism, integrity and trust. → Strengthen managerial approaches emphasizing career development, supportive supervision and fair and collegial performance management. → Strengthen technical capacity and corporate culture, particularly in the areas of leadership, health diplomacy, team performance and mainstreaming equity, gender and human rights.
<p>b) Ensure a fit-for-purpose structure and processes by improving strategic positioning, engagement and capacities to efficiently respond to country needs and priorities.</p>	<ul style="list-style-type: none"> → Reshape operating models in country offices and the Regional Office to ensure they are fit for purpose and maximize impact. → Strengthen country presence to be a platform for effective cooperation for advancing the global and regional agenda and contributing to national priorities. → Enhance strategic and operational planning to better define appropriate and achievable country objectives and plans and be able to respond rapidly to changing health situations and emergencies within countries, applying the Value for Money approach for measurable results and impact. → Increase the responsibility, transparency and accountability of country offices by developing a culture of performance management through comprehensive and clear reporting on achievements. → Enhance transparency, efficiency and effectiveness in the recruitment and management of human resources using high-impact and cost-effective capacity-building approaches. → Streamline end-to-end programme management of response to emergencies, including programme/project design, implementation, monitoring, financing, grant management, human resource management and reporting. → Establish and apply best-in-class processes for core technical, business, operations and external relations functions, especially in the context of emergencies.
<p>c) Expand partnerships and strengthen strategic communications as core functions.</p>	<ul style="list-style-type: none"> → Enhance strategic partnerships with donors, academia, UN agencies, regional bodies and communities to address regional priorities. → Improve Member State engagement to ensure the relevance and effectiveness of the work of WHO at both regional and global levels.

	<ul style="list-style-type: none"> → Strengthen external communications to make WHO more visible, responsive and interactive by reinforcing WHO's role as the trusted health authority and ensuring quality, accurate, relevant and timely communications. → Strengthen internal communication processes through regular exchange of information, tools and best practices to support staff engagement and reaffirm pride in the Organization. → Secure increased predictable, flexible and sustainable resources through improved donor engagement at the global, regional and country levels, and optimize their use.
d) Streamline evidence base for informed health policy-making.	<ul style="list-style-type: none"> → Support the generation, translation, adaptation and dissemination of knowledge and its systematic use in policy-making and translation into action. → Invest in research capacity for regional and national priorities. → Support initiatives aimed at increasing national capacity for the ethical oversight of research and improving research standards. → Expand and use WHO Collaborating Centres in the Region in responding to regional priorities.
e) Streamline measurement approaches to ensure WHO functions and country achievements are measured effectively.	<ul style="list-style-type: none"> → Foster innovation and technological advances in health and health-related areas to meet country and regional needs and priorities. → Enhance capacity to generate and utilize reliable information, evidence, innovation and knowledge through an equity lens to support national policy-making towards achieving the health-related SDGs. → Develop and implement innovative packages to improve national health information systems, including civil registrations and causes of death. → Streamline approaches for monitoring and reporting of country achievements and WHO performance through a regional observatory.

Annex 1

Framework for health information systems and core indicators for monitoring the health situation and health system performance

