



Executive summary

Health development and health security

- The strategic objectives under health development and health security address the continuing burden of communicable disease, particularly in the low- and middle-income countries, and the rising burden of noncommunicable conditions. They address health throughout the key stages of the life cycle, promoting health and sustainable development and a healthy environment. They also address threats to health security, from disease, natural disaster, conflict and social, environmental and economic threats.
- In the area of vaccine-preventable diseases and immunization, 90% routine vaccination coverage continued to be achieved in 16 countries. Yemen and Pakistan achieved DPT3 coverage above 85%. Child health days were successfully implemented in Somalia, as a result of which an additional 500 000 children were reached with routine vaccination compared with 2008. The Region maintained the achievement in the Global Immunization Vision and Strategy (GIVS) goal of measles mortality reduction and implementation of measles elimination strategy is ongoing. New vaccines introduction continued, with Hib vaccine now in use in 17 countries, rotavirus vaccine in 3 countries, and pneumococcal conjugate vaccine in 6 countries. The Regional Office is working hard to enhance new vaccines introduction, especially in low-income and middle-income countries. Establishment of a regional pooled vaccine procurement system is under way and decision-making is being strengthened through establishing national immunization technical advisory groups. Strengthening of immunization programmes, especially in countries with DPT3 coverage below 90%, will continue to be the top priority.
- The regional commitment to poliomyelitis eradication is now at its highest level. Polio-free status was maintained in 19 countries. Endemic transmission of wild poliovirus continued in Afghanistan and Pakistan, with cases concentrated in the insecure areas with impaired access and in areas with chronic managerial issues and operational gaps in supplementary immunization activities. The risk of importation to the polio-free countries continues to be a real challenge. The outbreak that started in southern Sudan in 2008 came to an end in June 2009. Intensified supplementary immunization activities continued in endemic and re-infected countries while the polio-free status of other countries was sustained by avoiding large immunity gaps through improvement of routine immunization and implementation of supplementary immunization activities. Certification-standard surveillance was maintained in all countries.
- The development of successful partnerships to strengthen the elimination and eradication of tropical diseases, in particular the guinea worm eradication programme in Sudan, resulted in a 25% decrease in new cases registered between 2008 and 2009 and an increase in case containment from 49% to 83%, and the national schistosomiasis control programme in Yemen. Pakistan was selected for inclusion in the global network for multidrug-resistant leprosy. In regard to leishmaniasis control, operational support was provided in response to the visceral leishmaniasis outbreak reported in southern Sudan, and capacity-building needs

were addressed in countries where cutaneous leishmaniasis is highly endemic. An extensive database was compiled to elaborate the atlas of human African trypanosomiasis, which maps the disease at village level for the last 10 years (2000–2009). A new treatment protocol was introduced and included in the WHO essential medicines list in 2009 in response to the risk of treatment resistance. The sustainability of the programme in southern Sudan remains a concern.

