



Introduction of the Annual Report
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Your Excellencies, Director-General, Ladies and Gentlemen

It is my pleasure to present the annual report on the work of WHO in the Eastern Mediterranean Region for 2011. This will be a brief presentation and will not cover all the areas of work we have addressed in the past 12 to 18 months. Rather I will concentrate on strategic developments and the way forward.

Looking first at **maternal, reproductive and child health and nutrition**

As you all know, ours is a young region. Some 12% of the population are below five years of age, and 20% are women of childbearing age. Between 1990 and 2010, the Region witnessed a 32% reduction in under-five child mortality and 42% reduction in maternal mortality.

Over the past 10 years, the integrated management of child health (known as IMCI) is reported as implemented in around 70% of primary health care facilities in 13 countries. Five of these countries are on track to implement IMCI in all such facilities. However, coverage with cost-effective interventions at the community level remains low. Malnutrition is estimated to be responsible, directly or indirectly, for a third of under-five deaths. With regard to maternal care, country reports indicate that regional coverage with skilled health care in pregnancy and child birth has now reached 70% and 60%, respectively. However, only 31% of married women are using modern contraceptives to space their pregnancies.

There are many factors behind the limited coverage with evidence-based interventions for mothers and children. Countries and WHO need to do more to ensure such interventions are available. We have started to scale up our work in this area and, as a start, we are now preparing for a high-level meeting which will be held in January next year to discuss and agree on how we can, together, address the obstacles to better progress in maternal and child health, to ensure a positive change for mothers and children.

Ladies and Gentlemen

The eradication of poliomyelitis is a global aspiration that has already done much to improve the lives of children. In the past year there has been good progress in maintaining the status of the 21 polio-free countries. Nonetheless, as I noted in my opening address, significant challenges and risks remain in some of these countries, and polio remains endemic in Afghanistan and Pakistan.

The implementation by the Government of Pakistan of an augmented national emergency action plan was a very positive development in 2011. However; wild poliovirus is still circulating in a number of areas and these represent a continuing risk. Afghanistan has also developed a national emergency action plan this year and, together with a recent independent review of its polio programme, has defined a road map to address existing gaps in order to interrupt transmission in the southern part of the country.

We are watching the polio situation closely. Recent developments in some countries of the Region have increased the risk of poliovirus circulation, should it be introduced. In May of this year, polio eradication was declared a programmatic emergency for global public health by the World Health Assembly and, following that declaration, I have activated the emergency operating procedures in the Region. While I am optimistic that the Region will overcome these challenges, I know this will only happen with intense work and regional support. In this regard, I must thank all the international donors for their generous support and dedication and I very much look forward to more active regional involvement. Let us not leave the affected countries alone and let us not let our Region to be the obstacle to the global eradication of polio.

Immunization is, of course, a key issue for survival of under-fives. Despite the situation in the Region in 2011, considerable progress has been made in vaccination coverage with

diphtheria, pertussis and tetanus (DPT3) and with newly introduced vaccines, as well as in the reduction of measles mortality.

Reported routine DPT3 coverage in 2011 exceeded 88%, which is only 3% lower than the coverage in 2010. The targeted level of 90% routine DPT3 coverage continued to be achieved in 16 countries, with significant improvement in Somalia and South Sudan. But despite good progress, the remaining countries need to do more to achieve the target.

Reported measles cases decreased by 88% between 1998 and 2010 and 9 countries are close to validating measles elimination. However, several countries, including some of those that have been reporting high immunization rates, experienced a resurgence of measles in 2011, with important gaps even in high-income countries. Programme assessments in 2011 indicated that timely implementation, quality of supplementary immunization activities, and accuracy of data reporting systems need to be improved in those countries.

The introduction of new vaccines to combat *Haemophilus influenzae*, *Streptococcus pneumoniae* and rotavirus is crucial if we are to reach the target set for Millennium Development Goal 4. So far, 19 countries have introduced *Haemophilus influenzae* b vaccine, 11 countries have introduced pneumococcal vaccine and 6 countries have introduced rotavirus vaccine. The majority of countries that have not yet introduced these important vaccines are the middle-income countries, which are neither eligible for GAVI support nor able to mobilize the financial resources required. Needless to say, this is a challenge for us to address. And in order to tackle this disparity, the Regional Office has been working with partners on finding practical solutions, including establishing a regional mechanism for pooled vaccine procurement. However, to succeed, this initiative needs very strong commitment and engagement from all participating countries. A side meeting will take place later this afternoon to brief you on the progress made towards establishing this mechanism. I am counting on your support.

Let me now turn to another strategic priority, that of **noncommunicable diseases (or NCDs)**.

Adoption of the Political Declaration on the Prevention and Control of Non-communicable Diseases by the United Nations General Assembly in 2011 was a milestone for us all. The Regional Office was part of the one-WHO initiative to translate the commitments of the United Nations into action, through the development of global targets and monitoring

indicators, revision of the global action plan 2013-2020 and preparation of a WHO work plan. Partnerships and collaboration with regional and international agencies and organizations will have to be strengthened as we scale up our response to the growing epidemic before us.

