

Introduction of the Annual Report

DR AHMED AL-MANDHARI

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

to the

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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 to present the annual report on WHO's work in the Eastern Mediterranean Region. The report covers 2020, but as things are moving fast, I would also like to talk about more recent experiences and how we move forward.

In the past two years we have seen solidarity and action on an astonishing scale.

Together, we have mobilized more resources for the COVID-19 pandemic response than any other WHO region.

Health ministers and leaders have come together across countries to share experiences and plans. I have had hundreds of meetings and calls with ministers since the pandemic began.

Health is at the top of the global policy agenda. We need to make the most of this opportunity.

Of course, we are not out of the woods yet with the pandemic. Our Region has already lost almost 300,000 people. The Delta variant is widespread, and we still have a lot to do in rolling out vaccination equitably across all countries.

Until everyone is safe, no one is safe, and the virus will continue to spread.

But our main message at this year's Regional Committee is: **It is time to start rebuilding better and fairer.**

We face many urgent health challenges.

Cancer and other noncommunicable diseases are killing millions each year prematurely.

Immunization rates have declined over the last year.

Severe climate and environmental changes are impacting the health of people all over the Region.

Today, I am calling on us all – WHO, Member States and partners – to tackle all these challenges with the same drive, innovation, ownership and team spirit that we have shown in fighting COVID.

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As you all know, COVID-19 is only one of many emergencies in the Eastern Mediterranean Region.

Conflict, climate change and other hazards have taken a terrible toll over the years.

Our Region is now home to more than 100 million people in need of humanitarian assistance, 49% of all the world's refugees and 44% of all internally displaced people.

But our unique regional challenges have given us unique skills and knowledge. We are world experts in dealing with emergencies – and this benefited our regional COVID response.

Under the umbrella of the Incident Management Support Team, we all pulled together to limit the damage from the pandemic and ensure the continuity of essential health services and public health functions.

By July 2021, we had a network of more than 600 public health laboratories with COVID testing capacity covering all 22 countries, plus regional reference laboratories in Oman and the United Arab Emirates.

More than 20 000 health care workers have been trained in the case management of COVID-19 patients, and more than 4000 have received infection prevention and control training.

WHO's global Logistics Hub in Dubai has supported the provision of medical supplies to 118 countries across all six WHO regions, and we are on track to distribute even more this year than in 2020.

These are just a few of our many interventions and successes.

And now, the COVID response is starting to benefit our other emergencies work.

Later this morning, you will hear a presentation by Dr Maha Al Rabbat, who led a comprehensive midterm review of progress towards our regional vision, *Vision 2023*.

The review recommendations will really help us to move forward – if everyone commits to implementing them.

Bridging the gaps and achieving our vision depend on mutual ownership.

As the review found, and though we faced some delays, we have learned a lot about dealing with large-scale emergencies over the last 18 months.

Along with much-needed extra resources, the COVID-19 pandemic has brought new dynamism and creativity.

Within WHO, we have developed a more agile and responsive structure, and our Member States have also introduced important changes, including greater coordination among sectors and with WHO and partners.

In fact, time and again, whether tackling COVID or other emergencies, the countries in this Region have shown remarkable resilience and made progress even in the most difficult situations.

A new emergency operations centre in Libya.

A cutting-edge model of trauma care in Palestine.

Solar-powered medical oxygen systems in Somalia.

Rapid action to treat infant malnutrition in Yemen.

With strong commitment, we can always find ways to move forward.

Now, we need to use the momentum from the pandemic response to achieve lasting gains in health security and accelerate progress towards universal health coverage (UHC), strengthening our health systems, and developing resilient communities.

As Dr Tedros always says, UHC and health security are two sides of the same coin.

In this Regional Committee session, we are building on recent lessons learned and presenting four major technical papers:

- a new plan of action to accelerate emergency preparedness and response in the Region;
- a new regional strategy on integrated disease surveillance, to generate more accurate and timely data;
- a new roadmap to ensure our communities are better engaged to support important health interventions, including social measures and vaccines;
- and last but not least, a new regional framework for action to tackle the huge problem of diabetes.

I look forward to discussing these proposals, and I hope you will support them.

Ladies and gentlemen,

I want to single out two urgent challenges.

First, to win the fight against COVID-19, we have to make sure that vaccines reach everyone.

While many countries in the Region have achieved impressive coverage, we have at least six where less than 10% of the population has been vaccinated.

We need to get vaccines to people in those countries – to protect them and to protect the rest of us from the possible development of further deadly variants.

I call on our wealthier Member States to share more doses so that all countries in the Region can reach 40% coverage by the end of this year.

