



The Work of WHO in the Eastern Mediterranean Region

Annual Report of the
Regional Director 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

Introduction.....	5
Strengthening health systems for universal health coverage.....	8
Promoting health across the life course.....	18
Noncommunicable diseases	27
Communicable diseases	34
WHO Health Emergency Programme	45
Implementing WHO management reforms.....	51
Annex 1. Organizational structure of the WHO Regional Office for the Eastern Mediterranean, November 2017.....	54
Annex 2. Professional staff in the Eastern Mediterranean Region as at 31 December 2016.....	56
Annex 3. Meetings held in the Eastern Mediterranean Region, 2016	58
Annex 4. New publications issued in 2016.....	63
Annex 5. WHO collaborating centres in the Eastern Mediterranean Region as at December 2016.....	67



Introduction

This annual report describes the work undertaken by WHO in the Eastern Mediterranean Region during 2016. It focuses on the important milestones achieved in response to the five strategic priorities endorsed by countries of the Region in 2012: health systems strengthening towards universal health coverage; maternal and child health; noncommunicable diseases; communicable diseases; and emergency preparedness and response.

The goal of universal health coverage continues to be at the heart of our work in the Region. In 2016, a regional framework for action on advancing universal health coverage was updated and provides a clear roadmap for countries on the key activities needed to realize this goal. The framework also serves as a guide for monitoring progress and specifies the type of support that WHO and other development partners can provide.

To respond to the challenges of health workforce capacity in the Region, an action framework for health workforce development was developed based on the global strategy on human resources

for health endorsed by the World Health Assembly in May 2016. Recognizing family practice as the principal approach for delivering integrated, person-centred primary health care in the Region, the Regional Office, in collaboration with American University of Beirut, developed a six-month online course to scale up the production of family physicians in the Region. Further efforts were made to strengthen medical education through implementation of the framework for action on reforming medical education. A comprehensive regional framework to strengthen nursing and midwifery was launched in 2016 and is guiding the development of national strategies.

Our work in strengthening health information continues. Key indicators for monitoring progress towards the Sustainable Development Goals were incorporated in the regional core indicators list and countries were supported to undertake comprehensive reviews of their health information system. Comprehensive health profiles of the current situation, challenges, gaps, opportunities and way forward for each country were published in 2016. By the end of the year, all countries except one had completed comprehensive assessments of their civil registration and vital statistics systems and developed national plans of action for improving the systems.

Building on the achievements made through the implementation of maternal and child health acceleration plans in countries with a high burden of maternal and child deaths, WHO, in collaboration with UNICEF and UNFPA, focused on supporting countries to address the main causes of maternal, neonatal and child deaths by adopting cost-effective, high impact interventions, prioritizing maternal and neonatal health quality of care and strengthening the promotion of preconception care. The Regional

Office also revived efforts to prevent and manage congenital and genetic disorders.

WHO tools to support the integration of gender, equity and human rights in national policies and planning were developed and piloted in 2016. Close cooperation continued with concerned United Nations agencies and the Arab League to promote health and human rights and gender in the Arab world. In the area of road safety, WHO continued to play a normative technical role through its work on different aspects of road traffic injury prevention and control. Expert consultations were organized to seek the input of key regional and global experts on strengthening action for road traffic injury prevention and emergency care in the Region.

In 2016, there was a focus on building national capacities in the development of national multisectoral plans of action on physical activity and plans for social marketing and mass media campaigns. Technical support was also provided to countries in growth monitoring, food-based dietary guidelines, obesity control and prevention, and promoting healthy diet.

As with previous years, support was provided to countries in implementing the regional framework for action on noncommunicable diseases. Efforts focused on developing multisectoral noncommunicable disease action plans, incorporating noncommunicable diseases into national development plans, including United Nations development assistance framework and cooperation plans, and setting relevant national targets. Support was also provided to countries to strengthen noncommunicable diseases and risk factor surveillance systems. During 2016, countries participated in the country capacity survey to assess progress in this area. The results

will be used to inform planning and to support countries in reporting on their progress to the United Nations General Assembly and World Health Assembly in 2018. In the area of cancer control, WHO supported the development of regional guidance on the early detection of five priority cancers in the Region and the first draft of a regional framework on cancer prevention and control. Tobacco control activities focused on implementation of the WHO Framework Convention on Tobacco Control at the national level. In the area of mental health, efforts continued to support Member States in implementation of the regional framework to scale up action on mental health.

Progress achieved in polio eradication is promising, and the Region has never been as close to eradicating this disease as it is today. The two polio-endemic countries, Afghanistan and Pakistan, reduced the number of cases by 50% from 2015, with 33 cases in 2016. In addition to the efforts in these two countries, a further 10 countries in the Region carried out supplementary immunization activities at national or subnational level to achieve high levels of population immunity and reduce risk. All countries successfully made the transition from trivalent to bivalent oral polio vaccine by mid year, in line with the global plan.

In the area of prevention and control of other vaccine-preventable diseases, WHO's support to Member States focused on increasing immunization coverage, improving the supply chain, data quality and surveillance, implementation of measles campaigns and establishing a regional verification commission for elimination of measles/rubella and hepatitis B. WHO supported the development of national action plans on antimicrobial resistance and identified a roster of experts in relevant fields of

human and animal health to assist countries in this exercise.

Health security continues to occupy a major area of concern in the Region. Between April and December 2016, WHO and partners supported 10 countries in the Region to conduct joint external evaluations of the capacities required under the International Health Regulations (IHR 2005). Two countries have since developed national action plans for health security based on the outcomes of the joint external evaluation, and support is continuing for the remaining countries to conduct their evaluations and develop national action plans.

As the Region continued to witness an unprecedented magnitude and scale of crises, this year saw the implementation of the new WHO health emergencies programme at regional level. The new programme not only recognizes WHO's operational role in theory, but ensures more rapid and streamlined rules and work in practice. To support countries in responding to infectious disease outbreaks and other health emergencies, the Global Outbreak Alert and Response Network was expanded in the Region to include new international partners with a pool of regional experts. Cholera outbreaks in Yemen and Somalia were effectively responded to through appropriate public health interventions which helped to avert major international spread. For the first time in several years, WHO was able to reach all 18 besieged areas in the Syrian Arab Republic, providing people in need with life-saving health care.

High-level meetings for ministers and representatives of Member States and permanent missions in Geneva continued to be held prior to the World Health Assembly and Executive Board. These meetings provided an excellent opportunity to review with ministers of health and senior government officials the progress in addressing key priorities since the previous meetings. They have also had a positive impact in strengthening the engagement of Member States in global discussions on health and WHO reform. Daily briefings during the Executive Board meeting and Health Assembly provided additional opportunities for Member States from the Region to interact and agree on common positions that affect the Region.

After assuming office in February of this year, I embarked with the support of an interdepartmental taskforce on developing a clear regional roadmap which outlines a set of strategic actions to guide WHO's work in the Region for the coming five years. The roadmap focuses on five priority areas of public health which we have identified for targeted action: emergencies and health security; prevention and control of communicable diseases; prevention and control of noncommunicable diseases; maternal, neonatal, child and adolescent health; and health systems strengthening towards universal health coverage. Progress in addressing these priority areas will only be possible through our sustained commitment and collaboration in a multisectoral approach.

Dr Mahmoud M. Fikri
WHO Regional Director for the
Eastern Mediterranean

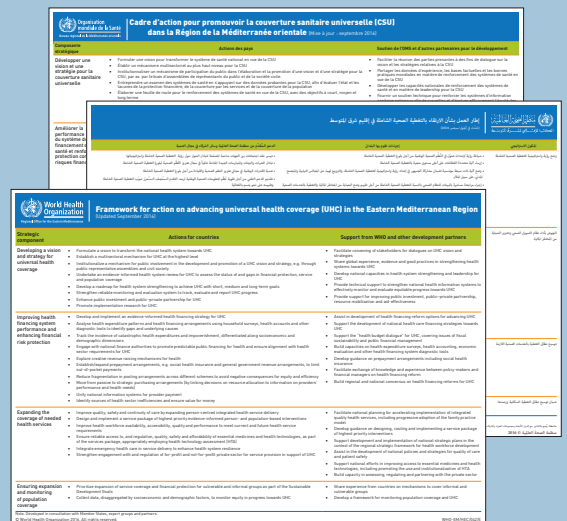
Strengthening health systems for universal health coverage

Universal health coverage

In 2016, the framework for action on advancing universal health coverage in the Eastern Mediterranean Region was updated. The framework provides a clear roadmap for Member States to transform their health systems to progress on the three dimensions of universal health coverage, and specifies the type of support that WHO and other development partners can provide.

In 2016, guided by the framework, five countries (Islamic Republic of Iran, Iraq, Pakistan, Palestine and Saudi Arabia) took concrete steps to review and reform their health systems in line with the goals of universal health coverage. In addition, Sudan finalized several specific health strategies to reform the health system and endorsed the Khartoum Declaration on universal health coverage in January 2017. The framework also influenced the development of a framework for action for universal health coverage in Africa, developed jointly with the World Bank, Japan International Cooperation Agency, the African Development Bank and others.

In 2016, the second round of the leadership for health programme took place, with 30 policy-makers and mid- and high-level managers from the Region taking part. The programme, developed in collaboration with the Harvard



↑ Framework for action on advancing universal health coverage

School of Public Health and the Graduate Institute of International and Development Studies in Geneva, aims to strengthen the leadership function of the ministries of health in the Region to pursue the health agenda, including universal health coverage.

Health financing

Functioning health financing systems are critical to achieve the goals of universal health coverage. Such systems are often compromised by insufficient public funding, lack of equitable financial protection and inefficient use of resources in the Region.

In 2016, WHO supported countries to identify ways to reform revenue raising, and pooling and purchasing arrangements. Attention focused on developing health financing strategies for universal health coverage. Nine countries were guided to develop their health financing strategies through capacity-building, in-depth analysis, experience-sharing and policy dialogue. Attention was also

given to institutionalizing health accounting, with a focus on disease distribution. Training was provided to 16 countries on the system of health accounts 2011, including on estimating expenditure by disease groups. A new area of work was started to enhance alignment between public financial management and health financing, with a first assessment conducted in Sudan. Efforts were intensified to develop benefit packages for universal health coverage, as part of an ongoing collaboration with the Disease Control Priorities Network. A high-level policy forum was held to establish a region-specific list of highest priority interventions for countries to consider when developing their own essential health services packages.

In 2017, assessment of the health financing systems in the Region will continue in order to identify challenges and ways to tackle them. Development of universal health coverage packages and public financial management will also continue, with a focus on capacity-building and institutional

development. Particular attention will be given to the health financing requirements of specific health programmes, including noncommunicable diseases, essential public health functions and emergencies.

Health governance and human rights

National health policies, strategies and plans guide a country to define its priorities for improving the health and well-being of its people and achieving universal health coverage. Ongoing efforts to evaluate the status of national health planning included an assessment of health policy and planning functions in the ministries of health in preparation for a workshop on health sector strategic planning. As part of the regional effort to encourage countries to adopt the Health-in-All-Policies approach to achieve the health-related Sustainable Development Goals (SDGs), a related workshop is being planned in collaboration with the Social Research Center of the American



Photo: ©WHO

↑ Participants in the regional meeting on health financing strategies for universal health coverage, Cairo, March 2016

University in Cairo. A main focus of the 2030 Agenda is “leaving no one behind”. Efforts are therefore being made to reinforce health equity and human rights in WHO’s work as part of the actions to achieve the SDGs.

Weak health governance, accountability and transparency remain obstacles to strengthening health systems performance in the Region. In collaboration with the UNDP Regional Bureau for Arab States, the Regional Office is working to strengthen health system accountability and reduce the risk of corruption in the health sector. Additionally, a regional accountability assessment framework and capacity-building tool for enhancing accountability and governance functions of health systems has been developed.

To strengthen national capacities to support health legislation and regulation, an introductory course on the role of law in health system strengthening in the Region was developed and delivered to experts from five countries. In addition, in collaboration with the O’Neill Institute, Georgetown University, 10 priority legal interventions for noncommunicable diseases were identified and policy briefs were developed to be shared with the countries.

During 2017, focus will continue to be placed on adapting and applying the established know-how to the regional setting. Particular attention will be given to policy development and health legislation, capacity-building, and the integration of health equity and human rights in all policies and health programmes.

Global health initiatives

The global health initiatives collaborative work in the Region covers several areas: AIDS, tuberculosis

and malaria, immunization programmes, maternal and child health, tobacco use, human resources, emerging diseases, nutrition, health promotion and health system strengthening. The Global Fund and Gavi, the Vaccine Alliance are the main institutions that provide substantial funding to eligible countries in the Region. Seven countries – Afghanistan, Djibouti, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen – are eligible for Gavi support on immunization and health system strengthening, and 12 are eligible for Global Fund grants, including the seven supported by Gavi.

Protracted social and political unrest in most grant-recipient countries continues to be a major challenge. Insecurity in many places hampers access to social services with the health sector being the worst affected, and the loss of human capital has severely weakened health services and systems in affected countries. Furthermore, global health initiatives have created parallel systems that undermine the holistic approach for health system development, and the principles of external aid, such as ownership and harmonization, are not adequately applied.

In 2016, in collaboration with the Global Fund, regional training was conducted to strengthen the role of country staff in securing partnership with the Global Fund. In addition, joint appraisal missions to Gavi-supported countries were carried out to review grant implementation, identify challenges, assess grant management and propose priorities for 2017.

In 2017, capacity development on an integrated approach for health system strengthening will be organized for relevant country focal points. The regional vision and strategy for strengthening partnerships for universal health coverage will be finalized. Support will be given to improving

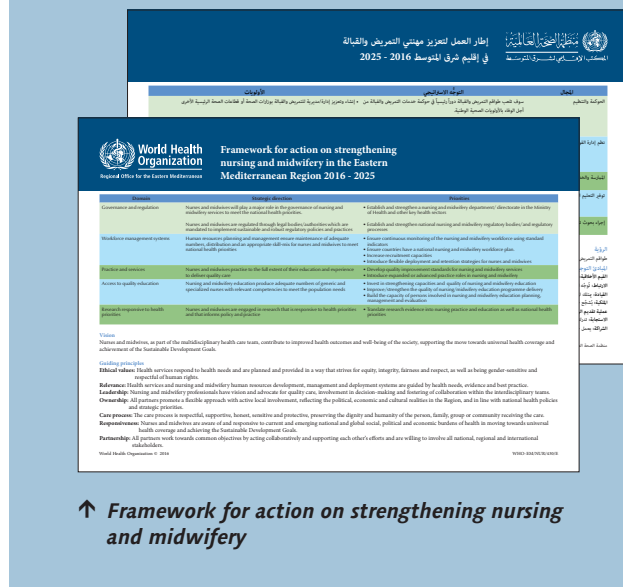
reports and records with a focus on country experiences with global health initiatives.

Health workforce development

Tackling health workforce challenges remains a pressing priority in the Region. Overall health workforce shortages continue in addition to concerns about the quality, relevance and performance of health workers. The need for an adequate and competent health workforce is acknowledged as a critical element in moving towards universal health coverage and achieving the SDGs.

To respond to the health workforce challenges in the Region, an action framework for health workforce development 2017–2030 has been developed and is being finalized to guide countries to enhance their health workforce. Capacity-building for health workforce governance was undertaken through a regional workshop organized in collaboration with the World Bank, and a health workforce planning and management workshop for Jordanian officials in Amman.

In 2016, further efforts were made to strengthen medical education through implementation of the framework for action on reforming medical education. An expert consultation on health profession's education allowed further dissemination of the framework, highlighted the priorities and outlined the way forward. A regional guide for the development of nursing specialist practice in the Region was prepared which explains a nurse specialist, the educational requirements for designating a nursing specialty and the necessary regulatory mechanisms. At the country level, the Council of Accreditation for Medical Colleges in Iraq launched its national standards for accreditation of medical education in August 2016.



↑ Framework for action on strengthening nursing and midwifery

The regional framework for strengthening nursing and midwifery in the Region 2016–2025 was finalized in 2016 and shared with ministers of health. The framework guided the development of the Iraq and Pakistan nursing and midwifery strategies, and the Somali midwifery strategy.

A number of countries face protracted crises, which have led to shortages of health workers and jeopardized their safety and security. The remaining health workers have had to deal with the existing and emerging conditions, including mental health problems. A short course on mental health nursing in emergencies was developed with the first training provided in the Syrian Arab Republic in August 2016. The fellowship programme has continued to support countries to build national capacities in the five regional priority areas and 50 fellowships were awarded in 2016 in the Region.

In 2017, WHO will continue to provide technical support to countries to develop strategies and plans to tackle health workforce challenges. These will take account of population needs and the dynamics of the labour market. Assistance will also be given to build governance capacity for

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implementation of health workforce strategies. Emphasis will be placed on strengthening the primary care workforce, especially a team approach in family practice. With the increasing involvement of the private sector in education and employment of the health workforce, health workforce regulation requires greater attention. Efforts will continue to tackle the health workforce challenges in countries with protracted crises so as to ensure access to care.

