

## **Introduction of the Annual Report**

**DR AHMED AL-MANDHARI**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

**to the**

**SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE**

**Cairo, Egypt, 10–13 October 2022**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Your Excellencies Ministers of Health and Heads of Delegations,

Director-General,

Ladies and Gentlemen,

It is my honour to present the annual report on WHO's work in the Eastern Mediterranean Region. The report covers 2021, but I would also like to talk about more recent developments.

Most importantly, I would like to talk about the future of health in our Region.

We are entering a new era.

Controlling COVID-19 remains a serious concern.

But after nearly three years of increasingly successful pandemic response, our focus is shifting back to other public health challenges too.

The good news is that together, Member States of this Region and WHO's team are achieving great things across a wide variety of programme areas.

This year's Regional Committee session once again features a virtual exhibition of country success stories. I urge you to visit it. You will be inspired.

But in this new era, we can accomplish so much more. And we must.

We are not on track to meet commitments that every Member State signed up to.

We are not on track to meet the targets set out in WHO's Thirteenth General Programme of Work, or our regional vision and strategy.

We are not on track to achieve the Sustainable Development Goals.

But we can get there.

Last May, the World Health Assembly accepted the recommendations of the Working Group on Sustainable Financing. At long last, WHO should get the predictable, flexible and sustainable funding we need to fulfill our mandate.

Our task going forward is to turn global momentum into life-changing action on the ground in every country of this Region.

How do we do that? How can we create a healthier and sustainable future for everyone?

Let me outline the key successes, challenges and ways forward.

\*

We are certainly not short of challenges. The COVID-19 pandemic exposed many gaps and weaknesses in health systems. Millions of people missed out on essential health services, leaving us with a huge additional disease burden further down the line.

We have seen clearly that the most effective – and the most cost-effective – protection for us all is to invest in strong, integrated, people-centred health systems that reach everyone, even in the most testing times.

As Dr Tedros puts it, health security and universal health coverage are two sides of the same coin.

In this Regional Committee session, we are introducing a technical paper on building resilient health systems which sets out a seven-point agenda to galvanize action.

And we are also seeking your support for a new regional strategy to promote the health and well-being of refugees, migrants and other displaced populations.

I look forward to taking this critical work forward with you.

Of course, countries of the Region are already working hard to enhance their health systems, and we are seeing encouraging progress in many areas.

For example, Morocco is promoting multi-sectoralism to achieve the health-related SDGs.

Kuwait is building capacity in health economics and financing.

And Lebanon and Oman are now regularly reporting mortality data.

Enhancing the health workforce is a major priority. We are collaborating with colleagues from other WHO regions to address the challenges of international health worker mobility, while assisting countries within the Region to tap into the skills of their health diaspora.

And we are also working to plug some serious skills gaps. The new Regional Professional Diploma in Family Medicine, which we developed with several partners, launched just last week.

One of the most exciting developments in the Region is the increasing adoption of digital technology for health.

For example, Jordan is pioneering the implementation of a comprehensive national digital health strategy.

And Palestine is using data systematically to reconfigure and optimize its hospital sector.

This is a potential paradigm shift. Properly deployed, digital technology can support radical improvements in the accessibility, quality, efficiency and cost-effectiveness of health systems.

We had a useful pre-RC technical session yesterday on enhancing hospital information systems, and tomorrow we will present a regional strategy for fostering digital health.

Let us ensure that every country harnesses the power of digital and seizes the opportunities of this new age.

\*

Ladies and gentlemen,

We are making headway in the fight against communicable diseases.

This year, Oman became the first country in the Region to eliminate mother-to-child transmission of HIV and syphilis.

The Islamic Republic of Iran has now reported three years of zero indigenous cases of malaria and is ready to be certified for elimination.

Every single country in our Region reported surveillance data to WHO's Global AMR Surveillance Platform. And we are looking forward to a strong regional presence at the Third Ministerial Conference on AMR in Oman next month.

All this is excellent, but we cannot let our guard down. Even before COVID-19 hit, our Region was behind on global communicable disease targets, and the pandemic knocked us further off track.

Since 2020, 4.5 million additional children in the Region have not received a single dose of any routine vaccine.

That is a ticking time-bomb of potential measles, diphtheria and polio outbreaks. We absolutely must find and vaccinate every zero-dose child.

The gap between estimated tuberculosis cases and their diagnosis and treatment is still too wide.

And while the Region has done well in COVID-19 vaccination, with more than 46% of people in our Region now fully vaccinated, population coverage remains below 20% in four countries of the Region.