Health determinants and risks	Health status	Health system response	
<p>Demographic and social determinants</p> <p>Population size</p> <p>Population growth rate</p> <p>Total fertility rate</p> <p>Adolescent fertility rate (15–19 years)</p> <p>Net primary school enrolment</p> <p>Population below the international poverty line</p> <p>Literacy rate among persons 15–24 years</p> <p>Access to improved drinking water</p> <p>Access to improved sanitation facilities</p> <p>Risk factors</p> <p>Low birth weight among newborns</p> <p>Exclusive breastfeeding rate 0–5 months of age</p> <p>Children under 5 who are stunted</p> <p>Children under 5 who are wasted</p> <p>Children under 5 who are overweight</p> <p>Children under 5 who are obese</p> <p>Overweight (13–18 years)</p> <p>Obesity (13–18 years)</p> <p>Overweight (18+ years)</p> <p>Obesity (18+ years)</p> <p>Tobacco use among persons 13–15 years</p> <p>Tobacco use among persons 15+ years</p> <p>Harmful use of alcohol (aged 15 years)</p> <p>Insufficient physical activity (13–18 years)</p> <p>Insufficient physical activity (18+ years)</p> <p>Raised blood glucose among persons 18+ years</p> <p>Raised blood pressure among persons 18+ years</p> <p>Anaemia among women of reproductive age</p>	<p>Life expectancy and mortality</p> <p>Life expectancy at birth</p> <p>Neonatal mortality rate</p> <p>Infant mortality rate</p> <p>Under-five mortality rate</p> <p>Maternal mortality ratio</p> <p>Mortality rate by main cause of death (age-standardized)</p> <p>Mortality between ages 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</p> <p>Mortality rate from road traffic injuries</p> <p>Mortality rate attributed to household and ambient air pollution</p> <p>Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene</p> <p>Suicide mortality rate</p> <p>Morbidity</p> <p>Cancer incidence by type of cancer</p> <p>Tuberculosis notification rate</p> <p>Estimated number of new HIV infections cases</p> <p>Incidence of hepatitis B</p> <p>Incidence of confirmed malaria cases</p> <p>Incidence of measles cases</p> <p>Number of people requiring interventions against neglected tropical diseases</p> <p>Population at risk of neglected tropical diseases (subject to treatment campaigns)</p>	<p>Health financing</p> <p>Per capita current health expenditure</p> <p>Out-of-pocket expenditure as % of current health expenditure</p> <p>Domestic general government health expenditure as % general government expenditure</p> <p>Incidence of catastrophic expenditure at 25% of household consumption or income</p> <p>Incidence of impoverishment due to out-of-pocket health expenditure</p> <p>Population with catastrophic health expenditure</p> <p>Population impoverished due to out-of-pocket health expenditure</p> <p>Health workforce</p> <p>Density of health workers: a-physicians, b-nurses, c-midwives, d-pharmacists, e-dentists</p> <p>Density of recent graduates of registered health profession educational institutions</p> <p>Country capacity</p> <p>International Health Regulations (IHR) technical areas</p> <p>IHR annual reporting</p> <p>Joint external evaluation (JEE) score</p> <p>Health information system</p> <p>Birth registration coverage</p> <p>Death registration coverage</p> <p>Medicines and medical devices</p> <p>Availability of selected essential medicines in health facilities</p> <p>Density per million population of selected medical devices in public and private health facilities</p>	<p>Service delivery</p> <p>Density of primary health care facilities</p> <p>Hospital bed density</p> <p>Surgical wound infection rate</p> <p>Annual number of outpatient department visits, per capita</p> <p>Service coverage</p> <p>Demand for family planning satisfied with modern methods</p> <p>Antenatal care coverage (1+;4+)</p> <p>Births attended by skilled health personnel</p> <p>Children under 5 with diarrhoea receiving oral rehydration therapy</p> <p>DTP3/pentavalent immunization coverage rate among children under 1 year of age</p> <p>Measles immunization coverage rate (MCV1)</p> <p>Coverage of service for severe mental health disorders</p> <p>Treatment coverage for opioid dependence</p> <p>Tuberculosis treatment success rate</p> <p>Percentage of suspected malaria cases that have had a diagnostic test</p> <p>Percentage of population sleeping under insecticide-treated nets</p> <p>Antiretroviral therapy (ART) coverage among all adults and children living with HIV</p> <p>Percentage of key populations at higher risk (who inject drugs, sex workers, men who have sex with men) who have received an HIV test in the past 12 months and know their results</p> <p>UHC service coverage index</p>