The Regional Office has implemented several activities to support countries in tobacco control and to promote healthy diet in the Region. We have managed to support training activities in the public health aspects of noncommunicable diseases, focusing on national programme managers, but capacity in ministries of health in this area remains very inadequate, particularly in policy and programme development and evaluation. In a region where the rate of risk factors is escalating, WHO and Member States need to do much more to promote healthy lifestyles, including diet and physical activity.

Tobacco control is one of the best buys for NCD prevention. Most countries of the Region have ratified the Framework Convention on Tobacco Control, and several countries have adopted new legislation, including adoption by the member countries of the Gulf Cooperation of a single unified legislation on pictorial health warnings. Indeed, I must commend the commitment of the Government of Lebanon in resisting the aggressive counter attack of the tobacco industry in response to the implementation of its legislation.

However, I must also call upon the countries that have not ratified to take action now. Why should any country accept to be one of the very small number of countries in the world that have not ratified the Convention? And, as I noted in my opening address, the Region as whole has been slow to implement the measures required by the Framework. At a time when Australia has achieved a major breakthrough in implementing a plain packaging policy, our Region struggles to implement the basic policy measures: pictorial health warnings, ban on advertising and promotion, ban on tobacco use in public places, increase in prices, and tobacco dependence treatment.

With regard to environmental health, the Regional Office supported Member States in several areas related to environmental health, including the development of national profiles for chemical safety and updating of legislation, but there is considerable scope for promoting intersectoral collaboration. A regional strategy on environmental health was drafted in 2011. The draft strategy has recently been reviewed and the advisory panel on environmental health

is being reconstituted to address gaps in the current draft and to finalize it for presentation to the Regional Committee.

Ladies and Gentlemen

While some work is being done, most countries are not giving sufficient attention to mental health and substance abuse. We estimate that in many countries more than three quarters of people with serious mental health disorders have no access to basic treatment. Last year, you, the Regional Committee endorsed a regional strategy for mental health and substance abuse, aimed at reducing the large treatment gap in the Region through development of integrated community-based mental health services. We need to follow up closely with Member States to monitor progress in addressing this serious gap and in developing and implementing national plans.

Injuries and violence account for almost 11% of all deaths in the Region, road traffic injuries standing out as the most prominent cause of injuries, especially among the young. Injury prevention is a priority for WHO in the Region, particularly road safety and trauma care, and must be for you also, as ministers of health. Most countries participated in the survey for the second global road safety report which will provide baseline data to help countries identify gaps and plan appropriate responses. A strategic framework for child and adolescent injury prevention was developed to support planning at country level. However, while acknowledging the importance of global and regional efforts, it is country work which makes all the difference. Unfortunately, there have been recent instances where donor support was lost due to inadequate implementation at country level.

With regard to the social determinants of health, WHO has continued to provide technical support to countries in applying the Urban Health Equity Assessment and Response Tool (Urban HEART), with the aim of reducing health inequity. WHO is also supporting Member States to develop their own national plans to implement the Rio Declaration on Social Determinants of Health.

Ladies and Gentlemen

A third strategic priority for the Region is the unfinished agenda of **communicable diseases**. I have already referred to the importance of maintaining high immunization rates,

introducing new vaccines and completing the eradication of polio, all so important for the survival of children.

Emerging and re-emerging diseases continue to pose major threats to regional health security. Human infection with avian influenza A (H5N1) virus remains entrenched in Egypt as a persistent public health threat and has a significant impact on livelihood and the nation's economy. The geographic expansion of dengue and chikungunya fever has continued unabated, with more countries reporting outbreaks and increased transmission of endemic cases.

However, there have been noteworthy achievements in the response to outbreaks that threatened public health security in 2011. The capacity of countries to detect, assess and notify events of public health importance was strengthened, while a new five-year collaborative programme on influenza was initiated with strong focus on improving surveillance. I referred in my opening address to the importance of implementing the International Health Regulations (2005) which is also on the agenda of this Session. The extent to which countries have achieved the capacities required to implement the regulations varies widely. WHO will work closely with you in building capacities, to meet the 2014 deadline for readiness.

Ladies and Gentlemen

I am pleased to report that of the neglected tropical diseases prevalent in the Region, cases of guinea-worm disease in South Sudan are continually decreasing. Schistosomiasis, lymphatic filariasis, onchocerciasis and leprosy are in transition, from morbidity control to elimination of transmission, and remain endemic mainly only in South Sudan and in parts of Sudan and Yemen. Although these achievements in our Region are commendable, I need to stress that the most difficult phase is still to come as we now need to verify and certify interruption of transmission. This will require a strong and sustained political commitment to these programmes. The same level of political commitment is needed to allow sustainable control of visceral leishmaniasis and human African trypanosomiasis, where disease control is mainly based on case detection and treatment.

Let me now move to HIV, tuberculosis and malaria which are the targets of Millennium Development Goal 6. As I noted in my morning speech, this Region has one of the fastest growing HIV infection rates in the world and the lowest level of treatment coverage. HIV

control efforts in the Region are challenged by the fact that the epidemic is driven by high-risk behaviours practised by population groups that are often marginalized and stigmatized. Prevention and HIV testing approaches are underfunded and not adapted to the needs of those population groups.