- In-depth review of core capacity for implementation of the International Health Regulations 2005 and the surveillance system was conducted in several countries. Response to pandemic (H1N1) 2009 consumed a major portion of surveillance and response efforts. The Strategic Health Operations Centre (SHOC) was operationalized. Several consultations were organized to produce technical guidelines and information, education and communication materials which were widely adopted and used by countries, as well as by other WHO regions and headquarters. Capacity-building in outbreak response was also supported, and the opportunity was taken to establish surveillance for influenza-like illness/acute respiratory infections and severe acute respiratory infections in a number of countries; this will be expanded to other countries.
- Implementation of vector control in the framework of integrated vector management progressed well in most countries that are endemic for vector-borne diseases. Scaling up of key vector control interventions, especially long-lasting insecticide-treated nets was reported in countries targeting universal coverage. This was more so in countries with challenging infrastructures (Afghanistan, Somalia and Sudan) and is good news. However, unless bold decisions are taken to mitigate vector resistance to insecticides (pyrethroids), as is the case for central Sudan, these efforts will be compromised. WHO and Member States have continued to strengthen capacity in medical entomology and vector control.
- Despite improvements, HIV, tuberculosis and malaria remain important public health problems in the Region, still accounting for around 200 000 deaths annually. The Regional Office provided concerted support in expanding services for universal access to HIV, malaria and tuberculosis care. Enhanced collaboration with partners, particularly GFATM, and progress in health system strengthening have contributed to further scaling up of prevention, treatment and care for the diseases.
- The number of people living with HIV on antiretroviral therapy (ART) increased between end 2007 and end 2009 by 70%, from approximately 7850 to approximately 13 370. Despite this improvement, ART coverage was still low at 8% by end of 2008. This is mainly due to the major challenges countries with the highest HIV burden are facing in expanding access to and utilization of HIV testing, counselling, care and treatment services. The Regional Office provided support to countries in the areas of care and treatment, resource mobilization, review of ART guidelines, review of HIV testing and counselling policies, HIV surveillance, sexually transmitted infections and harm reduction for injecting drug users.
- Pursuit of the Stop Tuberculosis strategy continued to address the main challenges for tuberculosis control, in particular scaling-up of access to prevention, treatment and care. Boosting care for patients with MDR-TB and improvement of early case detection and the case detection rate (60% in 2008, having increased from 21%, 25% and 46% in 1995, 2000 and 2005 respectively) are key objectives for tuberculosis control. In 2008, around

400 000 cases were notified, and hence detected, out of an estimated approximate total of 675 000 incident cases. To further close this narrowing detection gap and maintain the progress made towards universal treatment access and care, further contributions to health system strengthening, successful involvement of the private health sector, integration of tuberculosis care in primary health care and monitoring and evaluation of control activities are needed.

- Recent nationwide malaria surveys in priority malaria-endemic countries showed that ownership of insecticide-treated nets and access to effective treatment is increasing. Reduction of malaria prevalence has been significant and most areas are low transmission. Utilization of public health facilities has improved due to availability of free-of-charge artemisinin-based combination therapies (ACTs). This has resulted in some increase of reported cases, the majority of them suspected and treated based on clinical diagnosis. The challenge is to expand quality parasitological diagnosis for confirmation of all cases and to adapt vector control strategies in low-transmission areas.
- The small grants scheme continued to support operational research in communicable diseases for generation of new knowledge, evaluation of improved tools, interventions and health policies, strengthening of research capacity and translation of results into improved policy.
- The rising burden of noncommunicable disease represents a serious challenge to all countries. The Regional Committee endorsed a regional strategy on cancer prevention and control. A framework for country action and technical support was provided to eight countries to establish or modify their national cancer control plans in line with the regional strategy and assessment of national capacity for cancer control was piloted in six countries. The Regional Office continued to provide support for STEPwise surveillance; four countries completed the survey bringing the total number of countries with data to 17. Noncommunicable disease surveillance monitoring and evaluation was also addressed and two countries received support to develop their national framework for surveillance. Focus was also placed on supporting countries to implement the noncommunicable diseases action plan (2008–2013).
- The burden of injuries (both intentional and unintentional) is increasing in the Region. The Regional Committee endorsed a resolution on road traffic injuries. A multi-country study showed that the Eastern Mediterranean Region now occupies first place among WHO regions in terms of deaths due to road traffic crashes. Major focus was placed on injury prevention and control and management of disabilities, collection of data on the burden and causality of injuries, and development of evidence-based policies to mitigate the burden and to inform the policy process at the national level. The Regional Office continued to support integration in order to position the prevention and control of injuries and management of disabilities within the context of the renewed vision for primary health care.
- Neuropsychiatric disorders now account for 11.2% of the total burden of disease in the Region, with the addition of self-inflicted injuries increasing this proportion to 12.4%. The mental health gap action programme (mhGAP) has helped in raising the visibility of mental health. A draft regional strategy for maternal, child and adolescent mental health was developed in consultation with Member States and experts from the Region and

beyond, and will be presented to the Regional Committee in 2010. Fifteen countries have completed assessment of the mental health system and a regional report was prepared to provide an overview of strengths and gaps and to promote evidence-based planning. Capacity-building to support integration of a mental health component in primary health care was also supported.