Essential medicines and technologies

Within the context of health system development and universal health coverage, sustainable access to medical products (medicines, vaccines and medical devices) and health technologies is essential. To achieve this, countries should be supported to improve policies on health technology research, regulation, assessment and management.

Member States are showing more commitment to increasing transparency and accountability in the pharmaceutical sector through the good governance for medicines programme. A subregional meeting was held in 2016 for countries who are currently developing policies and action plans to improve governance of medicines, Afghanistan, Egypt, Islamic Republic of Iran, Oman, Pakistan, Palestine, Sudan and Tunisia. The transparency evaluation reports for three of these countries have already been reviewed and published.

A survey on availability of essential medicines in the Region showed that shortages were increasingly frequent in most countries. Medicines in short supply are mostly products that are old, off-patent or difficult to formulate, or produced by a few

or a sole manufacturer. Some of the reasons for shortages relate to production and marketing (e.g. lack of raw materials or fragmented markets), and others to characteristics of the supply chain system.

Countries were supported in the implementation of WHO's global action plan on antimicrobial resistance. Planned training courses in 2017 will support the provision of reliable data on national consumption of antimicrobials, which is a prerequisite for understanding the epidemiology of antibiotic resistance.

Regional challenges in accessing controlled medicines for therapeutic use are wide-ranging and include regulatory, legal, policy, awareness and economic factors. The Regional Office is planning to develop a regional strategy to achieve balance in access to and regulation of controlled medicines in 2017.

Pakistan was supported to determine the scope of traditional/alternative treatment and to review the education system for traditional medicine. Technical guidance on intellectual property rights and their implications for research and development of medical products continued in 2016. A national workshop was organized in Egypt to discuss intellectual property rights and patency in Egypt, as well as legislation and law enforcement for counterfeit medicines.

Regulation of medical products, in particular medicines and medical devices, is a priority in countries of the Region. Through the WHO national regulatory authorities benchmarking tool, assessments of the regulatory capacity of Egypt, Iraq, Lebanon, Saudi Arabia and Syrian Arab Republic were conducted and performance gaps were identified. Accordingly,



↑ *Regulation of medical devices:
a step-by-step guide*

detailed institutional development plans for their regulatory authorities were developed. The Eastern Mediterranean Drug Regulatory Authority Conference was held in Tunisia in 2016 to enhance cooperation between regulatory authorities in the Region.

A regional publication on developing regulation on medical devices and integrating it into the existing functions of regulatory authorities was prepared and shared with countries during the intercountry meeting on strengthening medical devices regulation in the Region, held in Saudi Arabia in 2016. The meeting resulted in the development of roadmaps for designing and implementing a regulatory programme for medical devices in 15 countries. Currently, Bahrain, Sudan and Egypt are being assisted in the development/enhancement of their regulatory functions for medical devices. It is expected that more countries will be supported in 2017.

Technical support was provided in 2016 to: the development of a global model on medical devices regulation; the regulatory harmonization efforts in countries in the Intergovernmental Authority on Development which include Djibouti, Somalia and Sudan from the Eastern Mediterranean Region; and the Jordan Food and

Drug Administration in its first international congress for drug regulators.

The regional health technology assessment network continues as an active platform for information exchange and knowledge sharing. Technical support was provided to the Islamic Republic of Iran, Oman and Tunisia to enhance or establish national health technology assessment programmes in their national health systems. Contribution was made to the development of a list of noncommunicable disease medicines and medical supplies for inclusion in a new emergency health kit for the management of noncommunicable diseases in humanitarian disasters and emergencies in the Region. In addition, a list of supplies for family planning/reproductive health/maternal health was also developed for inclusion in the interagency emergency health kit.

In the area of health technology management, a tool was developed that can be used by countries to prioritize medical devices based on their public health needs. The next step is to share findings with manufacturers and donors to explore the possibility of reducing manufacturing costs for priority medical devices to make them available to the regional population. The tool is expected to be finalized and shared with countries in 2017.

To increase access to and better management of assistive technologies, an assessment tool was developed which collects baseline information on national systems used for the provision and management of products for mobility, vision, hearing, personal care, communication and cognition assistance. The results of the assessment, which will be shared in 2017, will help improve coverage, policies and finances, increase availability

and affordability, and enhance staff capacity and service provision.

Integrated service delivery

During 2016, support to countries in health service delivery was based on the WHO Framework for integrated people-centred health services, which was adopted by the World Health Assembly in May 2016. Within this context, WHO carried out a situation analysis out on service provision focusing on the family practice approach, assisted countries to build capacities in hospital care management and to increase access to comprehensive and quality health care services, provided evidence-based policy options, and monitored service provision in moving towards universal health coverage.

Experiences from other regions and good practices related to integrated people-centred health services were shared with the countries in several regional meetings. Guidance on strengthening emergency health care services was developed

based on a situation analysis that was conducted in 12 countries of the Region.

In view of the importance of service delivery to universal health coverage, the 63rd session of the Regional Committee for the Eastern Mediterranean in 2016 adopted a resolution for scaling up family practice. In response to this, the Regional Office in collaboration with American University of Beirut developed a six-month online course on improving knowledge of the general physicians. An advocacy video on family practice was made and shared with countries on different occasions including during the world and regional conferences for family doctors in Brazil and United Arab Emirates. Several activities aimed at embedding quality of care within health care delivery in countries of the Region were carried out in 2016. These include: the development of a quality framework for primary care with 34 indicators, which has been piloted in four countries of the Region; technical support on patient and community engagement for quality as part of the people-centred integrated service



↑ Future master trainers in family practice at a workshop in Kuwait, February 2017

delivery; the establishment of a patient safety system at the health care facility level based on the WHO improvement tool kit. In addition, technical assistance was provided to countries on the development of national policies and a strategy for quality as well as the mapping and review of health care accreditation programmes.

An assessment tool was developed on engagement of the private health sector in service delivery which will be tested in three countries of the Region: Jordan, Oman and Pakistan. Family practice profiles were developed for countries and distributed at the 63rd Regional Committee to inform country strategies to expand family practice. Pakistan initiated a hospital reform process in Punjab province with WHO technical support, and two model districts were selected for implementation of the family practice approach. Patient safety and quality of care remain a challenge in many countries, particularly those facing emergencies because of fragmentation of the health system.

During 2017, WHO will continue to provide technical support to Member States on scaling up service provision based on the family practice approach. This includes organizing short training courses to strengthen the capacities of general physicians in four countries, establishing family practice training centres in three countries, developing a model of primary health care service for countries in emergencies, establishing a family practice advisory group, and implementing tools and guides on assessment of private sector performance and private sector regulation, contracting and partnership. Countries will be assisted to establish their national quality policy and strategy and ensure better institutionalization of effective quality and safety programmes, particularly at the primary health care level, and to



↑ **Framework for health information systems and core indicators 2016**

expand the WHO patient safety friendly hospital initiative. A consultation will be organized to develop a guide for accreditation of health care facilities. A hospital management training course is being planned. In addition, WHO will support countries in crisis to enhance health system resilience and strengthen service delivery through community health workers and outreach teams.

Health information systems

As part of efforts to strengthen country health data and measurement systems and in line with the political momentum around data as part of the 2030 agenda for sustainable development, a technical package, with interventions proven to be highly effective in strengthening country health data systems, was developed in collaboration with WHO headquarters, international nongovernmental organizations, and country and regional experts.

In addition, to support routine health information systems and enable countries to report on the 68 regional core indicators (endorsed by the Regional Committee in 2014) and the SDGs, and following the intercountry workshop conducted in 2016 and technical discussions prior to the 63rd session of the Regional Committee, key SDG indicators are incorporated in the regional

core indicators list. Comprehensive reviews of the health information system were conducted in Jordan, Libya and Pakistan to support the ministries of health in strengthening the current systems that provide health-related information. Comprehensive health profiles of the current situation, challenges, gaps, opportunities and way forward for each country and health programme were published.

The implementation of the regional strategy for the improvement of civil registration and vital statistics (CRVS) remains one of the key priorities of technical support to strengthen the collection and quality of vital statistics and causes of death data in the Region. Two more countries, Bahrain and Saudi Arabia, conducted comprehensive assessments of their CRVS systems. Twenty-one countries now have complete assessments, CRVS road maps and national plans of action for CRVS system improvement. Moreover, Syrian Arab Republic also evaluated progress in the implementation of its CRVS improvement plan. During 2016, WHO headquarters launched an ICD-10 startup mortality list (SMoL) in conjunction with a DHIS2 platform. DHIS2-SMoL is an electronic application to facilitate cause of death collection and coding. It was introduced to countries during national CRVS implementation workshops and training was conducted in Libya. In the same context of improving the quality of ICD-10 coding of deaths, the Regional Office introduced Iris automated coding of deaths for the very first time ever in the Region. Sixteen countries which produce annual mortality statistics were invited to the Iris workshop. Towards more partner coordination and harmonization, the Regional Office collaborated with the United Nations Economic and Social Commission for Asia and the Pacific and for West Asia, United Nations

Economic Commission for Africa and the Arab League in support of CRVS strengthening.

To address the major gaps in reporting indicators that are mainly generated from population-based surveys, a new type of health examination survey was developed by WHO that focuses on behavioural and biological risk factors, health care utilization, health status and household expenditure. The first of these was conducted in Tunisia with government support.

Several challenges remain within health information systems. Population-based surveys and health information systems assessments need to be conducted on a regular basis in many countries. The ongoing conflicts in the Region and lack of resources continue to be among the main challenges to the improvement of CRVS systems. Intensive efforts are required for capacity-building among physicians in high quality certification of deaths. Several capacity-building workshops on the DHIS2-SMoL are planned for 2017 and countries will be encouraged to introduce ICD-10 compliant certification of deaths in their undergraduate medical education.

Research development and innovation

WHO continued to support capacity-building for research through workshops on: data management, interpretation and implementation strategy; good health research practices; and developing policy briefs. A research priority-setting exercise was conducted and the results used in a call for proposals for the tropical disease research small grants scheme. In 2016, calls for proposals for the scheme resulted in support for eight priority research projects from six countries, and grants for research priorities in public health

resulted in support for 10 research projects in eight countries. The Eastern Mediterranean Research Ethics Review Committee met to discuss ethical review of research funded by WHO and involving human subjects. In 2016, 47 WHO collaborating centres were supporting WHO activities in the Region.

The Eastern Mediterranean Health Journal continued its regular monthly publication, including a special issue on influenza and emerging respiratory infections in the Eastern Mediterranean Region. The Journal received its first impact factor in 2016, a measure of the yearly number of citations to recent articles in that journal.

In the area of eHealth, profiles were developed for each Member State based on results of an eHealth survey conducted in 2015–2016. Evidence-based mobile eHealth (mHealth) applications were initiated and implemented in Tunisia (smoking cessation, diabetes control) and Egypt (diabetes

control, smoking cessation, eLearning and telemedicine).

The way forward will focus on supporting Member States to improve their institutional capacity for the conduct, governance and oversight of research, and for the use of research evidence in decision-making.



↑ *The Eastern Mediterranean Health Journal is published monthly*



↑ *WHO is supporting countries in developing and implementing mobile eHealth applications*

Promoting health across the life course

The life course approach

Promoting health across the life course addresses key influences on health such as family, social networks, social support, relationships, employment, income, health beliefs, and access to health care and health information. It cuts across all areas of WHO's work including the health of women before, during and after pregnancy, and of newborns, children, adolescents, and older people, taking into account environmental risks, social determinants of health, gender, equity, and human rights. By identifying critical stages in the life course that influence health, opportunities for health promotion can be recognized and addressed along the continuum of care.

Maternal, reproductive and child health

In 2016, building on the achievements made through the implementation of maternal and child health acceleration plans in countries with a high burden of maternal and child deaths, WHO, in collaboration with UNICEF and UNFPA, focused on supporting Member States to address the main causes of maternal, neonatal and child deaths by adopting cost-effective, high impact interventions, prioritizing maternal and neonatal health quality of care, and strengthening the promotion of preconception care.

Technical support was provided to national efforts to develop or strengthen strategic plans

for reproductive, maternal, neonatal, child and adolescent health. Strategic directions were determined and plans of action developed by all Member States who attended the intercountry meeting on the Every Newborn Action Plan (ENAP) in Amman, Jordan in April 2016. A regional workshop on promoting maternal and neonatal quality of health care was held in Morocco and attended by eight countries with a high burden of maternal and neonatal mortality. The participants were trained on using WHO tools to get a rapid overview of the situation at national and district levels, including a landscaping checklist and analysis framework. Plans of action for promoting the quality of maternal and neonatal health care were developed for implementation to begin in 2017.

Member States were supported to establish preconception care to improve the health outcomes of childbirth. WHO has identified evidence-based core and additional interventions and programmatic steps to facilitate efforts to develop preconception care in countries. In addition, country profiles were developed to foster national efforts in the prevention and management of congenital and genetic disorders.

To improve midwifery competencies in line with WHO norms, standards and guidelines, a national workshop on strengthening the Somali midwifery strategy was conducted with UNFPA in October 2016. The workshop helped in prioritizing the main gaps that need to be addressed to strengthen the Somali midwifery programme and integrate evidence-based interventions in the national midwifery care strategy. Similar activities are planned in Libya, Morocco and Tunisia to strengthen their national strategic frameworks for midwifery care.

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A consultative meeting, conducted in collaboration with the Islamic Advisory Group, emphasized the role of religious leaders in raising awareness on issues related to reproductive, maternal and child health and immunization. A plan of action was developed focusing on breastfeeding, immunization, birth spacing, hygiene and sanitation, and care-seeking behaviour (especially for pregnant mothers).

A training workshop on strengthening family planning services through evidence-based guidelines and best practices, held in Tunisia, was attended by 18 Member States who developed national plans of action to ensure the provision of quality family planning services. Building national capacity in family planning is expected to contribute greatly to maternal and neonatal health protection and promotion. An expert consultation to identify core mental health interventions for integration in maternal, child and adolescent health service delivery platforms was held in December 2016.

In terms of child health, in-depth reviews of the integrated management of childhood illness (IMCI) programme were carried out in the Islamic Republic of Iran and Yemen and four success stories in implementation of IMCI in the Region were documented as part of a global strategic review. Innovative options for IMCI training were introduced to the Region through building the capacities of Member States in the computerized adaptation and training tool and distance learning. Core facilitators from seven targeted Member States were trained in newborn care at home. Member States were supported in the development of the newborn, child and adolescent health component of national reproductive, maternal, neonatal, child and adolescent health strategic plans. The managerial capacity of child



Photo: ©WHO

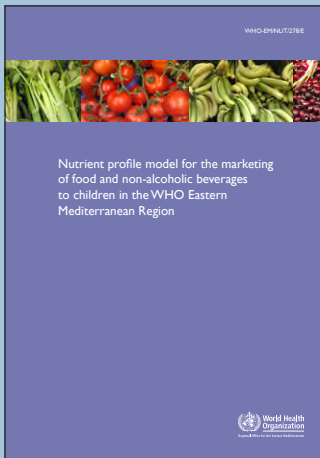
↑ WHO supports the delivery of child health services for refugees and host communities in several countries including Lebanon

health managers at national and subnational levels in Afghanistan was strengthened

WHO is providing technical support to Member States to maintain their commitment to reproductive, maternal, neonatal, child and adolescent health, building close partnerships with concerned United Nations agencies and key stakeholders, and mobilizing the resources required for universal health coverage of women and children.

Nutrition

Deficiencies of essential micronutrients, such as vitamin A, iron, folate, zinc and iodine, continue to be widespread and have significant adverse effects on child survival, growth and development, as well as on women's health and well-being. The regional prevalence of stunting, wasting and underweight is 28%, 9% and 18%, respectively. The countries with the highest burden of stunting are Afghanistan, Djibouti, Pakistan, Sudan and Yemen. However, many countries are on track to meet the 2025 target for stunting set by the World Health Assembly. The prevalence of overweight and obesity in adults in the Region



↑ **Technical guidance on nutrition**

is 27% and 24.4%, respectively, and 16.5% and 4.8%, respectively, in school age children, with the highest levels of obesity in Bahrain, Kuwait, Qatar and United Arab Emirates.

There remains a need in the Region for effective nutrition surveillance and monitoring and evaluation systems, essential for policy-making, accountability and effective programme implementation. Integrating nutrition within health systems is a challenge in many countries, particularly those where the population has limited access to health services, including disease prevention, treatment and rehabilitation. Moreover, available financial resources are very limited. These issues are compounded in countries experiencing conflict and humanitarian crises.

Most Member States of the Region have now developed or reviewed national action plans in line with global WHO nutrition policies and strategies. More than 17 countries have also developed full or partial legal documents relating to the Code of Marketing for Breast-milk Substitutes, but implementation remains a challenge. In 2016, development of food-based

dietary guidelines was expanded in the Region to include Afghanistan, Egypt, Islamic Republic of Iran, Lebanon, Oman, Qatar and Saudi Arabia. Egypt was the first country in the Region to conduct a landscape analysis on its readiness to accelerate action in nutrition as part of a global project supported by WHO and UNICEF.

