



# 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.
- Substantial progress has been made in the Region in terms of reducing communicable disease-related morbidity and mortality. However, the burden of these diseases is still relatively high considering the availability of strong control and prevention tools, such as vaccines and other public health interventions. Access to high quality and regular communicable diseases prevention and control measures is still low in several areas in the high priority countries. Low managerial capacity, inadequate human resources and inability to deliver the public health programmes is a major contributing factor. Insecurity in many areas aggravates the problem. As a result, communicable diseases are still a significant cause of morbidity and mortality in several countries.
- In the area of vaccine-preventable diseases and immunization, the regional expected result of achieving 90% routine DPT3 coverage at national level was achieved in 16 countries. Sudan hit the target coverage for the first time and Yemen is close to it. Expanding immunization services beyond infancy has been achieved in 18 countries (82%) and a similar number of the countries are covering 100% of the cost of the classic EPI vaccines and injection equipment from the national budget. The Region achieved the Global Immunization Vision and Strategy (GIVS) goal of measles mortality reduction three years earlier than the target date and measles elimination is on track in 16 countries. New vaccines introduction gained momentum with a sharp increase in the number of countries introducing Hib, pneumococcal and rotavirus vaccine. Special focus was placed on improving decision-making and vaccine procurement and management capacity to enhance new vaccines introduction.
- The poliomyelitis eradication initiative continued to focus on endemic countries. Extra measures were taken to contain the significant increase in the number of cases in Afghanistan and Pakistan during the second half of 2008 and the importation in Sudan. House-to-house high quality campaigns to reach every child were conducted with special focus on high-risk areas and difficult-to-reach groups. Monovalent vaccine was used to maximize type-specific immune response. Finger-marking was used to guarantee that no child was missed. National immunization days were coordinated between neighbouring countries.
- Tropical diseases and zoonoses focused on scaling up the schistosomiasis control initiative in Somalia and schistosomiasis elimination in Yemen; development and implementation of dracunculiasis surveillance in all guineaworm-free areas of southern Sudan to initiate the certification process for eradication in Sudan; strengthening diagnostic and treatment capacity for human African trypanosomiasis in southern Sudan; provision of adequate and high-quality services to leprosy cases at the national and sub-national levels in high

burden countries; strengthening rabies control activities, in high burden countries; and capacity-building for diagnosis and treatment of visceral leishmaniasis and facilitating the introduction of an alternative antimonial (meglumine antimoniate) to guarantee access to treatment, especially in Sudan.

- Communicable disease surveillance, forecasting and response focused on strengthening national early warning, surveillance, epidemic preparedness and response systems, in accordance with the International Health Regulations 2005. Early detection and response to cholera outbreaks was supported in several countries. Capacity-building for preparedness planning for human pandemic influenza at regional and country level and for reduced opportunities for human infection with H5N1 was also supported.
- Prevention and control of vector-borne diseases stressed the scaling up the integrated vector management. Indoor residual spraying and the use of insecticide-treated nets are the key interventions. With partner support, largely from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Afghanistan, Djibouti, Somalia and Sudan made good progress in scaling up this intervention. To enhance national and institutional capacities in entomology and vector control, a regional MSc degree in medical entomology and vector control was launched in Sudan and similar programmes were finalized in the Islamic Republic of Iran and in Pakistan.
- HIV/AIDS, tuberculosis and malaria remain important public health problems in the Region, accounting for an estimated 200 000 deaths annually. The Regional Office provided concerted support for scaling up of prevention, treatment and care for the diseases. This included expansion of partnership, particularly with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and addressing health system strengthening.
- In the majority of countries, HIV spread is concentrated among most-at-risk populations. Estimating the sizes of most-at-risk populations and monitoring risk behaviours and HIV prevalence, as well as developing culturally appropriate and efficient HIV prevention and care interventions for these groups remain challenges for all countries in the Region
- Tuberculosis care has expanded, the case detection rate increased from 52% to 60% and the treatment success rate is 86%. Expansion of the laboratory network, involvement of the private health sector and improvement of surveillance, including revision of estimated incidence, contributed to the progress. However, continued scaling up of care, particularly for multi-drug resistant and extensively drug resistant tuberculosis, is much needed.
- Countries with a high burden of malaria have shown gradual decline in the number of malaria cases, and other countries have achieved or are in the process of achieving malaria elimination. However, the coverages with insecticide-treated bed nets and with treatment by ACTs are far below the targets of >80%. Lack of a delivery mechanism in communities and the private sector, and poor coverage with diagnostic facilities are crucial challenges.
- The small grants scheme research programme supported 34 projects in the field of communicable diseases and 22 articles originating from previously supported projects were published in peer-reviewed journals. The programme was very active in the area of capacity-building, especially in protocol development and scientific writing.