- During the past 10 years, progress has been made in advocacy, disease control and, to some extent, human resources development, to reduce avoidable blindness in the Region. However, elimination of avoidable blindness remains a challenge due to the high prevalence of eye diseases in some countries, childhood blindness, and emerging issues such as diabetic retinopathy. As the population is ageing, the number of blind persons will increase unless active steps are taken. The Regional Office provided technical support for development of national plans for comprehensive eye care and capacity-building in comprehensive eye health and blindness prevention in low-income countries or those in situations of complex emergency.
- The Regional Office addressed further attention to building national capacities in promoting maternal and newborn health. The number of countries adapting and utilizing the integrated management for pregnancy and childbirth guidelines increased from 5 to 10. Local and international staff were recruited in several countries to support programme development and capacity-building at the country level. The Regional Office expanded its technical support to build maternal mortality surveillance systems in several countries.
- Progress in the implementation of IMCI interventions remained slow and achieving Millennium Development Goal 4 remains a challenge in six countries, mainly due to inadequate budgetary allocations and shortages in availability of qualified human resources. The Regional Office continued to invest in sustainable measures such as pre-service education and capacity-building in planning for IMCI at district level, infant and young child feeding, and newborn and child care at home. A teleconsultation and continued medical education joint project to improve the quality of child health services in remote deprived areas was launched in Egypt.
- Adolescent health has not yet received attention as a priority public health issue in many countries, with existing interventions dispersed and fragmented. In order to address this, the Regional Office developed the adolescent health road map, which provides guidance for systematic programme development and implementation, and a situation and response analysis tool (SARA) to guide national efforts in this process. This resulted in establishment of adolescent health programmes in two countries.
- Countries are actively engaged in expanding their national networks of health-promoting schools. A set of methods to evaluate health-promoting schools and electronic tools for strengthening the regional network of health-promoting schools were developed. Support continued for integration in schools of the school policy framework on implementation of the WHO global strategy on diet, physical activity and health.
- The Regional Office maintained its technical support for national efforts aimed at accelerating progress towards attainment of international development goals and targets related to sexual and reproductive health, in line with the WHO global reproductive health strategy. Five countries developed national strategies and programmes to achieve

universal access to sexual and reproductive health and have put these strategies into implementation. The Regional Office developed a joint plan of action with eight partner agencies, as well as national workplans with countries to scale up national reproductive health programmes through the implementation of best practices in family planning. A framework for monitoring and evaluation of reproductive health programmes was developed and country workplans were formulated to strengthen information, reporting and surveillance systems of national reproductive health programmes. Capacity-building in reproductive health operational research was supported.

- The Regional Office continued to advocate and provide technical support for active and healthy ageing programmes. The regional survey on active, healthy ageing and old age care revealed increasing awareness among decision-makers and programme managers of major challenges in promoting healthy ageing and the required response of the health sector at the national level. Eight member states have developed clear policies on provision of comprehensive services for the elderly through the primary health care system and four countries have successfully established multisectoral partnerships and shared vision on their national strategies for active, healthy ageing and old age care.
- The Region witnessed the displacement of over 2.5 million people in northern and north-western Pakistan, 200 000 people in northern Yemen and 350 000–400 000 in southern Sudan. Hostilities in the Gaza Strip followed by the imposition of a blockade and tight access restrictions severely restricted access to health care while the exit of international nongovernmental organizations from Darfur created a critical health availability gap. Acute drought in Djibouti and Syrian Arab Republic stretched thinner the limited resources of partners and host governments. The threat of pandemic H1N1 (2009) added to the stress on low and middle-income countries. Technical support for emergency preparedness and risk reduction was provided to countries in formulation of strategies and plans using an all hazards approach. Countries synergized efforts toward risk reduction for the health sector, with Oman taking the lead as the pilot country by investing to make health facilities structurally safer and capable of retaining functionality in the face of emergencies. In on-going humanitarian crises, WHO continued to lead the humanitarian response and coordination in the health sector, including communicable diseases and environmental health, as well as in early recovery and rehabilitation activities in the health sector.
- Despite the many global challenges to promoting health and increasing the financial resource base for health promotion programmes, the Regional Office made some strategic achievements. The 7th Global Conference on Health Promotion provided opportunities to showcase regional work and concluded with the Nairobi Call for Action aimed at bridging the implementation gap in health promotion. Emphasis was placed on capacity-building and support in developing national multisectoral strategies and plans for health promotion. The positioning of health promotion to embrace the social determinants of health was pursued. Risk factor surveys were conducted in three more countries and the results factored into national plans.
- The use of tobacco and tobacco products has increased in recent years in most of the countries, although there has been success in some countries in reducing tobacco use.