Bahrain, Egypt, Jordan, Kuwait, Oman, Qatar and Saudi Arabia have made tremendous progress and are on track for the sustainable elimination of iodine deficiency disorders. In Afghanistan, Syrian Arab Republic and Yemen, WHO supported the establishment of health facility nutrition surveillance and the management of acute malnutrition in therapeutic feeding centres and through mobile nutrition teams. Pakistan, Somalia, Sudan and Yemen became members of the Scaling Up Nutrition (SUN) Movement, providing a great opportunity to galvanize action to ensure country progress in their efforts to reach the targets of the SDGs, particularly SDGs 1, 2 and 3. There is now supplementation and food fortification with essential micronutrients in nearly all countries of the Region.

The development of a roadmap for action to address nutrition-related noncommunicable disease risk factors such as through salt and fat intake reduction is a priority for the Region. WHO will continue to support the adoption and implementation of the United Nations Decade of Action on Nutrition (2016–2030) and encourage coordinated and comprehensive implementation of strategies by Member States to address the double burden of malnutrition. WHO is working with Member States to develop a framework of action for scaling up work on nutrition with more focus on cost-effective interventions and to support the establishment of national targets and monitoring national action plans.

WHO will continue to provide expertise at country level in specialized areas such as the adoption of legal instruments that ensure national application of international norms and standards and evidence-based interventions, engage in capacity-building for high-burden countries on prevention, management and treatment of malnutrition and support national training on healthy growth monitoring and the prevention, management and treatment of malnutrition for children under five years of age.

Health of special groups

In 2016, WHO continued to provide support to countries on ageing and health, focusing on developing policies and strategies that foster healthy and active ageing, delivering integrated person-centred services that respond to the needs of older people, and strengthening the evidence base and monitoring and evaluation mechanisms to address key issues relevant to the health of older people. However, the prevailing humanitarian crises and limited financial resources in many countries has meant that only seven Member States have allocated funds this biennium to support the implementation of relevant activities.

WHO worked closely with local authorities in United Arab Emirates in the area of age-friendly cities and supported the organization of the Fifth Forum for Elderly Services held in Sharjah in September. Sharjah has since been declared an age-friendly city, part of the global network of age-friendly cities.

WHO will continue to support implementation of the Global strategy and action plan on ageing and health 2016–2020 in countries. Effective partnership and coordination among concerned stakeholders will be needed to overcome the

limited resources in this area. The unmet needs of older persons need to be at the centre of relief efforts and programmes in countries in emergency situations.

Violence, injuries and disabilities

The Eastern Mediterranean Region has the second highest road traffic fatality rate (19.9 per 100 000 population) among WHO regions. Middle-income countries account for the vast majority of deaths, while the Region's high-income countries have an overall fatality rate that is more than double the average rate of high-income countries globally. Efforts have been undertaken in countries to implement proven cost-effective interventions, but these are not pursued within a whole safe system approach, limiting their effectiveness. The global road traffic injury-related targets of the Decade of Action on Road Safety 2011–2020 and the SDGs (targets 3.6 and 11.2) provide important opportunities to build on existing country efforts to strengthen collective action for road safety in the Region.

In 2016, WHO continued to play its normative technical role through its work on different aspects of road traffic injury prevention and control from data to care. Expert consultations were organized to seek the input of key regional and global experts on strengthening action for road traffic injury prevention and emergency care in the Region. Together with Johns Hopkins Bloomberg School of Public Health, a regional road safety report was developed comprising an in-depth analysis of the burden of road traffic injuries in the Region and related risk factors, with proposed recommendations for countries. Implementation of a standard methodology for estimation of the cost of road traffic injuries in the Region was

initiated in two countries (Egypt and Tunisia) and assessments of existing emergency care systems were completed in the Islamic Republic of Iran, Libya and Tunisia. The participation of countries of the Region in global road safety events was supported and a regional meeting held on essential services for emergency care at the primary and first level referral hospital levels. Work continues to integrate injury prevention and control in ongoing initiatives. The WHO child injury prevention policy assessment tool was piloted in the Islamic Republic of Iran as part of a global exercise in different WHO regions.

In the area of violence prevention, coordination continued with concerned United Nations agencies and the Arab League to ensure consistent messaging and sustainable interagency coordination of technical support. Mapping of health sector protocols and guidelines to address violence against women in countries was completed and focused support was maintained to strengthen the health sector response to gender-based violence in Afghanistan and Pakistan. In collaboration with the national family safety programme, Saudi Arabia, the WHO child maltreatment prevention readiness assessment tool was implemented in GCC countries.

The WHO Regional Committee for the Eastern Mediterranean issued resolution EM/RC63/R.3 on improving access to assistive technology, a landmark in the area of disability and rehabilitation. As a result, a rapid situation assessment of assistive technology provision at a system level in countries of the Region was initiated. The WHO/World Bank model disability survey was started in Pakistan and Qatar and support was provided to Oman and Sudan to develop and implement disability action plans,

and to the Syrian Arab Republic to strengthen the delivery of rehabilitation services.

The average prevalence of blindness in countries ranges from 0.5% to 1.5%, with Afghanistan, Egypt, Djibouti, Somalia and Yemen having the highest prevalence. The WHO global action plan on universal eye health 2014–2019 aims to support efforts by Member States to achieve a measurable reduction of 25% (compared to 2010) of avoidable visual impairment by 2019, with special focus on developing national action plans in line with the WHO framework for action for strengthening health systems. During 2016, Afghanistan, Lebanon and Yemen developed and revised their five-year national action plans on eye health in line with the global action plan, making a total of 16 countries who have so far developed national action plans in the Region. A database was developed based on global action plan indicators to monitor the implementation of eye health national action plans in the countries of the Region, while country profiles were updated on eye and ear health, and trachoma mapped in endemic countries (Afghanistan, Egypt, Pakistan, Somalia, Sudan and Yemen).

Assessments were undertaken on the status of eye care services in seven countries and diabetic retinopathy and diabetes management systems in eight. WHO continued to build the capacity of countries to integrate eye and ear health into primary health care and national health information systems, and to promote evidence-based advocacy and planning for eye and ear health as part of the overall health system. This approach is now being adopted in most countries in the Region.

The prevalence of disabling hearing loss in the Region is estimated at between 2.7% and 4.4%,

with adults accounting for 91% and children 9%. In approximately 50% of adults and 60% of children, hearing loss is avoidable through prevention and early detection. In 2016, support was provided to eight countries (Bahrain, Djibouti, Jordan, Kuwait, Morocco, Oman, Qatar, Saudi Arabia) that have undertaken surveys to estimate the prevalence of hearing loss, have national plans for ear and hearing care in varying stages of development and implementation, and have screening programmes to detect hearing loss for newborns and school children.

Major challenges that continue to impede effective action to address violence, injuries and disabilities include insufficient financial and human resources at regional and country levels. In terms of road safety and injury prevention, efforts are fragmented in the absence of a whole safe system approach, while coordination and multisectoral action are not based on sustainable mechanisms. Enforcement, implementation and evaluation of policy and legislative frameworks are insufficient, while data systems are weak and fragmented with widespread under-reporting. Significant gaps continue to exist in post-injury emergency and trauma care and rehabilitation services. In terms of disability, challenges include finding space for eye and ear health indicators in national health information systems, and integrating and delivering primary eye and ear care in primary health care. Contextual challenges also persist, including crisis and post-crisis situations in many countries.

Health education and promotion

Insufficient physical activity is one of the 10 leading risk factors for global mortality, causing some 3.2 million deaths each year. Globally, the Region

has the second highest prevalence of physical inactivity (31%), although with wide variation across the Region. In 2016, there was a focus on building national capacities in the development of national multisectoral plans of action on physical activity and plans for social marketing and mass media campaigns. A survey assessing national capacity to develop and implement physical activity policies and programmes was expanded from 12 to 16 countries. In an effort to curb the rising levels of physical inactivity, 48% of countries in the Region implemented at least one national public awareness programme on physical activity in 2016. The biggest challenges facing countries are their limited capacity to mobilize non-health sectors to implement World Health Assembly recommendations on physical activity and the lack of coordination between different sectors.

Regionally, progress in implementing the recommendations on controlling unhealthy food in children has been slow, despite clear commitment by countries, while expenditure on promoting energy-dense diets has grown considerably in recent years. Only 19% of countries in the Region have implemented WHO recommendations on the marketing of foods and non-alcoholic beverages to children.

Following on from the concerns expressed by the ministerial panel discussion on the prevention of noncommunicable diseases held during the Sixty-first session of the WHO Regional Committee for the Eastern Mediterranean in 2014 and the forum on addressing unopposed marketing of unhealthy foods and beverages to children held in Jordan in 2015, an expert meeting was held to finalize a regional roadmap to address unopposed marketing of unhealthy foods and beverages to

children and a survey on food marketing was initiated.

Social determinants of health and gender

In 2016, there was regional participation in the global technical meeting on measuring and monitoring action on the social determinants of health in response to the Rio Political Declaration on Social Determinants of Health. The meeting, held in June in Ottawa, Canada, focused on harmonization of monitoring systems and review of the core indicators proposed by WHO. Also in 2016, the Health-in-All-Policies (HiAP) training manual was translated into Arabic to maximize its use in the Region, and preparations were begun for a regional multisectoral consultation on HiAP. An in-depth assessment of the social determinants of health was initiated in Oman as a first step in developing national and subnational action plans.

Regional adaptation, piloting and implementation of WHO tools to support the integration of gender, equity and human rights in national policies and planning was carried out in 2016. Close cooperation continued with concerned United Nations agencies and the Arab League to promote health and human rights and gender in the Arab world, while health protocols and guidelines on gender-based violence were piloted in Afghanistan and Pakistan, involving the adaptation of WHO instruments, capacity-building and health care facility assessment.

Ongoing challenges include insufficient dedicated human resources and funding at regional and country levels, inadequate national capacity, and the security situation and ongoing conflicts in many countries of the Region.

Health and the environment

Environmental health is an area of growing importance for the Region, with environmental risk factors, such as air, water and soil pollution, chemical exposures, climate change and radiation, contributing to more than 100 diseases and injuries. The health impact of environmental risks is reflected in both communicable and noncommunicable diseases in all countries in the Region, with environmental hazards responsible for about 22% of the total burden of disease. The top environmental health-related causes of death in the Region are heart disease, stroke, respiratory infections and diarrhoeal diseases, targeting the most vulnerable, including children and the elderly. It is estimated that more than 850 000 people die prematurely every year as a result of living or working in unhealthy environments – nearly 1 in 5 of total regional deaths, with 72% of these the result of noncommunicable diseases and injuries.

About one half of environmentally-caused premature deaths are attributable to air pollution, with the rest due to chemical exposures, lack of access to water and sanitation, and other environmental hazards. Air pollution with particulate matter reaches alarming levels in many cities of the Region, with about 98% of the urban population breathing air exceeding WHO safe levels by up to 12-fold, causing about 400 000 annual deaths.

In 2016, national plans of action to implement the regional strategy on health and the environment and its related framework for action (2014–2019) were developed and adopted by many countries, and WHO was instrumental in the finalization of the strategy on health and the environment in the Arab Region (2017–2030). All countries of

the Region endorsed the global roadmap on the health impacts of air pollution on health, while 82 cities in 16 countries report their air quality data to a WHO database, improving burden of disease estimates and highlighting regional specificities, such as natural dust pollution. Status reports on water and sanitation were generated for all countries and country profiles on water, sanitation and health enablers issued for 11 countries.

The needs of the Region were reflected in several global and regional processes, including WHO drinking-water quality guidelines, guidance on managing radioactivity, and the global water, sanitation and health strategy. Development of a compendium of national standards on drinking-water quality is under way. Normative and technical support was provided to countries on drinking-water quality management and

sanitation/wastewater use, and training provided on water and sanitation safety management and addressing chemical and liquid waste in health care facilities.

A draft regional plan of action for food safety was developed to enable countries to fulfil the recommendations of their national food safety assessments and national profiling in order to control risk and reduce the burden of foodborne diseases, including zoonotic diseases linked to food safety. A training workshop for improving food safety laboratory was conducted, and a regional guidance document on food safety laws and regulations completed. Technical support was also provided on chemical safety in the Region. To address the health aspects of the Minamata Convention on Mercury, participants from 12 countries of the Region were trained on phasing out mercury in the health sector.



Photo: ©WHO

↑ Thousands of people in Al Qayyarah, Iraq, and nearby towns were exposed to serious health risks as a result of toxic fumes from widespread industrial fires

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The impact of environmental risks and the lack of environmental health services on morbidity and mortality rates is exacerbated during emergencies. Addressing the environmental health aspects of emergencies requires WHO to work with all countries to invest in vulnerability and risk assessment, preparedness, response and recovery planning.

In 2016, capacity-building in the areas of water, sanitation and health, chemical safety, food safety and waste management was undertaken for emergency-struck and neighbouring countries. A technical training workshop on environmental health services in conflicts was conducted for Syrian health personnel and United Nations staff and a field assessment of the environmental health impact of the crises in the Syrian Arab Republic was carried out, resulting in a comprehensive report with practical recommendations. Technical support and emergency supplies were provided to countries to respond to cholera outbreaks, and to the Syrian Arab Republic for securing drinking-water sources and groundwater wells near health care facilities.

Health personnel and first responders were trained on chemical exposure and trauma care, and

factsheets on chemical exposure made available in local languages for the countries in conflict. Technical support was also provided to help several countries in responding to air pollution emergencies, including (with the United Nations Environment Programme) an assessment of the health impact of an Israeli industrial zone on the Palestinian population.

Climate change poses serious, but preventable, risks to public health. In the Region, it is producing more frequent and more intense heat waves, floods, droughts and dust storms. Its effects are being seen in increasing mortality and morbidity rates, including airborne respiratory diseases, water and food borne diseases, vector-borne diseases, malnutrition, heat stress and occupational injuries. The Regional Office was instrumentally involved in the preparation for 22nd session of the Conference of the Parties to the United Nations Framework Convention on Climate Change in Marrakesh, Morocco and the WHO Second Global Conference on Climate and Health in Paris, France. With the support of WHO, eight countries developed national profiles on climate and health, tackling vulnerability, adaptation and mitigation.

Noncommunicable diseases

Regional framework for action

The Third United Nations General Assembly High-level Meeting on Non-communicable Diseases will be held in 2018 to review progress made in implementing the 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases. Ahead of this, sustained technical support continues to be crucial in guiding countries in articulating comprehensive national noncommunicable diseases responses and implementing the recommended strategic priority interventions in the four areas of the regional framework for action (governance, surveillance, prevention and health care).

Despite a clear roadmap and a renewed interest in mainstreaming noncommunicable diseases as part of the SDG agenda, many countries of the Region are still experiencing challenges in implementing key strategic interventions and demonstrating significant improvement in the 10 global progress indicators that will be used to report on progress at the third High-level Meeting in 2018.

There remain persistent barriers impeding progress in the Region. These include a lack of multisectoral coordination and engagement, especially of non-health sectors, the paucity of financial and human resources, and weak national capacities for prevention and control of noncommunicable diseases. Political instability, protracted crises and wars further compound the situation, limiting strategic planning and the scaling-up of interventions.



↑ *Technical guidance on noncommunicable diseases*

Against this backdrop, WHO intensified its technical support in 2016, providing and developing guidance in the four areas of the regional framework to enable countries to implement the key recommended measures before the upcoming global review.

Governance

Throughout 2016, support has been provided to countries in developing multisectoral noncommunicable disease action plans, incorporating noncommunicable diseases into national development plans, including United Nations development assistance and cooperation framework plans, and setting national noncommunicable diseases targets. Integrated support across the three levels of WHO has been provided in selected “fast-track” countries (Islamic Republic of Iran and Oman in the Region) and the country support mechanism of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases has been strengthened, providing enhanced coordinated support to countries, building investment cases for noncommunicable diseases and advocating for effective inclusion of noncommunicable diseases into development plans.

WHO continues to promote collaboration with sectors beyond health and between government and non-state actors. Building on the first regional meeting on strengthening partnership with civil society organizations for the prevention and control of noncommunicable diseases, held in 2015, capacity-building training was organized in collaboration with the NCD Alliance, and efforts are under way to facilitate the creation of a regional noncommunicable diseases alliance of civil society organizations.

Prevention and control of risk factors

In 2016, tobacco control activities focused on supporting implementation of the WHO Framework Convention on Tobacco Control (FCTC) at the national level. Countries are facing several challenges in moving forward their tobacco control agendas due to a number of factors, including higher health priorities for decision-makers, such as the emergency situations in the Region, tobacco industry interference to undermine tobacco control efforts and produce new products that are not covered under current regulations, and a lack of understanding at the legislative level of the requirements of tobacco control legislation.

In preparation for the Seventh session of the FCTC Conference of Parties (COP7), a meeting was arranged jointly with the WHO FCTC Secretariat to allow regional Parties the chance to review the documentation and prepare for their negotiations. At COP7, held in New Delhi, India, in November 2016, regional Parties led three decisions on noncommunicable diseases, tobacco advertising, promotion and sponsorship, and waterpipe tobacco.