In the coming year, we will be rolling out new regional action plans to tackle tuberculosis and malaria, and a plan to accelerate regional implementation of the global roadmap on neglected tropical diseases.

Just last month we concluded a successful consultation on adapting the new global health sector strategies on HIV, hepatitis and sexually transmitted infections to the regional context, and in months to come we will be consulting on a much-needed global strategy on infection prevention and control.

And in this Regional Committee session, we are presenting an analysis that should help Member States maximize the value of the contributions that they receive from two of the most important global health initiatives: Gavi and the Global Fund.

Please study it closely. We need to make the most of every dollar.

\*

We also need to do more to tackle noncommunicable diseases and their underlying risk factors.

NCDs are responsible for almost 70% of all deaths in our Region.

We have seen impressive commitment from countries with very diverse circumstances and resources.

Resolute action on tobacco packaging in Pakistan, Sudan and Tunisia, and on energy drinks in Bahrain.

Creative telemedicine and outreach programmes to increase access to services in Morocco, Oman, Saudi Arabia and Yemen.

Inclusive mental health initiatives in Kuwait, Libya and Syrian Arab Republic.

And many others.

WHO is supporting countries every step of the way.

We are fighting cancer and improving cancer services: introducing a new cervical cancer strategy; campaigning on breast cancer; and working with seven countries of the Region as part of the global initiative on childhood cancers.

We are successfully treating acute malnutrition in emergencies; collaborating with partners to address food insecurity; and also accelerating action to prevent obesity.

And we are improving mental health: fostering mental health and well-being in schools; facilitating the integration of mental health services in primary health care; promoting mental health as a bridge to peace in Somalia; and providing direct information and support in three languages through our own online platform.

But more work is still needed.

Fifty-five million people in our Region have diabetes – the highest prevalence worldwide.

Of six countries in the world where tobacco use is increasing, four are in our Region.

Forty-five percent of men and 53% of women in the Region are obese or overweight.

Every Member State has committed to meet the global SDGs target: to reduce premature deaths from NCDs by one third by 2030.

We have a long way to go.

I am counting on action from all of you to get there.

\*

Ladies and gentlemen,

Addressing health emergencies remains an urgent concern in our Region.

While COVID-19 made the biggest headlines, the impact of other epidemics, conflict and climate-related disasters has increased enormously in recent years.

Already in 2022 WHO has responded to 48 disease outbreaks across the Region. For the whole of 2021 the number was 31.

Currently across the Region, conflict and other health emergencies have left over 111 million people in need of assistance. In 2020 it was 66 million.

And we are facing the fifth consecutive year of failed rains in the Horn of Africa, while in Pakistan rain and floods have affected over 33 million people.

The impact of these crises on health, lives and livelihoods is horrific.

We need to be more proactive and dynamic to meet the escalating challenges.

We can already celebrate many amazing successes in the hardest circumstances.

There are now 100 times more laboratories with PCR capacity in our Region than there were at the start of the COVID-19 pandemic.

In Afghanistan, WHO and UNICEF have kept more than 2300 health facilities functional since August 2021.

Iraq has become the second country globally to pilot the new Universal Health and Preparedness Review process.

And our Dubai logistics hub dispatched 375 shipments of supplies and equipment to more than 100 countries last year, saving lives in every WHO region.

How do we build on these achievements moving forward?

We need to apply the lessons of the pandemic systematically.

That means adopting a more comprehensive, integrated and professional approach across the entire emergency management cycle.

We need strong political leadership and ownership.

Whole-of-government and whole-of society approaches.

Sustained investment in preparedness.

Stronger emergency management capacities.

Dr Tedros has proposed a new Health Emergency Preparedness and Response Architecture that embraces all these elements – and more. I urge Members of this Regional Committee to study those proposals.

I also urge you to step up our Region's engagement with the Review Committee for the International Health Regulations and with the Intergovernmental Negotiating Body working on a potential new international instrument on pandemic prevention, preparedness and response.

Seize this chance to ensure your voice is heard.

And during this Regional Committee session, you will consider proposals for a new operational framework to advance One Health in the Region.

Emerging zoonotic diseases threaten us all – as we have seen with COVID-19 and more recently monkeypox.

The proposed framework would enable a strategic, coordinated approach to One Health, not only for zoonotic diseases but also for antimicrobial resistance and food safety.

Please give it your full support.

Ladies and gentlemen,

We are getting close to eradicating wild poliovirus from our Region.