National level surveys were conducted to determine the magnitude of the problem and allow informed decision-making. Support was provided for completion of legislation, mapping of obligations and needs assessment in line with the Framework Convention on Tobacco Control; strengthening national capacity; and developing comprehensive plans of action. A major achievement was the engagement of the media as a partner in creating awareness among the general public as well as sensitizing policy-makers towards the issue. The WHO report on the global tobacco epidemic, 2009 exposed the lack of tobacco cessation services and experience in the Region. The WHO guidelines on cessation, providing a background for all national level cessation work, were translated into Arabic and support was provided for evaluation of cessation programmes.

- Substance abuse has been shown to contribute to major mental and physical illnesses in the Region. The Regional Advisory Panel on the Impact of Drug Abuse (RAPID) identified mechanisms to address the issue and provided input to the global strategy on reducing the harmful use of alcohol. The alcohol, smoking and substance involvement screening test (ASSIST) in Arabic and the opioid substitution treatment guidelines were finalized and are ready to be piloted. Technical support was provided to build capacity in the conduct of the global survey on alcohol and health (GSAH) and the WHO ATLAS questionnaire on resources for treatment and prevention of substance use disorders, which will enable policy-makers to make informed decisions. Regional and global guidelines and tools were translated into local languages to support uptake.
- Health education forms an important part of the health promotion activities currently occurring in countries of the Region. The Regional Office focused on positioning health education within and across different programmes, supporting programmes in addressing different risk factors to health and enhancing the capacities of the core health education staff in the ministries of health. These capacity-building efforts were completed by a comprehensive review of health educators and the processes of developing and evaluating health education interventions in order to clearly identify the gaps and address them effectively. This resulted in development of a framework describing how simultaneous actions on behaviour change and healthy public policies contribute to health promotion. Implementation of the Global School Health Survey was expanded in order to determine the health risk factors of schoolchildren. Targeted interventions were developed to address some of the key risk factors.
- In the area of environmental health the arid geographical location of the Region poses challenges which climate change will exacerbate. The Regional Committee endorsed a regional framework for action on climate change and health and practical steps were initiated to help countries in the adaptation and implementation of the regional framework at the national level. Modern and emerging environmental health problems continue to increase while problems such as water contamination, indoor air pollution and solid waste remain. The majority of countries have limited capabilities to fulfil the function of environmental and occupational health. Efforts are needed to develop national environmental health preparedness plans for emergencies. The Centre for Environmental Health Activities (CEHA) continued to support capacity-building in climate change and health and in adopting the regional guidelines on drinking-water quality, wastewater reuse, health care waste management and solid waste. The Regional Office supported assessment of the

environmental health situation and preparation of plans for action in several countries, as well as field investigation, detection, control and prevention of chemical poisoning and environmental emergencies. Efforts to implement the global plan of action on workers' health continued at regional and country levels.

- Better nutrition is a prime entry point to ending poverty and a milestone to achieving better quality of life. The Regional Office developed a draft regional strategy and action plan in nutrition and supported national capacity-building to develop food and nutrition policies, advocacy tools and nutrition surveillance. The new WHO child growth standards were introduced in four countries, reaching 16 countries in the Region. Technical guidance and support was provided to governments and partners in the management of severe malnutrition, nutrition assessments and surveys, and food fortification.
- The countries of the Region recognize the importance of developing practical actions to reduce foodborne diseases, as well as the need for increased national, regional and international cooperation to strengthen food safety systems. Food safety remains high on the public health agenda following the global concerns with avian influenza, pandemic (H1N1) 2009 and milk contamination with melamine. These events led several countries to assess their food safety structure and systems. The economic crisis, and subsequent food crisis, also pushed food safety and food security higher up the political agenda. This has facilitated intersectoral collaboration between different ministries within countries and partnership, collaboration and cooperation between countries.