A meeting was held jointly with the WHO African Region on the implementation of large graphic health warnings and plain packaging. In association with the meeting, a database of copyright-free graphic health warnings was developed with the WHO FCTC Secretariat for the use of countries in the Region. Understanding of the Protocol to Eliminate Illicit Trade in Tobacco Products was increased through high-level communication with Ministers of Health and through specific country activities, such as video conferences with experts and targeted seminars.

Technical support was provided to countries on a range of tobacco control areas, including national programme capacity-building, health cost research, needs assessment, training media personnel, combating tobacco growing, legislation and taxation. To support this work, a number of information resources were developed on the tobacco industry, second-hand smoke, and graphic health warnings and plain packaging (in collaboration with University of Waterloo, Canada), while WHO publications on waterpipe tobacco smoking and the earmarking of tobacco taxes were translated into Arabic.

Regionally, progress in implementing WHO recommendations on controlling unhealthy food in children has been slow, despite clear commitment by countries, while expenditure on promoting energy-dense diets has grown considerably in recent years. The foods most frequently advertised are soft drinks, savory snacks, confectionery and fast food. The advertising of foods and beverages is largely undertaken on television and during the period between 14:00 and 21:00, when children are highly exposed. Only 19% of the countries of the Region have implemented WHO recommendations on the



↑ World Health Day 2016

marketing of foods and non-alcoholic beverages to children.

Nutrition data collection and analysis are a challenge in the Region. Policy-making and accountability require effective nutrition surveillance and a monitoring and evaluation system for effective implementation. Integrating nutrition within the health system is another challenge in most countries, where most people suffer from the double burden of malnutrition and have limited access to health services, including disease prevention, treatment and rehabilitation, which contributes to increased inequalities. The security situation and political unrest are other key difficulties facing many countries, and while

the problem of malnutrition is huge, financial resources are limited.

Developing a roadmap for action to promote healthy diet and address nutrition-related noncommunicable diseases risk factors (salt, sugar and fat reduction intake) continues to be a priority. In 2016, Morocco, Somalia and Sudan joined most other countries of the Region in developing post-2015 national action plans to implement the recommendations of the Second International Conference on Nutrition (ICN-2). A nutrient profiling model was developed and field tested in seven countries. This will help countries to improve food labelling and promote healthy food.

Throughout 2016, technical support and capacity-building was provided to countries in growth monitoring, food-based dietary guidelines, obesity control and prevention, and promoting healthy diet. Many countries have developed nutrition surveillance systems and are generating regular data for most indicators. WHO will continue to monitor and evaluate the implementation of policy guidance on salt, fat and sugar reduction strategies, and finalize the regional policy on obesity and diabetes prevention.

Surveillance, monitoring and evaluation

Building on efforts begun in 2015, support was provided to countries to strengthen noncommunicable diseases and noncommunicable diseases risk factor surveillance systems. This included implementation of the Global Tobacco Surveillance System in several countries of the Region, including the Global Youth Tobacco Survey (Islamic Republic of Iran, Morocco and Oman) and the integration of tobacco questions into ongoing national level surveys (Egypt, Iraq, Morocco, Oman and Sudan). A number of countries implemented the WHO STEPwise approach to Surveillance (STEPS) (Iraq, Morocco, Oman and Sudan), while others completed planning for national noncommunicable diseases surveys (Djibouti, Egypt, Jordan, Somalia and United Arab Emirates).

Support was also provided to countries to strengthen cancer surveillance in collaboration with the International Agency for Research on Cancer (IARC). Oman took steps to update its cancer registry system using the most recent software (CanReg5) and following international standards (ICD-10), while a cancer registry assessment workshop was held in Iraq on



↑ *Report of the country capacity survey on noncommunicable diseases*

improving cancer registration, focusing on the three major regions of the country, and another workshop was conducted in Libya on establishing a functional population-based cancer registry.

During 2016, countries participated in the country capacity survey to assess progress made on noncommunicable diseases. The information collected through the survey covers public health infrastructure, partnerships and multisectoral collaboration for noncommunicable diseases and their risk factors, the status of noncommunicable diseases-relevant policies, strategies and action plans, health information systems, monitoring, surveillance and surveys for noncommunicable diseases and their risk factors, and the capacity for noncommunicable diseases early detection, treatment and care within the health system. The results will assist in planning technical support to address noncommunicable diseases and their risk factors. The information will also be used for the indicators that Member States have agreed to

monitor and will be held accountable for at the United Nations General Assembly and World Health Assembly in 2018.

Health care

Several countries are undergoing major health sector reform, with significant implications in terms of the content of the essential service delivery package, models of care and/or health care financing to expand coverage and enhance financial protection. In view of these reforms, strategic guidance continues to be given to countries in reorienting and strengthening health systems to address noncommunicable diseases, prioritizing cost-effective interventions with a focus on the integration and management of noncommunicable diseases in primary health care in both stable and emergency settings.

Drawing on work done in 2014–2015, and based on the regional framework on strengthening the integration and management of noncommunicable

diseases in primary health care in the Region, country missions were organized to review the status of noncommunicable diseases in primary health care (Islamic Republic of Iran, Kuwait and Saudi Arabia). In addition, continued attention was given to countries in high-grade emergencies, including Iraq, Syrian Arab Republic and Yemen, to support noncommunicable diseases readiness and health system resilience assessments, the procurement of noncommunicable diseases medicines and tailored training of primary health care providers, while also developing normative guidance in this area. A milestone was the finalization of a noncommunicable diseases emergency kit to be piloted in Iraq and Syrian Arab Republic in 2017.

Progress was made in the area of cancer control with the development of regional guidance on the early detection of five priority cancers in the Region and the first draft of a regional framework on cancer prevention and control. As part of an IARC/WHO regional partnership for scaling



↑ Policy briefs on early detection of common cancers

up cancer surveillance and research, support was provided to eight countries on cancer registries and research. Another positive development in 2016 was the designation of two new WHO Collaborating Centres in the Region: the WHO Collaborating Centre on Cancer Education, Training and Research at the King Hussein Cancer Centre in Jordan and the WHO Collaborating Centre for Research on Noncommunicable Diseases and Gastrointestinal Cancers at the Digestive Diseases Research Institute in Islamic Republic of Iran.

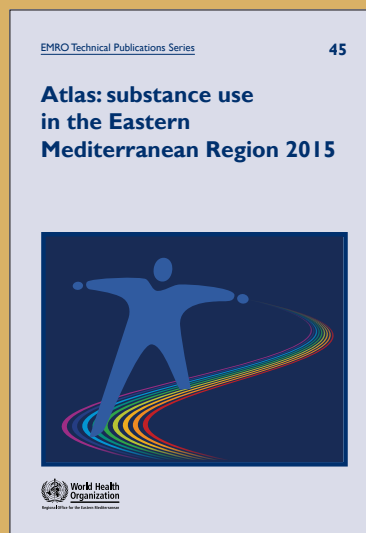
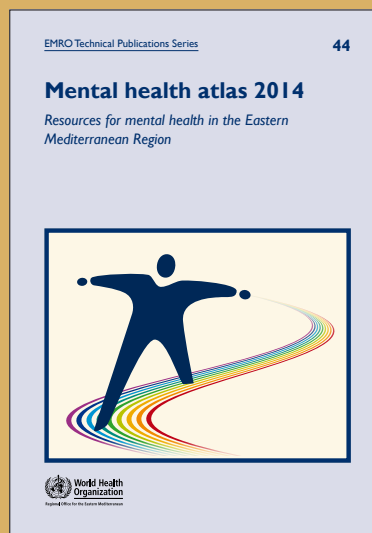
Mental health

The area of mental health and substance abuse is the focus of increasing attention, especially following the adoption by the 62nd session of the Regional Committee of the regional framework to scale up action on mental health in the Region, operationalizing a comprehensive action plan for mental health (2013–2020). A major impetus to raising the profile of mental health and substance abuse in the Region has been the number of countries experiencing complex emergency situations, increasing the need and demand for mental health and psychosocial support services. Globally, milestones have included a joint WHO and World Bank event on mental health and development and the United Nations General Assembly Special Session on Drugs in April 2016 and the inclusion of dementia in the World Innovation Summit for Health in Qatar.

A key achievement in many countries was the initiation and consolidation of the WHO Mental Health Gap Action Programme (mhGAP) programme to bridge the treatment gap for priority mental health problems through integration in primary health care. Draft guidance on the integration of mental health in primary health

care is being finalized for 2017. A second regional leadership course in mental health was conducted in collaboration with the American University in Cairo and a regional capacity-building workshop for mid-level managers on substance use policy development and service delivery was developed and conducted in collaboration with the National Rehabilitation Centre in Abu Dhabi. To support the work in this area, atlases were published on the resources and capacities available for mental health and substance abuse in countries of the Region. The Regional Office is also contributing to the revision and field trial of different versions of Chapter VI of International Classification of Disease, Eleventh Revision (ICD-11) and to the finalization of the treatment standards for substance use disorders being developed by WHO and the United Nations Office on Drugs and Crime (UNODC).

Support was provided for the review, development and updating of mental health strategies and legislation in many countries, in accordance with the indicators and targets agreed upon as part of the comprehensive action plan for mental health (2013–2020) and the provisions of the Convention on the Rights of Persons with Disabilities. Autism and dementia plans were developed in several countries, while others were supported to develop and strengthen national suicide prevention plans. Additionally, a school mental health package was developed and is being piloted in countries of the Region. Support was also given for the provision of mental health and psychosocial support in Iraq, Libya, Yemen and countries affected by the Syrian Arab Republic crisis, in coordination and collaboration with United Nations agencies, nongovernmental organizations, national stakeholders and academic institutions. This led to the development and piloting of a regional



↑ *Technical guidance on mental health*

mental health and psychosocial support capacity-building course.

Mental health continues to have a low political and public health profile, and the stigma attached to it cuts across all aspects of mental health care, impacting on service development, delivery and utilization. Mental health suffers from chronic under-funding, a lack of research and data to inform planning and service development, and a lack of specialist staff and services, while the skills of general health workers to deliver mental health care remain limited.

In view of ongoing resource constraints, and in line with the Organizational reform process and regional strategic priorities, WHO will deepen its collaboration with regional and global partners to implement the provisions of the regional framework for action in countries of the Region and the comprehensive action plan for mental health (2013–2020). Support will continue to be given to countries in reviewing and developing their national policies, strategies and programmes on mental health and substance abuse, and for scaling up mental health and psychosocial support in countries experiencing humanitarian crises.

Communicable diseases

Poliomyelitis eradication

In 2016, only three countries in the world, Afghanistan, Pakistan and Nigeria, reported cases of polio due to wild poliovirus; all three countries are still considered endemic. The number of poliomyelitis cases reported, 37, was the lowest ever recorded globally. All of these cases were due to serotype 1 (WPV1).

Afghanistan and Pakistan reduced the number of WPV1 cases by 50%, from 74 in 2015 to 33 in 2016, despite complex security challenges, continuing the trend in the reduction of cases in the Region since 2014. There was also a significant reduction in the geographical spread of the virus in 2016 compared with the previous three years and a shift in the epidemiology of poliomyelitis with the suppression of the usual increase of cases during the annual high transmission season, typically from June to December. These trends together generate optimism that Pakistan and Afghanistan can both interrupt transmission of poliovirus in 2017.

The reduction in poliovirus transmission in the two countries is a result of the consistent implementation of each country's national emergency action plan for polio eradication. The activities under these plans have led to improvements in the quality of supplementary immunization activities, improved capacity to detect poliovirus through surveillance for acute flaccid paralysis (AFP) cases and environmental surveillance, and effective outbreak response in non-reservoir areas. Recent sero-surveys of

children in poliovirus reservoir areas show an average of 95% immunity against WPV1 in children 6 to 11 months of age, demonstrating the impact of immunization on raising the immunity even in very young children.

While the main focus of the polio programme in the Region in 2016 was on supporting Pakistan and Afghanistan, considerable work was also done to reduce the risk of outbreaks should poliovirus be imported into polio-free countries, and to update and improve outbreak response planning and preparedness. In addition to supplementary immunization activities in Afghanistan and Pakistan, a further 10 countries in the Region carried out such activities at national or subnational level, and 45 major supplementary immunization rounds were conducted to achieve high levels of population immunity and reduce risk. In total in the Region, more than 400 million doses of oral poliovirus vaccine were given to more than 80 million children. Despite the fact that many of the supplementary campaigns were carried out in severely security compromised settings, evidence of the immunization status of children under five years shows that these campaigns were successful in maintaining high levels of immunity against polio in children under five.

Other mitigation measures to counter the risks of outbreaks in polio-free countries included detailed risk assessments, especially of conflict-affected areas; reviewing and updating outbreak response plans and conducting 23 polio outbreak simulation workshops in 17 countries of the Region; monitoring of primary immune deficient children in Egypt and the Islamic Republic of Iran to determine the risks of long-term excretion of poliovirus; the establishment of environmental surveillance in Jordan and Lebanon; and oversight of country documentation and progress



Photo: ©WHO

↑ Supplementary immunization campaigns were conducted in Syria to prevent the spread of polio



Photo: ©WHO

↑ HE President Mohamed Abdullahi Mohamed of Somalia recognized the support of WHO and partners during a celebration to mark 3 years polio free in Somalia



Photo: ©WHO

↑ Despite serious security challenges in Taiz governorate, Yemen, female vaccinators are dedicated and committed to vaccinating children against polio

by the Regional Commission on Certification of Poliomyelitis Eradication.

As part of achieving the Global Polio Strategic Plan, all countries of the Region successfully switched from trivalent to bivalent oral poliovirus vaccine in April and May 2016. This was a tremendous coordinated effort by the countries of the Region to identify and destroy all remaining stocks of trivalent vaccine. In some settings, isolated use of trivalent vaccine has probably continued, and it is imperative that all countries fully report on the

validated switch process and destroy any remaining oral polio vaccine containing Sabin 2 as part of phase I of the Global Action Plan (GAP III) for poliovirus containment. Since the switch, there have been isolations of vaccine-derived poliovirus type 2 (VDPV2) in 2016 in Afghanistan, Pakistan, Somalia and Yemen; however, in only one instance, in Pakistan, was there evidence of circulation of a VDPV2. That situation was addressed through a planned immunization response using monovalent OPV2. The regional programme is closely monitoring poliovirus

type-2 isolations through the surveillance and laboratory network.

The polio eradication programme is large and complex, and as the final eradication and certification processes come closer, more thought is being put into how the assets, skills, and experience of polio eradication can be transitioned in such a way as to benefit broader public health initiatives. Transition planning has started at the regional level and in four priority countries with a significant presence of polio assets and infrastructure: Afghanistan, Pakistan, Somalia and Sudan. It is expected that the planning process will accelerate in 2017.

The polio programme is completely funded from voluntary funds, and has benefited tremendously from the strong support of donors from both within and outside the Region, who have provided funds through WHO to support the regional and country programmes. In 2016, these supporters included the Bill & Melinda Gates Foundation, the Governments of the United Arab Emirates, Saudi Arabia, the United States, the United Kingdom, Canada, and Germany, Rotary International, and the Islamic Development Bank.

The overriding priorities for 2017 are to complete the eradication of all types of poliovirus in Afghanistan and Pakistan through supporting both countries in the effective implementation of their national emergency action plans, and to stop the outbreak of circulating vaccine-derived poliovirus in the Syrian Arab Republic. The protection of countries and areas at high risk from outbreaks of WPV and circulating vaccine-derived poliovirus will continue to be addressed through supplementary immunization activities in the highest risk countries, and all countries

will be supported in ensuring that all high-risk groups, particularly migrants, refugees, internally displaced populations and populations living in conflict-affected areas, are fully immunized against polio. The strengthening of AFP and environmental and special surveillance systems will aim to ensure early warning and rapid response, and there will be a continued emphasis on outbreak response planning and capacity-building.

HIV, tuberculosis, malaria and tropical diseases

Although the Eastern Mediterranean Region has the lowest HIV prevalence among WHO regions, the disease incidence has increased. The number of people living with HIV (PLHIV) in the Region reached 360 000 by the end of 2016, with 37 000 new HIV infections of which 2300 were among children. Progress was made in improving access to antiretroviral therapy, and the number of PLHIV receiving such therapy doubled from 2013, reaching 54 000 in 2016. In spite of this achievement, the overall coverage of antiretroviral therapy in the Region remains as low as 15%. Limited access to HIV testing remains the biggest obstacle against access to care and treatment. In 2015, 89% of the HIV cases reported in the Region were identified through HIV testing among key populations. However, over two thirds (68%) of the testing took place outside voluntary counselling and testing services and health care settings, particularly among migrant workers and premarital couples.