And we need to strengthen regional capacity to produce vaccines and other essential medicines so that we can decrease our dependency and have more secure supplies in future.

Over the last year, we have been working closely with countries, the Coalition for Epidemic Preparedness Innovations (CEPI) and other partners to revamp vaccine production in our Region, with initial focus on COVID-19 vaccines.

Second, even as we tackle COVID-19, we must not lose focus on our mission to end polio for good.

We are the only region where wild poliovirus is endemic. The world is watching and waiting for us to finally eradicate this awful disease.

The pandemic and other recent upheavals disrupted immunization campaigns, but we are getting back on track. We just need to go that final mile.

We are working closely with the only two remaining endemic countries, Afghanistan and Pakistan, to support their efforts and ensure that every child is protected by vaccine. To reach this goal, strengthening immunization systems is critical.

Investing in polio eradication creates valuable assets which can be redeployed to other health programmes. This is the main goal of our polio transition efforts.

One day, when polio is vanquished, all these assets and investments will benefit other programmes. Permanently.

Let us make it happen.

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Health emergencies are not the only urgent challenges we face. Time is running out to meet the health-related Sustainable Development Goals (SDGs) by 2030.

In June, we launched the first regional SDGs progress report. Although the report found many encouraging advances, the overall conclusion is stark: We are not getting far enough, fast enough.

Tomorrow, we will discuss this and get your feedback on how best to accelerate progress.

When COVID-19 first hit the Region, it devastated essential health services. A WHO global Pulse survey in mid-2020 showed disruption of more than 70% of services.

And WHO-UNICEF joint reporting revealed that routine immunization coverage had declined, globally and regionally, for the first time in a decade.

But working closely with WHO and partners, countries made it a top priority to restore services and reach those in need.

Necessity was the mother of innovation.

We saw brilliant examples of digital health in countries such as Qatar.

Integrated immunization campaigns allowed teams in countries such as Pakistan to target multiple diseases in one go.

Household deliveries of medication in countries such as Afghanistan cut the number of patient visits to health facilities.

The upshot has been remarkable: A second survey carried out early this year showed that our Region now has the lowest average rate of service disruption in the world, at 30%.

So once again, we have seen that progress is possible in the most challenging circumstances.

Now we need to bring that same can-do mindset from our work in emergencies to enhance every aspect of health policy, services and systems.

In the COVID-19 response, political leaders at the highest level took charge of the situation and brought all sectors and stakeholders together to deal with it.

Imagine what we could achieve if we used the same decisive leadership and whole-of-government approach to advance universal health coverage.

Building more accessible and people-centred health systems based on primary health care.

Harnessing the vast private health sector in our Region.

And making sure that we have the skilled health professionals we need, and that we value them properly.

The pandemic has highlighted the dedication and courage of our health workforce.

To show our appreciation and galvanize efforts to strengthen the workforce, the World Health Assembly has made 2021 the Year of Health and Care Workers.

We are reinforcing that message by creating a new Eastern Mediterranean Region Health Workers Recognition Award, and it is my great pleasure today to announce the awardees:

Dr Myrna Doumit of Lebanon;

Ms Hinda Ali of Somalia;

Dr May El Meraisi and the COVID-19 Helpline Team of Qatar;

And Professor Hossam Hamdy of Egypt, who currently works in the UAE.

On behalf of the entire Region, I congratulate you all, and applaud your tireless efforts and those of all health workers.

I hope as many of you as possible will join us at the Dubai Expo in December to celebrate UHC Day this year!

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Ladies and gentlemen,

We need urgent action to tackle all communicable diseases.

I am pleased to say that immunization programmes have bounced back successfully after disruption last year, and there have been other recent successes in the Region.

Saudi Arabia is close to eliminating trachoma.

Egypt is getting closer to eliminating viral hepatitis C.

Sudan has made great strides in preventing malaria in pregnancy, and Djibouti has introduced indoor residual spraying.

But we are still behind on many of our targets.

We need to find and treat more HIV and tuberculosis cases.

We need to leverage the surge in investment to further boost laboratory capacity and immunization.

We need to embed good infection prevention and control (IPC) throughout every health system; 10 of our countries still do not have national IPC programmes within their ministries of health.

And we must not forget antimicrobial resistance, which has grown even worse through the heavy use and abuse of antibiotics during the pandemic.

The whole world has seen how much infectious disease outbreaks can cost in money, distress and lives lost. Let us commit the resources required to prevent and control them.

It is a wise investment.

And let us also step up efforts to tackle noncommunicable diseases (NCDs).