Strengthening health systems

- The strategic objectives under strengthening health systems are directed by the principle of equitable access to life-saving or health-promoting interventions. They address the underlying social and economic determinants of health, health services including evidence and research, and medical products and technologies.
- The Regional Office continued its efforts in raising political commitment, developing partnership, capacity-building, advocacy and knowledge-sharing activities for community-based initiatives. The programme was expanded, and activities promoted health equity and integration of pro-poor, gender-responsive and human rights-based approaches. Partnership was increased with the establishment of a community-based initiative unit in UNWRA headquarters and subsequent addition of two refugee camps, Jerash in Jordan and Suf in Syrian Arab Republic. Involvement of the community in malaria control was strengthened in basic development needs sites in Somalia and Yemen. Iraq and Yemen actively engaged in advancing the human rights-based approach to health and tools for advancing human rights in health were piloted. Support for formulation of gender-responsive policies was provided through national capacity-building on mainstreaming gender in health. Technical support was also provided for integrating gender issues into Global Fund proposals and an assessment of gender-related influences on health-seeking behaviour was conducted in Afghanistan.

- In all areas related to health system strengthening, specific focus was placed on low income countries and those benefiting from the health system strengthening opportunities, including those of the GAVI Alliance and the Global Fund. Proposal development, capacity-building and preparation for implementation were the major activities carried out jointly with country offices. Major challenges facing health system strengthening in the Region include under-funded health systems in low-income and some middle-income countries; complex emergencies facing one-third of the countries and preventing sustainable support in health system strengthening; limited capabilities in health system strengthening at regional level and in the country offices; and weak institutions, particularly in the field of health system governance and strategic planning for human resources development. However, there are clear opportunities, including renewed interest in health system strengthening; renewed commitment to reviving primary health care and supporting the major policy reforms; and the interest of international partnerships in supporting health system strengthening in order to allow the effective and efficient delivery of technical programmes.
- Countries were supported to strengthen their governance and leadership functions through institutional development and the use of evidence generated by health system research activities. Networks supporting health policy development and the use of economic analysis in health system management were further strengthened. Policy and health system review exercises carried out in some countries have helped to refine the national priorities and to generate more investment in health development. Engagement in policy dialogue in Afghanistan, Pakistan and Yemen has contributed to better support to health from national sources and to improved aid effectiveness.
- WHO pursued its advocacy work to improve social health protection through expanding coverage by pre-payment schemes and promoting new ones, particularly in low-income countries. A health-centered household expenditure and utilization survey was implemented in Sudan and actuarial updating was conducted for the existing social health insurance system. The findings of the household survey will help to develop national health accounts analysis and to design options for health care financing reforms. Efforts are being made to promote feasibility studies for the establishment of social health insurance in Syrian Arab Republic and Pakistan, and to accompany the policy reforms in Egypt, Morocco and Tunisia.
- Human resources development remains among the regional priorities and many countries were supported in strengthening policies and strategic thinking for health work force development. Countries were supported to establish their human resources observatories as forums to address human resource issues, to improve situation analysis and to identify entry points for appropriate policies and strategies. On the normative side WHO developed a set of guidelines to help countries in improving the management of various components related to human resources, including policies, planning, production, management and evaluation. Particular interest was given to accreditation of health professions education.
- The celebration of the 30th anniversary of the Alma-Declaration on Health for All through primary health care offered a golden opportunity for countries to reaffirm their commitment to the values and principles of primary health care and to revive the approach

for service delivery, in order to adapt to the changing epidemiological and demographic scenarios. An interdivisional task force was established within the Regional Office to assess the situation of primary health care in the Region and to craft strategic directions for the revival of primary health care. The activities planned will be implemented in close collaboration with all concerned countries and through partnership with academia and civil society organizations. The efforts made by many countries in the area of patient safety were supported technically.