There are now very low levels of wild poliovirus type 1 in the world's last two endemic countries: Afghanistan and Pakistan.

I thank the governments, partners and funders and the many dedicated health workers and volunteers who are striving to end polio for good.

As with other areas of work, we have plenty of achievements to report.

The Subcommittee for Polio Eradication and Outbreaks has become an essential part of regional efforts.

Egypt and Djibouti have already deployed the novel oral poliovirus vaccine type 2, and more countries are set to follow.

And investment in polio is paying dividends elsewhere, as assets are used to support other health and nutrition efforts under our polio transition strategy.

During Pakistan's massive measles and rubella vaccination campaign last November, the national immunization and polio programmes worked together to reach more than 91 million children.

But we cannot relax yet.

The Region still faces persistent barriers to polio eradication such as insecurity, inaccessibility and vaccine refusal. We are detecting more and more circulating vaccine-derived poliovirus, raising a danger of international spread.

So we have to keep fighting. Let us show the world that we can win.

\*

Ladies and gentlemen,

Despite many challenges, we are continuing to work with Member States to promote health and well-being throughout the Region.

I am proud to report that our collective efforts on this have helped to spark engagement at the highest global levels.

The Health for Peace regional initiative that launched in 2019 has grown into the Global Health for Peace Initiative. Communities in every region of the world can now join and learn from each others' experiences.

And let me also thank the United Arab Emirates for their role in encouraging the World Health Assembly to consider developing a global strategy on promoting well-being and health.

We are already working to sharpen our strategic focus within the Region.

During this Regional Committee session, we will be presenting a technical paper that sets the basis for a new regional roadmap to take health and well-being promotion to a new level.

Meanwhile, efforts are ongoing to improve health in every country, and right across the lifecycle. Protecting mothers and young children. Addressing risk factors for adolescents. Supporting healthy ageing.

Drawing on last year's landmark Report of the Regional Commission on Social Determinants of Health, we are intensifying work to address health inequities.

Gender equity concerns are now factored into all technical programmes, and we plan to publish a situation analysis on gender and health in the Region in the coming months.

We will also be launching two new publications on road safety.

And the Healthy Cities programme continues to grow. Qatar has now gained Healthy City status for all its municipalities – a remarkable achievement which bodes well for WHO’s collaboration for a Healthy FIFA World Cup Qatar 2022.

As you know, we are also working closely with Egypt in the run-up to COP27. Everyone has the right to a healthy and sustainable environment, but all too often that right is breached and the poorest and most vulnerable are paying a catastrophic price.

We need visible, vocal and high-level engagement – at the COP and beyond.

\*

A new era in public health requires a fitter, more agile WHO.

We are continuing to transform our Organization to make that happen.

We now have a regional strategic transformation roadmap with 10 prioritized actions to accelerate change.

We are investing to support our workforce, give them the skills they need, and ensure that they have an inclusive and respectful work environment.

We are investing in enhanced systems and more rigorous procedures, to ensure that all operations are compliant, transparent and accountable.

But above all, we are mobilizing all available resources to maximize our positive impact on the ground in every country of the Region.

The integrated, multidisciplinary approach that we developed for COVID-19 response is becoming a model for other activities.

We are stepping up work to ensure that all policies and interventions are based on sound evidence.

We will be publishing 15 case studies highlighting the strong use of evidence in countries of the Region during the pandemic, and Kuwait, Morocco and Somalia are now pioneering work to enhance evidence-informed policy-making.

We are launching a new Communication-for-Health strategy, and going forward you will see better, richer health communication with people and communities to enhance engagement and behavioural change.

We are deepening partnerships across the Region and beyond. The Regional Health Alliance continues to grow and is now bringing 15 agencies together to accelerate progress on the health-related SDGs.

Most importantly, we are working to deepen our engagement with Member States – supporting national focal points in WHO’s governance procedures and keeping in touch through visits, calls and regular ministerial briefings.

I greatly appreciate the close contact I have with our Member States, and I thank you for your engagement and commitment.

But we need even deeper engagement, and even stronger commitment.

Ladies and gentlemen,

The past couple of years have been exceptionally challenging, but also deeply inspiring. We have achieved so much together.

I am confident we can achieve even more in this new era – if every Member State commits, and if we harness all our energies and talents.

We can build strong, resilient health systems in every country.

We can get life-saving vaccines to every child.

We can beat the powerful vested interests that seek to profit from unhealthy products.

We can create a healthier, sustainable tomorrow.

We can achieve our vision of Health for All by All.