Stigma related to HIV remains widespread in the Region, including within the health sector. To address this challenge, the Regional Office dedicated the World AIDS Day campaign for 2016 to fighting stigma and discrimination,

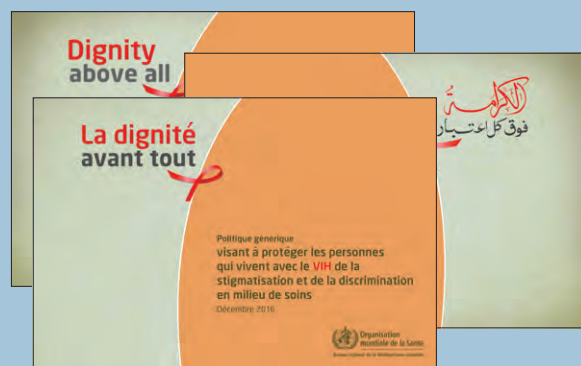
under the slogan “Dignity Above All”. Fourteen Member States engaged in activities related to the campaign and initiated work on policies to end stigma and discrimination in health care settings.

The way forward will focus on rolling out global HIV testing and treatment guidelines, conducting epidemiological analysis, programme reviews, strategic planning and resource mobilization, and promoting strategies to address HIV testing gaps.

Viral hepatitis remains a significant cause of mortality in the Region, with an estimated 21 million and 15 million people chronically infected with hepatitis B and hepatitis C, respectively. New hepatitis B and C infections result primarily from medical procedures and unsafe injections, followed by injecting drug use. Eighty per cent of viral hepatitis C infections occur in Pakistan and Egypt.

In 2016, the Regional Office continued support to countries in developing their national strategic plans based on the regional action plan to combat viral hepatitis developed in 2015. Support was also provided to Egypt in developing a strategy for hepatitis C screening. Morocco was supported in conducting an assessment of the economic impact of hepatitis C treatment. Countries will be supported in developing national action plans and guidelines on testing and treatment and rolling out monitoring and evaluation systems to follow up on the impact of treatment.

A total number of 527 639 tuberculosis cases (all forms) were notified in the countries of the Region during 2016. The case detection rate increased in 2016 to 70%, a much lower rate than the global target of 90% but a slight increase as compared to 2015 (63%). The treatment success rate for the new and relapse cases registered during 2015



↑ World AIDS Day 2016

was 91%, which is in line with the global target. Five countries in the Region are considered high burden countries for tuberculosis: Afghanistan, Morocco, Pakistan, Somalia and Sudan.

Management of multidrug-resistant tuberculosis continues to be a challenge. The Region is responsible for about 6% of the global burden of rifampicin-resistant (RR) and multidrug-resistant tuberculosis (MDR-TB). An estimated 4.1% of new tuberculosis cases and 17% of previously treated cases developed rifampicin or multidrug resistance in 2015 in the Region, which is equal to 19 000 RR/MDR-TB cases among notified pulmonary tuberculosis cases. During 2016, only 25% of the estimated drug-resistant tuberculosis cases in the Region (4713 rifampicin- or multidrug-resistant and 152 extensively drug resistant cases) were confirmed by laboratory test, compared to 21% in 2015. Of these, 4055 cases were put on treatment. Limited resources and weak capacity to manage MDR-TB are major impediments in countries.

The main challenge for tuberculosis control continues to be the low tuberculosis case detection rates (all tuberculosis cases and MDR-

.....

TB) with a slight increase in estimated incidence in the Region due to the introduction of new diagnostic tools and better collaboration with the private sector in Pakistan. Ongoing emergency situations in many countries and lack of resources continue to expose national tuberculosis control programmes to bigger threats. Syrian refugees in Jordan and Lebanon require considerable support, placing additional strain on overstretched health systems. Similarly, the presence of internally displaced populations in Iraq, Libya, Syrian Arab Republic and Yemen is impeding the timely and effective implementation of national strategic plans for tuberculosis control. A new Global Fund grant will support managing of tuberculosis and multidrug-resistant tuberculosis in five countries in the Region.

National tuberculosis programmes were reviewed in five countries and the multidrug resistance component in eight countries, with the recommendations of the reviews subsequently incorporated into the national strategic plans. Four countries updated their national strategic plans in line with the End Tuberculosis strategy, and three countries started planning to implement shorter treatment regimens for MDR-TB.

Membership of the Regional Green Light Committee was updated and the committee continued to support country implementation of the new advances in the management of drug resistance through capacity-building, technical support and monitoring and evaluation.

The Regional Office will support countries to apply a comprehensive package to reach the missed tuberculosis cases, and address MDR-TB. Additionally, it will continue support to countries to accelerate the response to tuberculosis and HIV co-infection, ensure rapid uptake of innovations

and implement the tuberculosis elimination initiative.

Malaria remains endemic in eight countries in the Region. Two countries, the Islamic Republic of Iran and Saudi Arabia, are implementing elimination strategies and are close to reaching the target. However, Saudi Arabia witnessed an increase in the number of local cases in 2016 due to increasing population movement and difficult access to border areas with Yemen (Table 1). WHO estimates that the incidence of malaria in the Region decreased by 70% between 2000 and 2015. The year 2016 witnessed further progress but also outbreaks in some countries and an increased number of cases in Afghanistan, Pakistan, Somalia and Yemen (Table 2).

Malaria-endemic countries have access to quality medicine and the use of rapid diagnostic tests has increased significantly in recent years. However, rates for parasitological confirmation of suspected malaria cases and treatment of cases with quality medicine are still far below the universal coverage target. Confirmation rates in other high-burden countries range from 5% in Pakistan to 72% in Yemen. Coverage of vector control interventions has increased, although not at the same level for all countries. Sudan is reporting 100% operational coverage for long-lasting insecticidal nets (LLINs) in most states.

In 2016, support was provided to countries to update their national strategies in line with the Global Technical Strategy and to complete the first stage of risk mapping for malaria at the district level. The Regional Office continued to support existing regional networks for monitoring and response to antimalarial resistance that resulted in updating treatment policies when needed in some countries. The first regional external

Table 1 Parasitologically-confirmed cases in countries with no or sporadic transmission and countries with low malaria endemicity						
Country	2014		2015		2016	
	Total reported cases	Autochthonous	Total reported cases	Autochthonous	Total reported cases	Autochthonous
Bahrain	100	0	87	0	106	0
Egypt	313	22	291	0	233	0
Iran (Islamic Republic of)	1238	376	799	187	706	94
Iraq	2	0	2	0	5	0
Jordan	102	0	59	0	51	0
Kuwait	268	0	309	0	388	0
Lebanon	119	0	125	0	134	0
Libya	412	0	324	2	370	2
Morocco	493	0	510	0	409	0
Palestine	0	0	0	0	1	0
Oman	1001	15	822	4	807	3
Qatar	643	0	445	0	493	0
Saudi Arabia	2305	51	2620	83	5382	272
Syrian Arab Republic	21	0	12	0	12	0
Tunisia	98	0	88	0	99	0
United Arab Emirates	4575	0	3685	0	3849	0

NA: not available

Table 2 Reported malaria cases in countries with high malaria burden						
Country	2014		2015		2016	
	Total reported cases	Total confirmed	Total reported cases	Total confirmed	Total reported cases	Total confirmed
Afghanistan	290 079	83 920	350 044	103 377	392 551	190 161
Djibouti	9439	9439	9557	9557	13 804	13 804
Pakistan	3 666 257	270 156	3 776 244	202 013	2 115 941	318 449
Somalia	26 174	11 001	39 169	20 953	NA	NA
Sudan	1 207 771	1 068 506	1 102 186	586 827	974 571	566 015
Yemen ^a	122 812	86 707	104 831	76 259	144 628	98 701

NA: not available

^aData were collected from 20 governorates, with low reporting completeness

competence assessment for malaria microscopy was conducted. Support was provided to countries for strengthening integrated vector management including entomological surveillance and insecticide resistance monitoring. The regional framework for action on sound management of public health pesticides was updated.

National malaria programmes in high-burden countries have challenges with availability of quality technical staff either due to lack of resources, brain drain and structural reforms and frequent changes in programme leadership. Future support will emphasize advocacy and resource mobilization, targeting mainly regional donors, and building human resource capacity at all levels, particularly subnational level, in the six priority countries. Long-term support of malaria elimination targets and control of other vector-borne diseases will focus on moving towards integrated vector management.

In past years, leishmaniasis has seen a re-emergence in conflict-affected areas throughout the Region (e.g. Iraq and Syrian Arab Republic), with consequences for neighbouring countries as well due to population movements. In 2016, significant progress was made in closing the gap in anti-leishmanial medicines, strengthening the provision of health services to affected people at central and peripheral level and reinforcing the capacities of health staff on surveillance, control, diagnosis, management and data reporting, notably in Afghanistan, Iraq, Pakistan and Syrian Arab Republic (for cutaneous leishmaniasis), and in Somalia and Sudan (for visceral leishmaniasis).

For schistosomiasis, planning for surveys aimed at confirming interruption of transmission were carried out in Djibouti, Iraq, Jordan and Oman. In 2016, Egypt adopted a 5-year plan

for elimination of schistosomiasis and mobilized domestic resources for its implementation. Yemen continued implementing mass treatment for schistosomiasis, whose elimination as a public health problem has now been achieved in several foci, and funds were successfully secured from international donors to sustain activities beyond 2017. Treatment was scaled up in Sudan and mapping for schistosomiasis was started in Somalia.

Elimination of lymphatic filariasis as a public health problem is nearly complete in Egypt and Yemen. Sudan scaled up mass treatment with WHO-donated medicines. Interruption of onchocerciasis transmission was demonstrated in a second focus in Sudan. In Yemen, over 162 000 people were treated with ivermectin through the first mass treatment implemented in the country.

WHO continued to donate medicines to implement de-worming for soil-transmitted helminthiasis in several countries in the Region. Egypt and Syrian Arab Republic launched their first deworming campaign. WHO provided medicines to UNRWA to treat schoolchildren in all fields of operation in Jordan, Lebanon, Palestine and Syrian Arab Republic. A nationwide epidemiological survey was completed in Pakistan in view of the launch of mass treatment.

Five countries (Egypt, Pakistan, Somalia, Sudan, Yemen) still have pockets of intense leprosy transmission. Scaled up field activities aim at ensuring that all new cases are timely detected and managed with multidrug therapy, and that all former patients are offered rehabilitation and disability care. Experts from the Region were instrumental in developing and finalizing the global leprosy strategy 2016–2020, its operational manual, and its monitoring and evaluation guide.

In 2016, Morocco was successfully validated as having eliminated trachoma as a public health problem, the second country in the Region, and globally, after Oman. Planning and implementation of the trachoma SAFE strategy (surgery, antibiotics, facial cleanliness and environmental improvements) progressed throughout the Region, notably in Egypt, Pakistan and Sudan. Trachoma mapping was planned in Somalia and resources were mobilized to this effect.

Sudan is the only country in the Region which remains to be certified free from dracunculiasis. No cases have been reported since 2014. Field visits aimed at assessing the status of surveillance and awareness of the disease were carried out in 2016, in preparation for the start of the certification process.

In May 2016, the World Health Assembly adopted a resolution (WHA69.21) addressing the burden of mycetoma. The resolution was sponsored by the Government of Sudan and advocated for recognition of this disfiguring and debilitating condition as a new neglected tropical disease. Mycetoma is known to affect several other countries of the Region, including the Islamic Republic of Iran, Somalia and Yemen. Steps were taken towards the delineation of a WHO strategy to reduce the burden of mycetoma.

Immunization and vaccines

In 2016, the regional average DTP3 vaccination coverage was estimated at 80%, compared to 79% in 2015. While 14 countries have maintained the target of achievement of $\geq 90\%$ routine DTP3 vaccination coverage (WHO-UNICEF estimates, 2016), the estimated DTP3 coverage in the Syrian Arab Republic increased slightly to 42% in 2016



↑ In 2016 Morocco was officially recognized by WHO as having eliminated trachoma

compared to 41% in 2015. An estimated 3.7 million children missed their DTP3 in 2016, 92% of whom were in six countries facing emergencies: Afghanistan, Pakistan, Iraq, Somalia, Syrian Arab Republic and Yemen.

Twelve countries achieved $\geq 95\%$ coverage with first dose of measles-containing vaccine (MCV1) compared to 10 countries in 2015, and 21 countries provided the routine second dose of measles-containing vaccine with variable levels of coverage. Measles case-based laboratory surveillance is being implemented in all countries; 20 countries perform nationwide case-based surveillance and two countries (Djibouti and Somalia) are conducting sentinel surveillance. Fourteen countries reported very low incidence of measles (fewer than five cases per million population), four of which continued to achieve zero incidence and are ready for verification of elimination.

With regard to new vaccines, Djibouti and Iraq successfully introduced inactivated polio vaccine

in 2016. Elimination of maternal and neonatal tetanus was validated by WHO in Punjab province of Pakistan. Djibouti, Sudan and Yemen updated their comprehensive multi-year plans (cMYP).

In 2016, technical support was provided to the countries with low coverage to intensify outreach activities, implement coverage acceleration campaigns and sustain cold chain and vaccine management capacity. Afghanistan developed its cMYP and planned for undertaking a comprehensive programme review. Pakistan focused on data quality improvement, Syrian Arab Republic on supplementary multi-antigen immunization, Oman on improving vaccine management and Qatar on micro-planning for a MMR campaign.

Future support to Member States will focus on increasing immunization coverage, improving supply chain, data quality and surveillance for vaccine-preventable diseases, implementation of measles campaigns, establishing regional verification commissions for elimination of measles/rubella and hepatitis B. The regional technical advisory group for routine immunization will be reconstituted in 2017.

The evaluation, licensure, control, and surveillance of vaccines and other biological medicinal products are major challenges for national regulatory authorities in the Region. WHO is supporting countries to strengthen the required regulatory functions such as through assessment workshops (five countries) and global learning opportunities on vaccine quality for regulators in vaccine-producing countries and countries supported by the Pandemic Influenza Preparedness Framework. The WHO collaborative registration procedure for WHO prequalified vaccines was introduced in order to accelerate the registration process



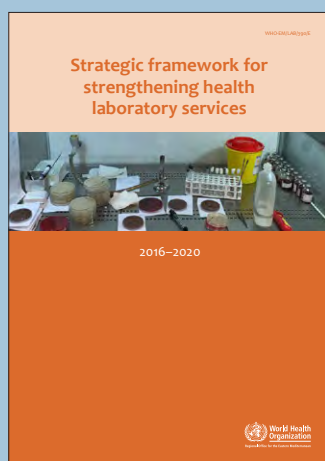
↑ *Technical guidance on quality management for health laboratories*

by national regulatory authorities. Support was provided to countries for improvement of pharmacovigilance and surveillance for adverse events following immunization.

Antimicrobial resistance

In September 2016, all heads of state at the United Nations General Assembly renewed their political commitment for implementation of the global action plan on antimicrobial resistance. WHO supported the development of national action plans on antimicrobial resistance and identified a roster of experts in relevant fields of human and animal health to assist the countries in this exercise. Technical support was provided to six countries in initiating national surveillance for antimicrobial resistance. Protocols for prevalence surveys of health care-associated infections were piloted in two countries.

The response to antimicrobial resistance is challenged by lack of effective intersectoral collaboration, fragmented planning and implementation, weak laboratory capacity at the national level for testing, lack of reliable



↑ *Strategic frameworks for strengthening health laboratory services and for blood safety and availability*

information on the burden of antimicrobial resistance and limited financial resources. WHO will continue to support countries in development and implementation of national action plans on antimicrobial resistance and in mobilizing domestic and international resources. Countries need to enrol in the global antimicrobial resistance surveillance system and start reporting to the global antimicrobial resistance surveillance platform.

Public health laboratories

In October 2016, the 63rd Session of the Regional Committee endorsed the regional strategic frameworks for strengthening health laboratory services 2016–2020 and for blood safety and availability 2016–2025. The frameworks lay a solid foundation for strengthening laboratory systems and blood transfusion services across the Region and will inform and guide the efforts by Member States to provide high-quality, equitable and affordable services in a sustainable manner.

All countries were supported throughout 2016 to lay the groundwork for implementation of

the strategic frameworks, with some countries receiving targeted support based on their specific needs. Six countries received strong support in the area of biosafety/biosecurity and biorisk management; at least four countries were supported for development of national regulatory frameworks for laboratory services, implementing quality management systems and developing laboratory accreditation mechanisms; and 11 countries received various types of support to strengthen their laboratories for surveillance of antimicrobial resistance. WHO will continue providing comprehensive guidance and support for implementation of the strategic frameworks, with a focus on strengthening leadership and governance of the laboratory and blood services, building national and regional laboratory referral networks, enhancing quality and biorisk management systems, improving blood donor management, and establishing haemovigilance systems.

Blood safety

Due to injuries related to violence and conflict, the demand for blood and blood products has

increased in countries affected by humanitarian emergencies. In these countries, the health systems have been weakened or destroyed and health workers provide health services in insecure areas and under difficult circumstances, which makes delivery of these lifesaving products challenging. An extensive assessment of the situation of blood transfusion during humanitarian emergencies was conducted, followed by a regional consultation that agreed on recommendations, including integration of blood transfusion services in the

overall national emergency preparedness and response, collection and dissemination of updated information on factors affecting provision of blood transfusion during humanitarian emergencies, provision of technical and financial assistance to support blood transfusion, strengthening mechanisms for coordination and collaboration among different parties, and developing a regional emergency blood services system and management expertise.