Annex 2

Key performance indicators

Regional level	Country/budget centre level
1 billion more people benefiting from universal health coverage	
Number of countries that have adopted/updated WHO reproductive and maternal health guidelines	Status of adoption/update of WHO reproductive and maternal health guidelines
Number of countries that have implemented WHO key facility- and community-based interventions for newborn and child health and development	Status of implementation of key facility- and community-based interventions for newborn and child health and development
Number of countries that have achieved targets in the Eastern Mediterranean Vaccine Action Plan (EMVAP; 90% coverage at national level and 80% coverage at district level)	Status of achievement of the EMVAP targets
Number of countries that have evidence-based national guidelines/protocols/standards for the assessment and management of cardiovascular risk factors at primary health care level	Status of integration of cardiovascular risk factor assessment and management at primary health care level
Number of countries that have implemented the United Nations General Assembly (UNGA) Political Declaration and the Multisectoral Accountability Framework	Status of adoption of the UNGA Political Declaration and Multisectoral Accountability Framework
Number of countries for which at least 40% of health care facilities have implemented a UHC essential package of services	Percentage of health care facilities that have implemented a UHC essential package of services
Number of countries that have implemented WHO primary health care quality/patient safety indicators	Status of implementation of WHO primary health care quality indicators
Number of countries that have conducted emergency care assessments and related roadmaps for priority actions	Status of the emergency care assessment and related roadmap
Number of countries that have implemented Mental Health Gap Action Programmes	Status of implementation of the Mental Health Gap Action Programme
Number of countries that have initiated governance actions to develop/recover their public health functions, health system organizational arrangements and supportive regulations	Status of implementation of governance actions to develop/recover the health system
Number of countries that have developed/updated a health workforce strategic plan	Status of implementation of the health workforce strategic plan
Number of countries that have developed their health financing strategies	Status of development of the health financing strategy
Number of countries that have produced and institutionalized their health accounts	Status of implementation of national health accounts
Number of countries that have reported national data on antimicrobial resistance (AMR) to the WHO Global Antimicrobial Resistance Surveillance System (GLASS)	Status of national AMR surveillance reporting in GLASS
Number of countries where local manufacturers are in compliance with WHO Good Manufacturing Practice (GMP)	Percentage of manufacturers compliant with WHO GMP

Regional level	Country/budget centre level
Number of countries that have institutional development plans to strengthen their capacities	Existence of an institutional development plan for drug regulation
Number of countries that have developed national laboratory policies	Status of development of national laboratory policy
1 billion more people better protected from health emergencies	
Number of countries that have conducted simulation exercises using WHO tools and guidelines	Status of implementation of simulation exercises using WHO tools and guidelines
Number of countries that have officially nominated rapid response teams at all levels (national, regional)	Officially nominated rapid response teams at all levels (national, regional)
Number of countries that have received a minimum of 50% of predefined medical commodities from the WHO Dubai platform	Percentage of medical commodities received from WHO Dubai platform
Number of countries that have implemented the real-time early warning surveillance framework	Status of adaptation and implementation of the real-time early warning surveillance framework
Number of countries able to verify at least 80% of signals detected by the Regional Office within 72 hours	Percentage of signals detected by the Regional Office which have been verified within 72 hours
Number of countries that have submitted complete documentation and been declared polio-free	Status of documentation on certification for polio eradication
Number of countries that have met the Certification Standards for acute flaccid paralysis (AFP) surveillance indicators	Number of key Certification Standard AFP surveillance indicators met at district and national level
Number of countries that have documented the fulfilment of all containment requirements for global certification	Number of containment requirements for global certification that have been fulfilled and documented
Number of transition plans that have been developed and funded	Status of development of the polio transition plan
Number of endemic countries that have implemented National Emergency Action Plans (NEAPs) for Polio Eradication and number of non-endemic countries that are effectively prepared to respond to a polio outbreak	<ul style="list-style-type: none"> - Polio endemic countries – status of implementation of the National Emergency Action Plan (NEAP) - Non-endemic countries – status of polio outbreak preparedness and response plan
Number of countries with functioning Emergency Operation Centres	Status of implementation of the Emergency Operation Centre
Number of countries that participated in/performed event risk assessments within 7 days	Status of completion of event risk assessments (rapid risk assessments/public health situation analysis for events) within recommended timeframe
Number of countries that have implemented the surveillance system for attacks on healthcare (SSA)	Status of implementation of the SSA
1 billion more people enjoying better health and well-being	
Number of countries that have reviewed/developed national strategies and action plans on nutrition and diet-related risk factors for noncommunicable diseases (NCDs)	Status of development/review of national strategies and action plans on nutrition and diet-related NCD risk factors