In 2011, the Regional Office concentrated on providing technical support to the countries with the highest case load and treatment needs in order to develop service delivery models that ensure a continuum of care for people living with HIV. It also invested in building national capacity in surveillance through the development of regional training materials and through the regional knowledge hub on surveillance in Kerman, Islamic Republic of Iran as well as a regional resource group of experts. By 2011, 10 countries had up-to-date information on HIV prevalence in the populations most at risk.

With regard to tuberculosis, only fourteen countries have achieved the global target for case detection of 70% or above. However, 17 countries have now developed or updated their national strategic plans for 2011–2015 addressing all the components of the Stop TB strategy. In order to improve case detection rates, the tuberculosis laboratory networks and intersectoral collaboration need to be strengthened. Eleven countries have achieved a treatment success rate of at least 85% for sputum smear-positive TB. The management of multidrug-resistant tuberculosis in line with WHO guidelines has not yet been implemented in all countries.

For malaria, the countries with elimination targets have made good progress. WHO certified United Arab Emirates as malaria-free in 2007, and Morocco in 2010. Iraq reported the last four cases in 2008. Saudi Arabia and the Islamic Republic of Iran are also successfully implementing elimination programmes. Despite these achievements, measuring the actual burden of morbidity and mortality due to malaria in the seven countries with a high burden of malaria remains a big challenge. This is because of the lack of malaria diagnostic facilities to confirm suspected malaria fevers and the need to strengthen malaria surveillance, monitoring and evaluation systems. The distribution of insecticide-treated bed nets in these countries is gradually increasing thanks to resources made available by the Global Fund. However, coverage remains considerably below the 80% target. Also while the most effective treatment has been adopted in all endemic countries, access is still limited.

Ladies and Gentlemen

The fourth strategic priority for the Region is **emergency preparedness and response**. Almost 37 million people in 13 countries in the Region are currently affected by protracted emergencies as a result of weak health emergency management systems, lack of access to resources and ongoing crises. To address this situation, a number of strategies and subsequent actions are needed in order to enable the Member States to strengthen and sustain emergency preparedness and response capacities at all levels. However, the tools needed to achieve this aim require a determined political will as well as a substantial and sustained effort from the Member States themselves and a systematic and well structured support mechanism from the Regional Office.

Despite the fact that our appeals are not 100% funded, the Organization has provided coordinated support to Member States facing major crisis. Without going into the details, the support provided to the health authorities and services in Egypt, Libya, Tunisia and Yemen over the past year has been appreciated by both the recipient countries and by the international community.

However, it is important to highlight once again that the Region is still very dependent on foreign aid, both in human and financial resources. As already pledged to your Excellencies, I intend to work closely with the countries of the Region in order to change this situation which is unacceptable from a political, strategic and programmatic point of view.

Ladies and Gentlemen

Our fifth strategic priority is **health system strengthening**. This is a crucial issue that concerns all the health challenges facing the Region. Both Member States and WHO need to do more, particularly in raising high-level political commitment for moving towards universal health coverage.

In 2011, the Regional Office supported policy development exercises in two countries, and updated the health system profiles for nine countries. Four countries finalized national health accounts, with the Islamic Republic of Iran publishing a 7-year time series of national health expenditures. The Regional Office continued to provide technical support to countries in their applications to global health initiatives such as the GAVI Alliance and the Global Fund, to support health system strengthening.

With regard to health care delivery, essential health packages were developed and updated in several countries. The Patient Safety Friendly Hospital Initiative was extended to 14 countries.

In the area of health technologies, 10 countries are now participating in the Good Governance for Medicines Programme, while in the area of health workforce development, five countries have developed human resources for health observatories to improve information and evidence generation. The regional strategy for nursing and midwifery development 2012–2020 was developed during the eighth regional advisory panel meeting, to address the challenges facing nursing and respond to the lessons learnt over the past decade.

The fellowships programme awarded 218 fellowships, with the majority of fellows placed within the Region. The programme is currently being reviewed in order to make it more effective in its support to Member States.

A key issue for the Regional Office in terms of supporting your national health information systems is to streamline dissemination of data and statistics. Recently, we launched a regional health observatory, which includes indicators covering the key technical programmes. We have also initiated a project to significantly strengthen WHO's support to civil registration and vital statistics, through new partnerships with the Health Metrics Network and the social and economic commissions of the United Nations.

Finally, an important knowledge management project which came to fruition in June this year was the launch of a new dynamic web site for the Regional Office. I hope you will all take the time to explore the site and give us feedback, and indeed to visit the Regional Committee web pages as we proceed with our work this week.

Ladies and Gentlemen, Excellencies

I sincerely hope that the analysis and proposals given in the technical paper on health systems to be discussed tomorrow will provide the way forward for addressing the gaps that impede health system strengthening, as well as a road map for WHO to support Member States. This is indeed one of the most crucial aspects of WHO collaboration in the Region.

I thank you for your close attention.