WHO Health Emergency Programme

Introduction

The Eastern Mediterranean Region is witnessing an unprecedented magnitude and scale of crises. Almost two thirds of countries in the Region are directly or indirectly affected by emergencies, including four countries (out of a total of six globally) experiencing major emergencies designated by WHO and the United Nations as Level 3: Iraq, Somalia, Syrian Arab Republic and Yemen. The Region also hosts countries witnessing protracted emergencies, including Afghanistan, Lebanon, Libya, Pakistan, Palestine and Sudan. Many of the remaining countries in the Region are affected by the crises in neighbouring countries.

WHO's response

Increasing numbers of people in need of health services continue to challenge the capacity of WHO and health partners to respond. By the end of 2016, out of a total of 140 million people in need of health services globally, more than 76 million (54%) lived in the Region in countries directly or indirectly affected by emergencies. Ongoing insecurity and limited access by humanitarian workers to people in need continued to challenge WHO's response. In Iraq, Syrian Arab Republic and Yemen, almost 30% of all people in need are living in hard-to-reach, inaccessible or opposition-controlled areas.

Attacks on health care in the Region continued relentlessly. In 2016, more than 252 attacks were



Photo: ©WHO

↑ A field assessment was conducted in Bekaa Valley, Lebanon, as part of efforts to strengthen preparedness for cholera outbreaks

reported from eight countries, accounting for 83% of all reported attacks globally. The Syrian Arab Republic remained the most dangerous country in the world for health workers, with almost 70% of all reported attacks globally.

Thousands of civilians sustain trauma injuries every month in the Region as a result of escalating conflict. In the Syrian Arab Republic alone, more than 25 000 people are injured every month and require trauma care. In Iraq, more than 3000 people were injured in the first 10 weeks following the launch of military operations in Mosul in October 2016.

The Region also bears the greatest burden of displaced populations, with more than 30 million displaced people across the Region. More than half of all refugees globally come from the Syrian Arab Republic, Somalia and Afghanistan. The Syrian Arab Republic accounts for the largest number of refugees and internally displaced persons, with more than 65% of the population displaced both inside the country and in neighbouring states.

Demand for health services by displaced populations continues to place a large burden on



Photo: ©WHO



Photo: ©WHO



Photo: ©WHO

↑ In 2016, WHO with humanitarian partners delivered medical supplies to all besieged areas in Syria for the first time since the conflict began

national health systems across the Region. The high cost of services, human resource shortages, insufficient medicines and equipment and economic deterioration are some of the many barriers facing refugees seeking health care.

The year 2016 marked the first time in several years that WHO was able to reach all 18 besieged areas in the Syrian Arab Republic. During the military operations in East Aleppo, WHO played a key role in negotiations with all parties to the conflict, and developed a comprehensive medical evacuation plan designed to save the lives of hundreds of wounded and critically ill patients trapped inside the city. 811 patients were successfully transported to hospitals in western Aleppo, Idlib and across-the border to Turkey.

WHO and partners supported a landmark national multi-antigen immunization campaign in the Syrian Arab Republic, taking place over three rounds in April, July and November 2016. The accelerated immunization campaign was the first opportunity for thousands of children living in many besieged and hard-to-reach areas to be immunized since the beginning of the conflict.

In Iraq, WHO supported the provision of trauma care for people affected by the Mosul crisis by establishing four trauma stabilization points and a field hospital near the front lines. As military operations continued, WHO-supported mobile medical clinics and mobile medical teams were sometimes the first to reach newly accessible areas to deliver health care services to thousands of



↑ WHO and partners provided life-saving medical supplies including ambulances and mobile clinics to support humanitarian missions in countries such as Yemen (left) and Iraq (right)

people who had been cut off from aid since June 2014.

An attack on a Médecins Sans Frontières hospital in October 2015 in Kunduz, Afghanistan, required WHO and partners work to fill critical gaps to save lives in the conflict-affected province. In July 2016, WHO established a trauma care unit at Kunduz Regional Hospital to manage mass casualties and also supported the establishment of a physical and psychological rehabilitation centre at the hospital. From its opening in July until December 2016, more than 2400 patients were treated at the trauma care unit and surgeons conducted 1045 major and minor operations.

Two field hospitals procured with the support of WHO were established in priority locations in Libya where existing health facilities were no longer functioning. A field hospital in Benghazi helped fill critical gaps in a context where 10 out of the city's 14 hospitals were non-functional. A second field hospital was established in the green mountain area, with a catchment population of more than half a million. Even in the most difficult circumstances in Libya, in 2016 WHO was able to conduct a national health assessment for the first time in four years. The assessment identified

some significant needs, most significantly in Benghazi where more than 50% of all hospitals were non-functional.

In April, WHO initiated a comprehensive assessment in Somalia focusing on approximately 1074 public health facilities across the country. This health facility assessment was the first of its kind to be conducted in Somalia by health authorities and partners. In December, a cholera outbreak in the Middle Shebelle region of Somalia was contained and the number of cases declined as a result of strong coordination between health partners, a successful public information and prevention campaign and training conducted for health workers. The surveillance data helped the country to monitor transmission, as well as take appropriate control measures in the hotspots. Samples were sent to Somalia's first-ever national laboratory, established in 2016 with support from WHO, and which significantly reduced waiting times for results.

Emerging infectious diseases

Emerging infectious diseases, including the outbreaks in recent years, occurred in security-compromised countries with complex and

protracted humanitarian emergencies where large populations are internally displaced and there is inadequate access to clean water, sanitation and basic health services. Surveillance systems in fragile health systems may not be able to detect all health threats in a timely manner. This compromises the effectiveness of public health response measures and makes populations more vulnerable to infectious diseases. The potential for Zika spreading into the Region remains a real concern. Additionally, as the population has no immunity to this new virus, preparedness measures need to be continued to prevent any introduction.

Cholera outbreaks in Yemen and Somalia were effectively responded to through appropriate public health interventions which helped to avert major international spread. The Early Warning Alert and Response Network in Iraq demonstrated its flexibility by rapidly expanding to address a large number of displaced populations from Mosul, following escalation of military activities in September 2016.

Surveillance systems for influenza-like illness and severe acute respiratory infections in 16 countries aided detection and response to epidemic influenza and other acute respiratory infections in the Region. Technical missions were conducted to enhance preparedness and response capacities in Saudi Arabia for MERS-CoV, and in Egypt, Pakistan and Sudan for Zika virus infection.

The Global Outbreak Alert and Response Network (GOARN) was expanded in the Region to include new international partners together with a pool of regional experts for responding to infectious disease outbreaks and other health emergencies. National rapid response teams were trained in Saudi Arabia and Somalia for deployment across

the country to manage outbreak detection, response and containment. In order to enhance readiness for international outbreak response a pool of public health experts received training on field investigation and response to public health emergencies as part GOARN activities in the Region. The Regional Office supported Saudi Arabia with public health preparedness measures by deploying a team of experts who provided necessary advice for preventing any major health emergency during the hajj.

Five countries (Jordan, Somalia, Sudan, Syrian Arab Republic and Yemen) received technical support in developing comprehensive cholera preparedness and response plans that promote integrated prevention and control interventions. As part of such cholera elimination plan, an oral cholera vaccination campaign was conducted in the White Nile State in Sudan targeting refugees and host communities in order to prevent the spread of cholera among refugees fleeing South Sudan.

Under the Pandemic Influenza Preparedness Framework and as part of Regional Office's work in pandemic influenza preparedness, epidemiological and virological surveillance for influenza-like illness and severe acute respiratory infections were enhanced in 16 countries. A web-based interactive platform, Eastern Mediterranean Flu Network, was deployed for countries to share epidemiological and virological data on influenza regularly.

Since the declaration on 1 February 2016 that the clusters of microcephaly thought to be associated with Zika virus constituted a public health emergency of international concern, WHO rapidly scaled up preparedness and readiness measures to prevent introduction of the Zika virus

into the Region. The Regional Office developed a regional preparedness plan for Zika virus in collaboration with countries. As part of the plan, systematic risk assessments were conducted in the Region, entomological surveillance for competent vectors was strengthened in all high-risk countries, appropriate risk communication materials were developed and disseminated and a group of health managers was trained on roles and responsibilities in an incident command system, an important response mechanism during health emergencies.

Preparedness

Additional challenges remain related to building and enhancing national preparedness and disaster risk reduction. National public health plans for preparedness and response to all hazards and national assessment of potential hazards in countries of the Region are mostly lacking. Several activities were conducted to enhance national capacities for disaster risk reduction based on the Sendai Framework; yet, more needs to be done. Major mass gatherings in the Region require

enhanced action by WHO and health partners in the areas of evidence-based planning for all public health emergencies and scaling up national capacities to respond to acute health needs during these events.

Developing and costing national plans of action for health security based on the outcomes of the joint external evaluation of IHR capacities requires the involvement of all relevant national stakeholders, including civil society and the private sector, and the positioning of responsibility for health security at the highest levels of authority to ensure implementation of the plans. Aligning national plans for health security with other existing plans and mobilizing domestic and external resources to fund and implement these plans remain key challenges.

Donor support for the regional health emergency programme continues to be weak. In 2016, WHO appeals for the Region were 39% funded, with US\$ 164 million received out of US\$ 425 million requested. Restricted access to affected



Photo: ©WHO

↑ National response teams in Lebanon were trained to deal with potential threats involving chemical, biological, nuclear and radiological materials

populations because of high levels of ongoing conflict and violence remains a significant impediment to increased donor support.

Between April and December 2016, WHO and partners supported 10 countries in the Region to conduct joint external evaluations of IHR capacities: Afghanistan, Bahrain, Jordan, Lebanon, Morocco, Pakistan, Qatar, Somalia, Sudan and Tunisia. Plans to support the remaining countries to conduct the evaluations are ongoing. Support was given to Pakistan and Jordan to develop and cost their national action plan for health security based on the outcomes of the joint external evaluation. Discussion with partners is ongoing to coordinate the support to the rest of the countries that conducted the evaluations to develop and cost their plans of action.

The new IHR monitoring and evaluation framework was introduced to countries through a regional meeting with focus on the joint external evaluations and on ways to improve how they are conducted in countries. The Regional Office led the global efforts to develop guidance on conducting the joint external evaluation in crisis countries. The guidance will be pilot tested in Iraq and Libya as a first step for conducting the evaluations in these countries.

The first phase of an all-hazard risk assessment was successfully carried out in priority provinces in Afghanistan in 2016 to support operational planning for emergency response. The second phase is expected to take place in 2017. The Regional Office hosted the first workshop on the Capacity for Disaster Reduction Initiative, aimed to enhance the capacity of partners to support the implementation of the Sendai Framework

for Disaster Risk Reduction. The workshop was attended by representatives of the Food and Agriculture Organization of the United Nations, the World Food Programme, the United Nations Office for the Coordination of Humanitarian Affairs, the United Nations Development Programme and by WHO regional and country office staff.

To scale up emergency preparedness, training was organized for emergency focal points in countries of the Region, in partnership with the Asian Disaster Preparedness Center, Johns Hopkins University and the Centers for Disease Control and Prevention (CDC), Atlanta, to enhance multisectoral leadership and coordination in responding to all-hazard public health emergencies. WHO worked closely with the Inter-Agency Standing Committee to assess readiness capacity of country offices to respond to priority hazards. Assessments were conducted in Sudan and Somalia in 2016, and action plans were developed aligning the outcomes of the joint external evaluation missions and country capacity assessments for emergency preparedness.

To enhance the capacity of countries to cope with the additional demand on health services resulting from hosting refugees and migrants, a working group from all concerned international and regional organizations and academic institutions is currently under development. WHO and the International Organization for Migration will be the secretariat for this working group. The working group will aim at supporting countries in the Middle East and North Africa to operationalize and implement the strategic, global and regional priorities and framework on migrant health.

Implementing WHO management reforms

Programmes and priority-setting

Supporting Member States continues to be at the centre of WHO's work. The initial phases of the development of 2018–2019 programme budget were undertaken in close consultation with Member States through bottom-up planning approach. A preliminary human resources planning exercise was conducted in the Region to inform the development of a programme budget based on realistic needs. The category and programme area networks proactively supported the planning exercise by providing guidance and feedback to country offices, and by stimulating cross-cutting programme planning aligned with the SDGs. As a result nearly two thirds of the Region's budget for base programmes was allocated to country offices, one of the highest proportions among all regions.

The outcome of the mid-term review exercise showed that 76% of the expected outputs were on track to be achieved by the end of the biennium, despite the financial challenges and conflicts in several countries. As with the programme budget planning, the category and programme area networks played a vital role in ensuring achievements and challenges at the country level were captured in the regional progress reports and in informing adjustments to the programme directions.

In December 2016, a regional standing group on evaluation was established with the aim

of facilitating implementation of the global evaluation policies and building a culture of evaluation and organizational learning in the Region. Following its first retreat, the group's vision, mission and scope were outlined and a plan of action was drafted.

Human resources remain the Organization's core investment to support Member States. Capacity-building activities for staff on results-based management, programme management and related areas were reinstated in 2016. In close collaboration with the human resources team, an overview of WHO's results-based management cycle was integrated into the Region's induction programme for new staff. More such capacity-building activities are planned in the future with a focus on the staff in country offices.

As part of enhancing support to country offices, a regional network of programme management focal points was established to improve the coordination of programme management and related exercises across the Region. The network played a key role in the improvement of statutory monitoring and reporting during the mid-term review exercises. A new Business Intelligence tool was also launched which generates a wide range of information to inform decision-making, including several dashboards aimed at improving the monitoring of programme implementation.

Governance

High-level meetings for ministers and representatives of Member States and permanent missions in Geneva continued to be held prior to the World Health Assembly and Executive Board. These meetings provided an excellent opportunity to review with ministers of health and senior government officials the progress in addressing key priorities since the previous meetings. They

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have also had a positive impact in strengthening the engagement of Member States in global discussions on health and WHO reform. Daily briefings during the Executive Board meeting and Health Assembly provided additional opportunities for Member States from the Region to interact and agree on common positions that affect the Region.

At its 63rd Session in October, the Regional Committee adopted several amendments to its rules of procedure that concern: a code of conduct for the nomination of the Regional Director; election of officers; establishment of a programme subcommittee; and identification of a process for the nomination of Executive Board members and the nomination of a country of the Region as President and other elected officials of the World Health Assembly. These amendments are in line with global governance reform and reflect efforts to harmonize procedures across the Organization.

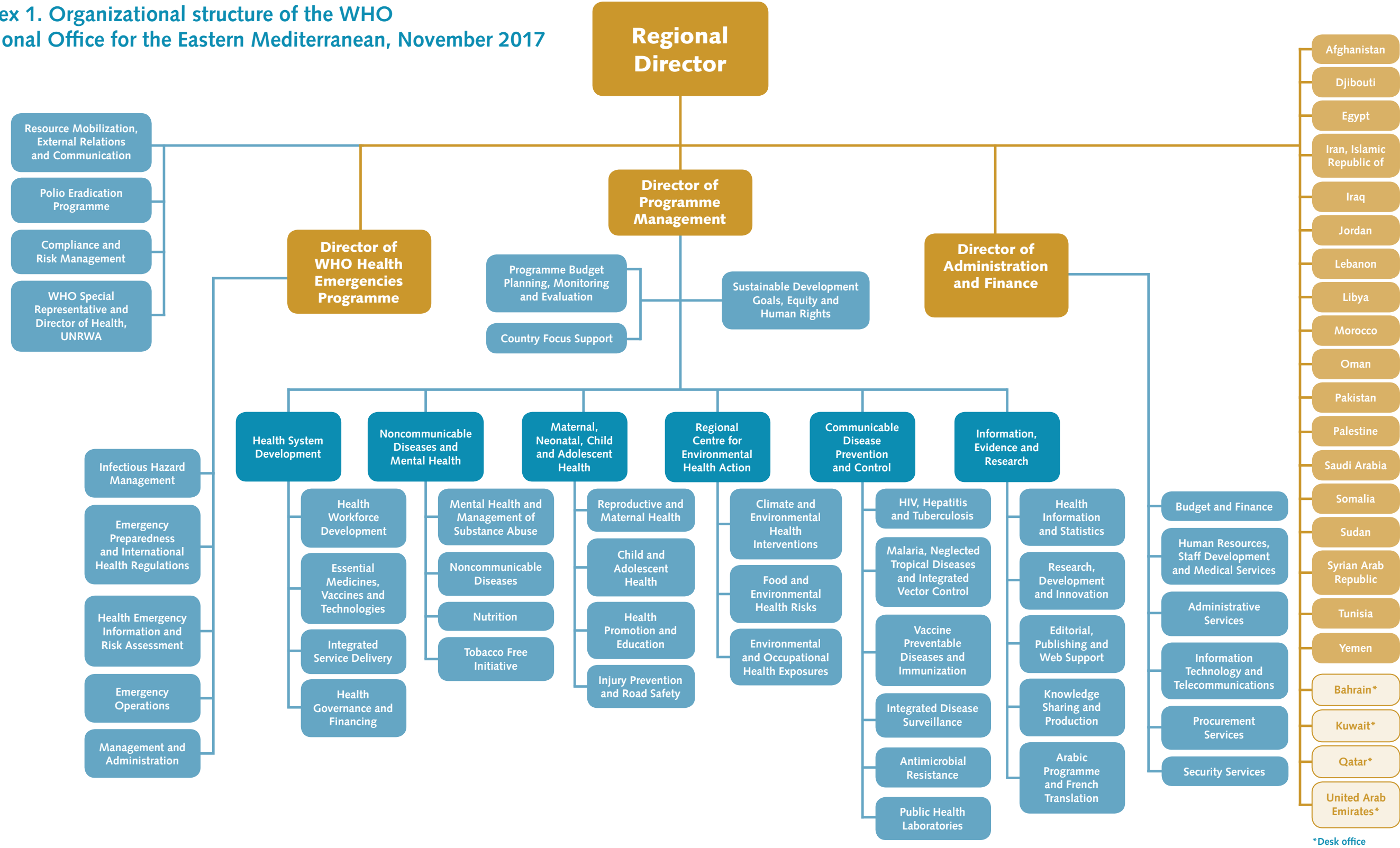
Management

The Regional Office continued to develop essential instruments for the enhancement of the WHO reform process with special emphasis on managerial reform, working closely with all other levels of the Organization to achieve the goals listed in the 12th General Programme of Work. It also continued to improve its planning, forecasting, implementation, monitoring and evaluation capacity aimed at more efficient use and distribution of limited resources.