Regional level	Country/budget centre level
Number of countries that have implemented surveillance mechanisms for reporting on drinking water safety	Status of implementation of surveillance mechanisms (surveys) for reporting on drinking water safety
Number of countries that have developed and implemented a national action plan on health resilience to climate change	Status of development and implementation of the national action plan on health resilience to climate change
Number of countries that have initiated actions based on recommendations from food safety assessments	Status of implementation of actions related to food safety
Number of countries that have performed health impact assessments of air pollution	Status of implementation of the health impact assessment of air pollution
Number of countries that have implemented multisectoral action plans (MSAPs)	Status of implementation of the national MSAP
Number of countries that have used STEPS survey findings to develop evidence-based policies and set national targets on NCDs	Utilization of STEPS survey findings to develop evidence-based policies and set national targets on NCDs
Number of countries that have enforced total bans on advertising promotion and sponsorship of tobacco (TAPS)	Status of enforcement of total bans on TAPS
Number of countries that have introduced the regional package of intersectoral policies and interventions into their national health systems	Status of introduction of the regional package of intersectoral policies and interventions into the national health system
Number of countries that have established needs, priorities and plans of action for Health in All Policies (HiAP)	Status of establishment of needs, priorities and plan of action for HiAP
Number of countries addressing environmental health needs in healthy city programmes	Status of incorporation of environmental health into health city programmes
Number of countries that have developed and implemented to improve workplace environment and environmental systems in health care facilities	Status of development and implementation of road map on healthy workplace and environmental systems in health care facilities
Number of countries that have adapted the regional school health service package into the national context	Status of the development and integration of a national school health service package into the education system
Number of countries in which community engagement is integrated into health planning, implementation and monitoring	Status of integration of community engagement principles and activities in the country support plan
More effective and efficient WHO providing better support to countries	
Number of public health research papers published by institutions based in the Region in peer-reviewed journals anywhere in the world	Number of public health research papers published by institutions based in the country in peer-reviewed journals anywhere in the world
Number of countries that have conducted comprehensive health information system assessments	Status of conducting a comprehensive health information system assessment
Number of countries that have developed adequate strategic communication resources	Status of fulfilment of the key strategic communication resources
Number of countries supported in organizing national events for development of leadership and health diplomacy capacities	Percentage of leadership and health diplomacy events organized with the support of WHO

Regional level	Country/budget centre level
Number of budget centres that have mobilized at least 80% of their allocated budget on each technical category	Percentage of allocated budget mobilized
Number of countries that have established partnerships to cover gaps in preparedness and response activities	Percentage of partnerships established to cover gaps in preparedness and response activities
Number of budget centres that have submitted their statutory reports to the assessment tiers in good time	Status of submission of the statutory reports
Number of countries that have a valid Country Cooperation Strategy (CCS)	Status of the Country Cooperation Strategy
Number budget centres that have at least 5% of interns in their workforce	Percentage of interns in the workforce at budget centre level
Number of budget centres with a minimum representation of 40% of women at grade P or G and NPO and above	Percentage of women recruited at grade P or G and NPO and above
Number of budget centres with a minimum average score of 75% across a specific period of time	Overall score of the managerial KPIs
Number of budget centres that have achieved utilization targets	Percentage of the budget utilized out of the total available budget per budget centre

On 16 October 2018, at the 65th session of the WHO Regional Committee for the Eastern Mediterranean, WHO unveiled an ambitious new vision for the Region. *Vision 2023* pledges the Organization to work towards health for all, by all so that everyone in the Eastern Mediterranean Region can enjoy a better quality of life. This document sets out how WHO will work to realize *Vision 2023*. It identifies the Organization's four strategic priorities and the strategic approaches through which we will pursue those priorities, specifies our high-level objectives in relation to each strategic priority, and explains how we will measure our progress.