We are falling far short of our global target: to reduce premature deaths from NCDs by one third by 2030.

Again, the pandemic response has shown us the way forward.

We have learned ways to improve the integration of NCD services into primary health care and other services, including in emergency settings.

We have learned how to use digital technology to improve services.

Mental health services have been boosted through extra attention and resources, with great examples of integration into primary health care in countries such as the Islamic Republic of Iran.

And we have also seen progress in tackling NCD risk factors.

There has been outstanding work to promote healthy diets in Saudi Arabia, and strong action on tobacco control in Jordan, Iraq and Morocco, among other countries.

But we need to do more. That is why we are proposing a new High-level Ministerial Group on Tobacco Control, to galvanize action in this crucial policy area.

And that is why we are proposing a new framework for action on diabetes prevention and control. Our Region has the highest prevalence of diabetes in the world. The new framework will support all countries in tackling this problem. Please commit to it.

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Ladies and gentlemen,

Addressing the underlying causes of ill health is critical.

In March, we received the final landmark report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region.

Under the leadership of Professor Sir Michael Marmot, the Commission spent more than a year carefully analysing the deep-seated inequities in power, wealth, gender and other factors that hamper the prospects of so many people in our Region, and recommended evidence-based actions to bring about lasting improvements.

The commissioners extended their work to assess the added impact of COVID-19.

As the report shows, we have so much to do to rebuild fairer.

Ensuring that everyone can enjoy a safe, clean environment.

Removing the barriers that blight the lives of so many girls and women.

Reaching refugees, migrants and displaced populations with services and vaccines.

Leaving no one behind.

A lot of good work is already under way to foster inclusion and engagement throughout the Region.

The Healthy Cities Programme continues to grow despite the pandemic.

There has been major progress on road safety in Saudi Arabia and the UAE.

Initiatives such as the Societal Dialogue in Tunisia are giving more people a say in health and social welfare, while in countries such as the Syrian Arab Republic civil society is playing a stronger role in service delivery.

And our proposed roadmap will support every country in building more resilient communities.

But one issue in our Region remains critical to achieving any lasting progress: ending conflict.

The pandemic has shown that we are all vulnerable to major health risks. It is in all our interests to find shared solutions.

Let us all agree, once and for all, that health facilities must **never** be attacked.

Let us all respect the right to life and health.

Health can be a bridge for peace! Please, let our Region heal.

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Ladies and gentlemen,

The pandemic has changed our world.

Now, WHO is changing for the post-COVID age.

We are transforming to make more impact where it counts – on the ground.

I am delighted that we opened new country offices in Bahrain and Kuwait this year.

And our recent investment in communications, resource mobilization and partnerships is already paying off.

I have already mentioned our world-leading resource mobilization during the pandemic.

With stronger communications capacity, we are now better placed to support countries.

We are enhancing strategic coordination with our sister United Nations agencies and other partners through platforms such as the new Regional Health Alliance.

We are striving to improve the gender balance in our Organization and ensure that WHO is inclusive and respectful at all levels.

We have developed cutting-edge indicators and tools to monitor results and make our work more transparent.

We are investing in more research and development, supporting evidence-based policy-making, and expanding WHO collaborating centres in the Region.

During the COVID-19 response, more countries than ever from our Region participated in global clinical trials, sero-prevalence studies, modelling, and more.

However, we have seen gaps and weaknesses in data collection, data-sharing and capacity. We need our countries to share data so that we can, all together, be better prepared for emergencies, and we can respond faster.

The pandemic has shown the critical importance of investing in health and WHO's pivotal role.

That is why, at the World Health Assembly in May, Member States agreed a significant increase in WHO's global Programme Budget, and a Working Group on Sustainable Financing is now examining how to ensure that the Organization has sufficient flexible funding to respond dynamically to changing needs.

Important work is also in hand through the new Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

The WHO regional team is working to facilitate Member States' engagement with these initiatives.

Your Excellencies, we are counting on you to give us the resources, predictability and flexibility that we need in a fast-moving world. Your decisions on sustainable financing for WHO will be critical in establishing whether or not we can support you impactfully in the years to come.

Ladies and gentlemen,

I am proud of my team. My staff are working under the most difficult conditions to serve people throughout our Region. I am grateful and I applaud you.

I also want to thank you, our Member States and partners, with all my heart.

Only together can we overcome the challenges in our Region.

I call for solidarity beyond borders. All people living in our Region have the right to a healthy life and well-being in peace.

We have a shared vision – but we need more shared action and accountability for our responsibilities as leaders.

Only then will we achieve our vision – health for all by all.