- Technical support was provided to countries in the field of health and biomedical technology with particular focus on rational use of medicines, medicines governance, biomedical devices and access to quality vaccines. National regulatory authorities were strengthened through training on the various critical functions and institutional development. Partnership with the Islamic Development Bank was sought to support medicines governance as well as implementation of the regional strategy on self-reliance in access to quality vaccines. A new function of technology assessment is being promoted in order to rationalize the use of biomedical devices.
- Health information support remains crucial in health system strengthening activities. In low-income countries and in countries facing complex emergencies, national health information systems are weak and need specific support. Partnership with the Health Metrics Network is supporting some countries to strengthen national information systems and to generate evidence for policy analysis and formulation. Countries were also supported in the use of ICD-10 in order to improve their knowledge about the burden of disease.
- The Regional Office continued its support for strengthening of leadership and capacity in health systems research. The Eastern Mediterranean Region Evidence-Informed Policy Network (EM EVIPNet) was launched and capacity-building was conducted on use of knowledge and research evidence for improved health policy, health systems research, establishing an electronic repository for grey literature, the ethics review process, and publishing quality medical journals. The Regional Office continued to implement the regional strategy for knowledge management to support public health, to improve access to health information. National capacity-building was supported in use of OARE, HINARI and the Global Health Library.

Partnerships and WHO performance

- The strategic objectives under partnerships and WHO performance address the role of the Regional Office in advancing the regional and global health agenda, fostering partnership and collaboration, and enabling WHO to carry out its mandate efficiently and effectively.
- Better and more efficient engagement of Member States in the work of governing bodies and particularly the Regional Committee remains a priority to ensure a responsive and transparent process for decision-making. The Regional Office continued to focus on coherence, accountability and synergy of the work of WHO. Continued efforts were made to utilize the outcome of the Country Cooperation Strategy process to guide planning, budgeting and resource allocation as well as strengthen WHO presence at country level

and to improve the external coordination and resource mobilization function, expand operational capacity and enhance collaboration with other partners.

- The Regional Office continued to provide reliable, authoritative and up-to-date information on health issues and WHO activities through production and dissemination of region-specific health advocacy materials and networking and partnership building with the media, ministries of health and other stakeholders. In the response to pandemic (H1N1) 2009, the Regional Office developed a document on outbreak communication approaches and guidelines and was among the first to produce pandemic information, education and communication materials.
- The revised WHO publishing policy was implemented and several knowledge management functions were realigned with a view to achieving greater efficiency and quality in management and production of information products. The Global Arabic Programme expanded its network of partnerships to include regional and international stakeholders interested in terminology and translation. In line with the WHO global action plan on multilingualism, a survey was developed and deployed to all Arab ministries of health to identify priorities for translation and publishing in the Arabic language. In line with the recommendations of the review committee, actions were initiated to relaunch the *Eastern Mediterranean Health Journal* with a new design and monthly periodicity in 2010. A major effort was made to improve the Regional Office printing and publishing capacity in different forms and high quality and to promote the dissemination of publications to target audiences in the Region.
- The Regional Office continued its efforts in enhancing the capacity of teams to achieve effective implementation of the results-based management framework. Joint Programme Review and Planning Missions (JPRMs) were completed for all countries for the biennium 2010–2011. The end-of-biennium assessment exercise was successfully conducted for reporting to the Governing Bodies during 2010. A number of major issues and challenges were addressed prior to the roll-out of the Global Management System (GSM), to ensure harmonized practices on the basis of common business rules. Extensive end-user training was carried out. Policies and guidelines were developed to streamline functions and data conversion and testing was conducted. Administrative and financial procedures were improved to respond to Member States' needs in an effective and efficient manner. In order to attract top talent, human resources recruitment procedures were further refined within the Organization's competency framework. Enhancement of the overall infrastructure support services was undertaken to ensure an acceptable enabling environment. A redesign of the country office in Jordan was completed. This "green" building will represent a model among WHO premises in the Region.