The managerial actions associated with the reform process taken by the Regional Director with respect to staff mobility and rotation, performance management and human resources planning and management continued. Accountability and controls remained at the heart of improvement efforts with focus on the compliance areas, which were repeatedly mentioned in preceding years' internal and external audit observations: direct financial cooperation, direct implementation, imprest purchase orders, asset inventories and non-staff contractual arrangements. The use of monthly compliance dashboards throughout the year has increased the awareness and capacity of staff across the Region with regard to key administrative issues. Activities aimed at managing financial and administrative risks effectively, improving the internal control framework, reducing audit observations to a minimum and closing outstanding audit observations in a timely manner. In 2016 all audits resulted in satisfactory or partially satisfactory ratings, showing continued improvement in controls and a deep commitment to zero tolerance to non-compliance across the Region.

WHO will continue to address key challenges including the need for: capacity-building to help Member States remain aligned with evolving requirements; strengthening country level perspectives in responding to acute and protracted emergencies; consideration to deploy and deliver on a no-regrets basis; and continual improvement in accountability and control, as embedded in the regulatory frameworks.

Annex 1. Organizational structure of the WHO
Regional Office for the Eastern Mediterranean, November 2017



Annex 2

a) Professional staff in the Eastern Mediterranean Region, by number and nationality as at 31 December 2016

Nationality	Regional/Intercountry	Country	Total
Egypt	14	4	18
Pakistan	6	4	10
United Kingdom	7	2	9
Jordan	4	3	7
United States of America	4	3	7
Canada	6	–	6
Iran, Islamic Republic of	6	–	6
Lebanon	5	1	6
Sudan	3	2	5
Tunisia	2	3	5
Belgium	2	2	4
France	2	2	4
India	2	2	4
Morocco	4	–	4
Stateless	4	–	4
Yemen	1	3	4
Bangladesh	2	1	3
Ethiopia	2	1	3
Germany	2	1	3
Iraq	1	2	3
Italy	1	2	3
Switzerland	3	–	3
Syrian Arab Republic	2	1	3
Denmark	1	1	2
Ireland	2	–	2
Kenya	–	2	2
Netherlands	1	1	2
Somalia	1	1	2
Spain	1	1	2
Sri Lanka	–	2	2
Trinidad & Tobago	–	2	2
Turkey	2	–	2
Afghanistan	–	1	1
Algeria	–	1	1
Armenia	1	–	1
Austria	–	1	1
Australia	–	1	1
Bahrain	–	1	1
Cote d'Ivoire	–	1	1
Eritrea	–	1	1
Georgia	–	1	1
Finland	1	–	1
Japan	–	1	1
Malawi	1	–	1

Nationality	Regional/Intercountry	Country	Total
Nigeria	–	1	1
Norway	–	1	1
Philippines	1	–	1
Saudi Arabia	–	1	1
Senegal	1	–	1
Sweden	–	1	1
Tanzania	–	1	1
Turkmenistan	–	1	1
Uganda	–	1	1
Total	98	65	163

Note: The above figures a) do not include staff on leave without pay (LWOP), nor interregional staff who are located in the Regional Office, b) are funded from all sources.

b) Professional staff from Eastern Mediterranean Region Member States, by number and nationality as at 31 December 2016

Country	Global recruitment priority list ¹	Global range ²	Total in World Health Organization	Of which in the Eastern Mediterranean Region
Egypt	C	003–012	33	18
Pakistan	C	005–014	21	10
Iran, Islamic Republic of	C	004–012	15	6
Sudan	C	001–010	14	5
Lebanon	C	001–008	13	6
Jordan	C	001–008	11	7
Morocco	B1	001–010	10	4
Tunisia	C	001–008	9	5
Iraq	B1	002–009	7	3
Yemen	B1	001–008	4	4
Somalia	B2	001–008	3	2
Syrian Arab Republic	B1	001–008	3	3
Saudi Arabia	A	005–011	2	1
Afghanistan	B1	001–008	1	1
Bahrain	B1	001–007	1	1
Djibouti	B1	001–007	1	–
Total of regional nationalities			148	76
Total of other nationalities			1930	87
Grand total			2078	163

Note: The above figures a) do not include staff on leave without pay (LWOP), nor interregional staff who are located in the Regional Office, b) are funded from all sources.

¹ A Countries from which recruitment of professional posts is to be encouraged as a first ranking priority

B1 Countries from which recruitment of professional posts is to be encouraged as a second ranking priority

B2 Countries from which recruitment for professional posts is permissible

C Countries from which recruitment for professional posts is restricted

² Current range of recruitment permitted based on assessed contribution

Annex 3. Meetings held in the Eastern Mediterranean Region, 2016

Meeting title, location and date
Statutory and advisory meetings
Technical Advisory Group for the Eradication of Poliomyelitis in Afghanistan, Kabul, Afghanistan, 24–25 January 2016
Seventeenth meeting of the Technical Advisory Group for the Eradication of Poliomyelitis in Pakistan, Islamabad, Pakistan 28–29 January 2016
Thirtieth meeting of the Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication, Amman, Jordan 4–6 April 2016
Seventh meeting of the Eastern Mediterranean Regional Green Light Committee, Khartoum, Sudan, 12 May 2016
Third meeting of the Islamic Advisory Group for polio eradication, Jeddah, Saudi Arabia, 27 July 2016; and the Executive Committee meetings, Jeddah, Saudi Arabia, 26 and 28 July 2016
Sixty-third Session of the WHO Regional Committee for the Eastern Mediterranean, Cairo, Egypt, 3–6 October 2016
Twenty-second meeting of the Eastern Mediterranean Region working group on GAVI, the Vaccine Alliance, Amman, Jordan, 7–8 December 2016
Consultations
Expert consultation on road safety in the Eastern Mediterranean Region, Cairo, Egypt 6–7 January 2016
Consultation on the Global Arabic Programme, Cairo, Egypt, 10 January 2016
Consultation on assessment and monitoring of the implementation of the International Health Regulations beyond June 2015, Cairo, Egypt, 11–12 January 2016
Consultative meeting on early detection and screening of priority cancers in the Eastern Mediterranean Region, Cairo, Egypt, 14–15 January 2016
Review meeting on WHO's work in emergencies, Cairo, Egypt, 17–18 January 2016
Expert group meeting on the regional framework for action on strengthening nursing and midwifery in the Eastern Mediterranean Region 2015–2025, Abu Dhabi, United Arab Emirates 25–26 March 2016
Technical consultation on the implementation of the regional framework for sound management of public health pesticides 2016–2020, Amman, Jordan 11–12 April 2016
Regional partners meeting on Zika virus infection, Cairo, Egypt, 21–22 April 2016
Strategic and technical consultation on viral hepatitis in the Eastern Mediterranean Region, Casablanca, Morocco, 25–27 April 2016
Preparatory meeting for regional consultation on scaling up emergency care services in the Eastern Mediterranean Region, Cairo, Egypt, 29–30 April 2016
Regional meeting on developing health financing strategies for Universal Health Coverage in selected Member States of the Eastern Mediterranean Region, Cairo, Egypt, 8–11 May 2016
Regional consultation on the availability and safety of blood transfusion during humanitarian emergencies, Tunis, Tunisia, 15–16 May 2016
Strategic framework for health workforce development in the Eastern Mediterranean Region, Cairo, Egypt 1–2 June 2016
Informal expert consultation on health professionals' education, Cairo, Egypt, 3 June 2016

Annex 3. Meetings held in the Eastern Mediterranean Region, 2016 *(continued)*

Meeting title, location and date

Consultations

Expert meeting to finalize a regional roadmap to address unopposed marketing of unhealthy foods/beverages to children in the Eastern Mediterranean Region, Cairo, Egypt, 21–22 June 2016

Preparatory meeting on a roadmap for universal health coverage in Africa, Cairo, Egypt, 25 June 2016

Technical consultation on poliomyelitis eradication in Pakistan, Islamabad, Pakistan, 28–29 June 2016

Expert consultation to review the mental health nursing training package with a focus on emergency contexts, Amman, Jordan, 11–12 July 2016

Technical consultation on poliomyelitis eradication in Afghanistan, Kabul, Afghanistan, 12–13 July 2016

Expert consultation on reviewing and updating the regional training package for noncommunicable diseases surveillance, Cairo, Egypt, 18–19 July 2016

Expert consultation on the development of a noncommunicable diseases emergency kit, Cairo, Egypt, 20 July 2016

Second regional consultation on scaling up emergency care services in the Eastern Mediterranean Region, Cairo, Egypt, 25–26 July 2016

Expert consultation on the development of a plan of action for food safety in the Eastern Mediterranean Region 2017–2022, Amman, Jordan, 2–3 August 2016

Consultation meeting to develop a road map for improving water, sanitation and hygiene and environmental health in health care facilities in the Eastern Mediterranean Region, Amman, Jordan, 10 August 2016

Fifth regional stakeholders' meeting to review the implementation of International Health Regulations (2005), Cairo, Egypt, 20–22 September 2016

Regional meeting to standardize and update food composition tables, reflecting sugar, trans fat, saturated fat and salt contents, Rabat, Morocco, 20–22 September 2016

Fifteenth meeting of the regional programme review group on lymphatic filariasis elimination and other preventive chemotherapy programmes, Amman, Jordan, 18–20 October 2016

Consultative workshop to define appropriate surveillance strategy for detection of cluster of Zika virus and other arboviral diseases using both syndromic and event-based surveillance system, Islamabad, Pakistan, 14–16 November 2016

Country focal points for implementation of pandemic influenza preparedness framework and expert group on pandemic preparedness planning, Beirut, Lebanon, 20–22 November 2016

Expert consultation to scale up cancer care in the Eastern Mediterranean Region, Cairo, Egypt, 27–28 November 2016

Meeting on WHO Global Action Plan (GAPIII) Phase I containment activities for national certification committees and containment coordinators, Amman, Jordan, 29–30 November 2016

Regional consultation on haemovigilance, Amman, Jordan, 4–5 December 2016

Expert consultation for identifying core mental health interventions for integration in maternal, child and adolescent health service delivery platforms, Cairo, Egypt, 12–13 December 2016

Eighth intercountry meeting of national malaria programme managers from HANMAT and PIAM-Net countries, Islamabad, Pakistan, 12–14 December 2016

Consultative meeting of GOARN partners in the Eastern Mediterranean Region, Cairo, Egypt, 14–15 December 2016

Annex 3. Meetings held in the Eastern Mediterranean Region, 2016 (*continued*)

Meeting title, location and date
Intercountry meetings
Regional meeting to enhance preparedness and response capacities to Zika virus infection, Cairo, Egypt, Round 1, 22–23 February 2016, and Casablanca, Morocco, Round 2, 28–29 February 2016
Scaling up the healthy city programme in the Eastern Mediterranean Region, Sharjah, United Arab Emirates, 23–24 February 2016
Fifteenth programme managers' meeting on leprosy elimination in the Eastern Mediterranean Region, Tunis, Tunisia, 29 February–2 March 2016
First intercountry meeting of national focal points for antimicrobial resistance in the Eastern Mediterranean Region, Casablanca, Morocco, 14–17 March 2016
Intercountry meeting on designing and implementing a regulatory programme for medical devices, Riyadh, Saudi Arabia, 11–14 April 2016
Meeting of the directors of national influenza laboratories in the Eastern Mediterranean Region, Amman, Jordan, 19–21 April 2016
WHO/UNFPA/UNICEF joint intercountry meeting of national managers of maternal and child health: towards accelerating the reduction of neonatal mortality in the Region, Amman, Jordan, 24–27 April 2016
Fourth annual regional meeting to scale up implementation of the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases, Cairo, Egypt, 26–28 April 2016
Eastern Mediterranean Drug Regulatory Authorities Conference, Tunis, Tunisia, 4–6 May 2016
Intercountry meeting on recent updates in the area of multidrug resistant tuberculosis (MDR-TB), Khartoum, Sudan, 9–11 May 2016
Intercountry meeting on controlled medicines, Cairo, Egypt, 17–19 May 2016
Regional meeting of directors of national blood transfusion services, Casablanca, Morocco, 17–19 May 2016
Eighteenth intercountry meeting of directors of poliovirus laboratories in the Eastern Mediterranean Region, Muscat, Oman 23–25 May 2016
Regional meeting on tools and standards to assess and improve quality of care at the primary care level, Amman, Jordan 30 May–1 June 2016
Regional intercountry meeting on the implementation of pictorial graphic health warnings and plain packaging on tobacco products, Cairo, Egypt, 26–28 July 2016
Intercountry meeting on management of drinking-water safety and the safe use of wastewater, Amman, Jordan, 8–9 August 2016
Intercountry meeting in preparation for the seventh session of the Conference of Parties to the WHO Framework Convention on Tobacco Control, Cairo, Egypt, 20–22 September 2016
Intercountry meeting on Good Governance for Medicines for Phase II countries in the Eastern Mediterranean Region, Cairo, Egypt, 25–27 October 2016
Second intercountry meeting of the directors of public health laboratories in the Eastern Mediterranean Region, Muscat, Oman, 31 October–3 November 2016
Thirty-ninth annual meeting of representatives of the national pharmacovigilance centres participating in the WHO programme for international drug monitoring, Muscat, Oman, 14–17 November 2016
Workshops and trainings
First training on public health emergency pre deployment in the Eastern Mediterranean Region, Amman, Jordan, 8–14 February 2016

Annex 3. Meetings held in the Eastern Mediterranean Region, 2016 *(continued)*

Meeting title, location and date

Workshops and trainings

- Training workshop on the treatment of severe cases of acute malnutrition for countries in emergencies, Islamabad, Pakistan, 21–24 February 2016
- Workshop on introduction to outbreak response standard operating procedures, Beirut, Lebanon, 6–10 March 2016
- Second workshop on training and update on the OPV-BOPV Switch, Amman, Jordan, 14–16 March 2016
- Regional training on strengthening the role of WHO country staff in harnessing partnership with the Global Fund and the Global Health Initiatives, Cairo, Egypt, 28–30 March 2016
- Second workshop on national regulatory authority self-assessment, Beirut, Lebanon, 29–31 March 2016
- Workshop on accreditation of medical education in Iraq: towards excellence in medical education and health care, Amman, Jordan, 31 March–1 April 2016
- Training on leadership in epidemic and pandemic preparedness and responses under PIP framework, Cairo, Egypt, 12–14 April 2016
- Second round of the on-site training course for regional master trainers on family practice, Al-Yarmouk, Kuwait, 24–27 April 2016
- Workshop on introduction to outbreak response standard operating procedures, Cairo, Egypt, 24–28 April 2016
- Fifth seminar on health diplomacy, Cairo, Egypt, 7–8 May 2016
- Role of law in health system strengthening in the Eastern Mediterranean Region: introducing practical skills for legislators and regulators, Dead Sea, Jordan, 9–12 May 2016
- Regional workshop on scaling up capacity-building of general practitioners in the Eastern Mediterranean Region, Cairo, Egypt, 10–11 May 2016
- Regional training of trainers on school mental health package, Amman, Jordan, 13–17 May 2016
- Improving programme implementation through embedded research workshop on data management, interpretation and implementation strategy, Cairo, Egypt, 16–18 May 2016
- Workshop on health system strengthening in Libya, Tunis, Tunisia, 22–24 June 2016
- Third workshop on national regulatory authority self-assessment, Round 1, Teheran, Islamic Republic of Iran, 24–26 July 2016, and Round 2, Cairo, Egypt, 26–28 September 2016
- Intercountry workshop on reporting on core indicators, Cairo, Egypt, 15–17 August 2016
- Workshop on the new AFP surveillance standard operating procedures, Tunis, Tunisia, 15–20 August 2016
- First training of trainers round on bridging programme for building capacities of general practitioners in family medicine, Cairo, Egypt, 21–25 August 2016, and 12–15 December 2016
- Training workshop on prevention, surveillance and control of Aedes mosquito vectors in the context of emerging Zika and other Aedes-borne diseases, Round 1, Tunis, Tunisia, 26–30 September 2016; and Round 2, Lahore, Pakistan, 17–21 October 2016
- Regional capacity building on alternative options for IMCI training, Khartoum, Sudan, 28 August–1 September 2016
- Training workshop on new multidrug resistant tuberculosis short regimen, and ambulatory model of the programmatic management of drug resistant tuberculosis, Round 1, Cairo, Egypt, 4–8 September 2016, and Round 2, Beirut, Lebanon, 5–9 December 2016
- Workshop on capacity-building in policy briefs' development, Cairo, Egypt, 20–22 September 2016

Annex 3. Meetings held in the Eastern Mediterranean Region, 2016 (*concluded*)

Meeting title, location and date
Workshops and trainings
Risk assessment and inaccessibility mapping training workshop for surveillance officers and data managers, Beirut, Lebanon, 11–13 October 2016
Regional training of trainers course on caring for the newborn at home, Islamabad, Pakistan, 17–21 October 2016
Training workshop on prevention, surveillance and control of Aedes mosquito vectors in the content of emerging Zika and other Aedes-borne diseases, Lahore, Pakistan, 17–21 October 2016
Regional workshop on updating national strategic plans for the prevention of re-establishment of local malaria transmission in malaria-free countries, Casablanca, Morocco, 18–20 October 2016
Global Outbreak Alert and Response Network scenario-based training on outbreak response, Dead Sea, Jordan, 25–29 October 2016
Global foodborne infections network training course on strengthening integrated surveillance of foodborne diseases and antimicrobial resistance, Teheran, Islamic Republic of Iran, 29 October – 2 November 2016
Regional training workshop on improvement of immunization data quality and implementation of vaccination cluster coverage survey, Round 1, Cairo, Egypt, 1–5 November 2016, and Round 2, Islamabad, Pakistan, 28 November–2 December 2016
Training workshop on strengthening family planning services through evidence-based guidelines and best practices, Tunis, Tunisia 13–16 November 2016
Regional workshop on health sector involvement in the implementation of the Minamata Convention on Mercury, Amman, Jordan, 30 November–1 December 2016
Regional workshop to develop national capacities in disease-specific health accounts, Cairo, Egypt, 4–8 December 2016
Regional training workshop on promoting maternal and newborn health quality of care, Rabat, Morocco, 5–7 December 2016
Regional training on blood donor management, Amman, Jordan, 7–8 December 2016
Risk assessment and inaccessibility mapping training workshop for surveillance officers and data managers, Manama, Bahrain, 11–14 December 2016
Training of trainers on infant and young child feeding practices for children 6–24 months for countries with emergencies, Khartoum, Sudan, 18–22 December 2016

Annex 4. New publications issued in 2016

Title	Originator
Publications	
A guide to nursing and midwifery education standards Language: Arabic/French	Regional Office
Afghanistan health profile 2015 Language: English	Regional Office
Assessing national capacity for the prevention and control of noncommunicable diseases: Report of the 2015 country capacity survey in the Eastern Mediterranean Language: English	Regional Office
Community health workers a strategy to ensure access to primary health services Language: English	Regional Office
Country Cooperation Strategy for WHO and Morocco, 2017-2021 Language: French	Regional Office
Developing health centres and hospitals indices for Syria, based on HeRAMS dataset 2014 Language: English	Country Office
Diabetes A bitter illness halt the diabetes epidemic Language: English	Regional Office
Donor Update 2016 [Q1]: Syrian Arab Republic Language: English	Country Office
Donor Update 2016 [Q2]: Syrian Arab Republic Language: English	Country Office
Donor Update 2016 [Q3]: Syrian Arab Republic Language: English	Country Office
Eastern Mediterranean Region: Framework for health information systems and core indicators for monitoring health situation and health system performance 2016 Language: English	Regional Office
Egypt Health profile 2015 Language: English	Regional Office
Estimating sizes of key populations: guide for HIV programming in countries of the Middle East and North Africa Language: English	Regional Office
Five years in action: strengthening public health in the Region and beyond Language: English	Regional Office
Framework for action on advancing universal health coverage (UHC) in the Eastern Mediterranean Region Language: Arabic/English/French	Regional Office
From HIV testing to lifelong care and treatment: access to the continuum of HIV care and treatment in the Eastern Mediterranean Region: progress report 2014 Language: English	Regional Office
Generic policy for protecting people living with HIV from stigma and discrimination in health care settings in the Eastern Mediterranean Region Language: English/ French	Regional Office
Guide for adapting the generic policy document for ending stigma and discrimination against PLHIV in health care settings Language: English/French	Regional Office

Annex 4. New publications issued in 2016 *(continued)*

Title	Originator
Publications	
Guide to Ship Sanitation Language: Arabic	Regional Office
Islamic Republic of Iran Health profile 2015 Language: English	Regional Office
Kuwait Health profile 2015 Language: English	Regional Office
Lebanon Health profile 2015 Language: English	Regional Office
List of basic sources in English for a medical faculty library 16 th edition Language: English	Regional Office
Measuring transparency to improve good governance in the public pharmaceutical sector Oman Language: English	Regional Office
Morocco Health profile 2015 Language: English	Regional Office
Noncommunicable diseases in the Eastern Mediterranean Region Language: English	Regional Office
Oman Health profile 2015 Language: English	Regional Office
Pakistan Health profile 2015 Language: English	Regional Office
Palestine health profile 2015 Language: English	Regional Office
Patient safety assessment manual: second edition Language: English	Regional Office
Qatar health profile 2015 Language: English	Regional Office
Quality Assurance of Pharmaceuticals. Second Updated Edition: A Compendium of Guidelines and Related Materials. Volume 2: Good Manufacturing Practices and Inspection Language: Arabic	Headquarters
Regional framework to scale up action on mental health in the Eastern Mediterranean Region Language: English	Regional Office
Regulation of medical devices: a step-by-step guide Language: English	Regional Office
Right to health: crossing barriers to access health in the occupied Palestinian territory, 2014 2015 Language: English	Country Office
Role and contribution of private sector in moving towards universal health coverage in the Eastern Mediterranean Region Language: English	Regional Office

Annex 4. New publications issued in 2016 *(continued)*

Title	Originator
Publications	
Saudi Arabia Health profile 2015 Language: English	Regional Office
Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO 2012 - 2016: progress report May 2016 Language: English	Regional Office
Stepwise implementation of a quality management system for a health laboratory Language: English	Regional Office
Strategic framework for blood safety and availability 2016-2025 Language: English	Regional Office
Strategy, responsiveness and preparedness of the Syrian health care system in the short, mid and long term Language: English	Country Office
Strengthening nursing and midwifery in the Eastern Mediterranean Region: a framework for action 2016-2025 Language: English	Regional Office
Training manual on reproductive health counselling: Facilitator guide Language: Arabic	Regional Office
United Arab Emirates Health profile 2015 Language: English	Regional Office
WHO Quality Rights Tool Kit: Assessing and improving quality and human rights in mental health and social care facilities, Country-wide assessment report Language: Arabic	Headquarters
WHO Quality Rights Tool Kit: Assessing and improving quality and human rights in mental health and social care facilities Language: Arabic	Headquarters
WHO Quality Rights Tool Kit: Assessing and improving quality and human rights in mental health and social care facilities, Facility-based assessment report Language: Arabic	Headquarters
WHO Quality Rights Tool Kit: Assessing and improving quality and human rights in mental health and social care facilities, Interview tool Language: Arabic	Headquarters
WHO Quality Rights Tool Kit: Assessing and improving quality and human rights in mental health and social care facilities, Review of documents and observation tool Language: Arabic	Headquarters
The work of WHO in the Eastern Mediterranean Region: annual report of the Regional Director 2015 Language: Arabic/English/French	Regional Office
World Health Organization Syrian Arab Republic: annual report 2015 Language: English	Country Office
Periodicals	
Eastern Mediterranean Health Journal; Vol.22 No.1 –No.12 Languages: Arabic/English/French	Regional Office

Annex 4. New publications issued in 2016 (*concluded*)

Title	Originator
Periodicals	
IMEMR current contents; Vol.15 No.1 –No. 4 Language: English	Regional Office
Fact sheets	
Policy statement and recommended actions for early detection of breast cancer in the Eastern Mediterranean Region Language: English	Regional Office
Policy statement and recommended actions for early detection of breast, cervix, colorectal, oral and prostate cancers in the Eastern Mediterranean Region Language: English	Regional Office
Policy statement and recommended actions for early detection of cervical cancer in the Eastern Mediterranean Region Language: English	Regional Office
Policy statement and recommended actions for early detection of colorectal cancer in the Eastern Mediterranean Region Language: English	Regional Office
Policy statement and recommended actions for early detection of oral cancer in the Eastern Mediterranean Region Language: English	Regional Office
Policy statement and recommended actions for early detection of prostate cancer in the Eastern Mediterranean Region Language: English	Regional Office
Policy statement and recommended actions for lowering sugar intake and reducing prevalence of type 2 diabetes and obesity in the Eastern Mediterranean Region Language: Arabic/English/French	Regional Office

Annex 5. WHO collaborating centres in the Eastern Mediterranean Region as at December 2016

Field	Title	Country	Institution name
Blood safety	WHO Collaborating Centre for Research and Training on Blood Safety	Islamic Republic of Iran	Iranian Blood Transfusion Organization (IBTO)
Blood transfusion	WHO Collaborating Centre for Training and Research in Blood Transfusion	United Arab Emirates	Sharjah Blood Transfusion and Research Centre
Cancer	WHO Collaborating Centre for Cancer Education, Training and Research	Jordan	King Hussein Cancer Center
Cardiovascular disease	WHO Collaborating Centre for Research and Training in Cardiovascular Diseases Control, Prevention, and Rehabilitation for Cardiac Patients	Islamic Republic of Iran	Isfahan Cardiovascular Research Centre
Dental public health	WHO Collaborating Centre for Training and Research in Dental Public Health	Islamic Republic of Iran	Department of Community Oral Health, School of Dentistry Shahid Beheshti University of Medical Sciences (SBMU)
Diabetes	WHO Collaborating Centre for Diabetes Research, Education and Primary Health Care	Jordan	National Centre for Diabetes, Endocrine and Inherited Diseases
	WHO Collaborating Centre for Treatment, Education and Research in Diabetes and Diabetic Pregnancies	Pakistan	Diabetic Association of Pakistan
Drug registration and regulation	WHO Collaborating Centre for Drug Registration and Regulation	Tunisia	Directorate for Drugs and Pharmacy, Ministry of Public Health
Educational development	WHO Collaborating Centre for Research and Development in Medical Education and Health Services	Egypt	Suez Canal University (SCU)
	WHO Collaborating Centre for Training in Research and Educational Development of Health Personnel	Pakistan	College of Physicians and Surgeons
	WHO Collaborating Centre for Research and Training in Educational Development	Sudan	University of Gezira
Endocrine science	WHO Collaborating Centre for Research and Training on Endocrine Science	Islamic Republic of Iran	Shaheed Beheshti University of Medical Sciences (SBUMS)
Evidence-informed policy and practice	WHO Collaborating Centre for Evidence-Informed Policy and Practice	Lebanon	American University of Beirut
Eye health	WHO Collaborating Centre for the Eye Health and Prevention of Blindness Programme	Islamic Republic of Iran	Shahid Beheshti Medical University

Annex 5. WHO collaborating centres in the Eastern Mediterranean Region (continued)

Field	Title	Country	Institution name
Health information	WHO Collaborating Centre for Family of International Classifications	Kuwait	Health Information and Medical Records, Ministry of Health
Health management	WHO Collaborating Centre for Training and Research on Health Management	Islamic Republic of Iran	National Public Health Management Centre (NPMC), Tabriz University of Medical Sciences
Hearing loss	WHO Collaborating Centre for Research and Education on Hearing Loss	Islamic Republic of Iran	Otolaryngology, Head and Neck Research Centre
HIV/AIDS	WHO Collaborating Centre for Acquired Immuno-deficiency Syndrome	Kuwait	University of Kuwait
HIV surveillance	WHO Collaborating Centre for HIV Surveillance	Islamic Republic of Iran	Regional Knowledge Hub for HIV Surveillance, Kerman University of Medical Sciences
HIV/AIDS, tuberculosis and lung diseases	WHO Collaborating Centre for Research on HIV/AIDS, Tuberculosis and Lung Diseases	Sudan	The Epidemiological Laboratory (Epi-lab)
Mass gatherings	WHO Collaborating Centre for Mass Gatherings	Saudi Arabia	Office of Assistant Deputy Minister for Preventive Medicine, Ministry of Health
Mental health	WHO Collaborating Centre for Mental Health	Islamic Republic of Iran	Iran University of Medical Sciences
	WHO Collaborating Centre for Mental Health	Morocco	Ibn Rushd University
Mycetoma	WHO Collaborating Centre on Mycetoma	Sudan	University of Khartoum
Metabolic bone disorders	WHO Collaborating Centre for Metabolic Bone Disorders	Lebanon	American University of Beirut
NCD prevention and control	WHO Collaborating Centre for Research on NCDs and Gastrointestinal Cancers	Islamic Republic of Iran	Digestive Diseases Research Institute
Nursing	WHO Collaborating Centre for Nursing Development	Bahrain	College of Health Sciences, University of Bahrain
	WHO Collaborating Centre for Education and Research in Nursing and Midwife	Islamic Republic of Iran	Iran University of Medical Sciences, Center for Nursing Care Research
	WHO Collaborating Centre for Nursing Development	Jordan	Jordan University of Science and Technology (JUST)

Annex 5. WHO collaborating centres in the Eastern Mediterranean Region (continued)

Field	Title	Country	Institution name
Nutrition and Food Technology	WHO Collaborating Centre for Research on Nutrition and Food Technology	Islamic Republic of Iran	National Nutrition and Food Technology Research Institute (NNFTRI)
Occupational health	WHO Collaborating Centre for Occupational Health	United Arab Emirates	Institute of Public Health, UAE University
Osteoporosis and diabetes	WHO Collaborating Centre for Research and Education on Management of Osteoporosis and Diabetes	Islamic Republic of Iran	Teheran University of Medical Sciences
Pharmacovigilance	WHO Collaborating Centre for Pharmacovigilance	Morocco	Centre Anti Poison et de Pharmacovigilance du Maroc
Prevention of blindness	WHO Collaborating Centre for Prevention of Blindness	Pakistan	Al-Shifa Trust Eye Hospital
	WHO Collaborating Centre for Prevention of Blindness	Saudi Arabia	King Khaled Eye Specialist Hospital
Primary oral health care	WHO Collaborating Centre for Primary Oral Health Care	Kuwait	University of Kuwait
Quality assurance	WHO Collaborating Centre for Quality Control and Clinical Chemistry	Islamic Republic of Iran	Reference Laboratories of Iran, Ministry of Health and Medical Education
Reproductive health	WHO Collaborating Centre for Training and Research in Reproductive Health	Tunisia	International Training and Research Center in Reproductive Health and Population
Substance use disorders and mental health	WHO Collaborating Center for Research and Training on Substance Use Disorders and Mental Health	Islamic Republic of Iran	Iranian National Center for Addiction Studies (INCAS), Tehran University of Medical Sciences
	WHO Collaborating Centre for Mental Health Research, Training and Substance Abuse	Pakistan	Rawalpindi Medical College
Tobacco control	WHO Collaborating Centre on Tobacco Control	Islamic Republic of Iran	National Research Institute of Tuberculosis and Lung Disease
	WHO Collaborating Centre for Transfusion Medicine	Jordan	National Blood Bank, Ministry of Health
Transfusion medicine	WHO Collaborating Centre for Transfusion Medicine	Tunisia	National Blood Transfusion Centre of Tunis, Ministry of Health

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Annex 5. WHO collaborating centres in the Eastern Mediterranean Region (concluded)

Field	Title	Country	Institution name
Tuberculosis	WHO Collaborating Centre for Tuberculosis Education	Islamic Republic of Iran	Shaheed Beheshti University of Medical Sciences and Health Services
Water supply	Centre collaborateur de l'OMS en matière de Formation et de Recherche dans le domaine de l'Eau potable et de l'Assainissement	Morocco	Office National de l'Eau Potable (ONEP) Bou-Regreg Complex, Station de Traitement



**Keep the world safe, improve health,
serve the vulnerable**

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