- In order to achieve the regional expected results relating to control of communicable diseases, the Regional Office is planning to adopt a sub-regional integrated approach, to identify the common constraints and to propose more integrated and specific solutions in implementation of the recommended strategies and sustaining the gains, stressing the cross-cutting areas of work, such as surveillance, information sharing, data management and use of data for action.
- The global financial recession has compounded the existing levels of poverty among vulnerable populations and increased the extent to which people in the Region are at risk of noncommunicable diseases, injuries, mental health disorders and physical disabilities, including blindness. The situation is further compounded in the Region by man-made and natural disasters. The burden of noncommunicable conditions is rising, with the burden of mortality greater in low-income and middle-income countries. A major challenge is the focus of most health systems on curative care rather than promotive and preventive care. The Regional Office has focused on developing regional strategies addressing noncommunicable conditions, gathering data about the burden and causality of these conditions and evidence-based guidance not only to mitigate the burden but to inform policy at the national level. New opportunities for resource mobilization were explored, new partnership mechanisms were developed and efforts were made in building national capacity for programme planning, implementation and evaluation. Emphasis was placed on reaching the most vulnerable populations. The Regional Office will pursue the concept of integration of prevention and control of noncommunicable conditions into primary health care within the context of a renewed vision for the latter.
- Improving maternal, neonatal and child health has been endorsed as a key development target by Member States. Women and newborns die from a wide range of complications in pregnancy, childbirth or the postnatal period or from lack of maternal and newborn health care. Between 30% and 40% of women are left without any skilled health care during pregnancy and childbirth. As a result, 57 000 women and 510 000 newborns in the Region die every year of maternal and neonatal health-related complications. Maternal and newborn health care and birth-spacing programmes can have significant impact on resolving this priority public health issue. Therefore the Regional Office maintained its technical support to countries to strengthen the national capacity for developing responsive policies and strategies and implementing and monitoring programmes for improving maternal and newborn health.
- An estimated 1.1 million children under 5 years died in 2007 in the Region, although child deaths in the Region witnessed a 19.5% reduction compared to the year 2000. Three-quarters of those deaths occur in just four countries. The efforts of the Regional Office are continuing in many directions to address the issue of child mortality. These include scaling up the child health policy initiative and implementation of the integrated management of child health approach (IMCI) as a main strategy to improve primary health care for children; widening the scope of IMCI to include the first week of life in 12 countries; and expanding implementation of the regional training package on counselling on infant and young child feeding. Capacity for planning for implementation of IMCI at district level was strengthened in several countries. Support was provided to introduce IMCI pre-service education into more teaching institutions. To standardize this approach and to improve outpatient paediatric

teaching, an IMCI pre-service education package was developed and was reviewed by an expert committee.

- Although there is no universal formula for programmes to achieve the international goals of reproductive health, two basic principles are: building on existing successful experiences, and avoiding the creation of vertical programmes. The WHO global strategy on reproductive health was introduced to all countries and necessary follow-up was maintained to strengthen and scale up the existing national reproductive health policies and strategies. Country profiles on reproductive health were formulated and completed by all countries of the Region to serve as a baseline for monitoring progress in implementing national programmes. Emphasizing an evidence-based approach to strategic planning for promotion of reproductive health, the Regional Office initiated a five-year project to build national capacity in reproductive health operational research.
- Protection and promotion of health of the elderly is gaining momentum in the Region. Despite the lack of trained human resources and insufficient funding, the WHO regional strategy on active ageing and age-friendly initiatives are being widely adopted by most countries. The city of Hama in the Syrian Arab Republic joined the age-friendly cities initiative, in addition to Amman, Jordan, Islamabad, Pakistan and Tripoli, Lebanon. Bahrain and Oman are heading firmly towards age-friendly primary health care practice. Extensive efforts are being made to update relevant policies and rights in countries of the Region.
- Although disaster preparedness and risk reduction, along with improved response, readiness and recovery were the intended focus of the emergency preparedness and humanitarian action programme this year, newly emerging threats such as the global crises in the food and economic sectors compounded existing complex and protracted emergencies in the Region. Acute events, particularly in Afghanistan, Iraq, Palestine and Somalia further contributed to an increasing avoidable mortality and morbidity burden, with significant additional population displacements. Hostilities in the Gaza Strip further added to the regional humanitarian burden, stretching thin the resources of humanitarian partners and host governments. Violations of international humanitarian law, including the Geneva Conventions, and security restrictions curtailing access to health services and basic amenities continued in Afghanistan, Iraq, Palestine, Somalia and Sudan, further compounding the challenges faced by vulnerable populations. The events in these countries underscore the need to advocate for humanitarian space and relief assistance in emergencies, particularly within the health sector.
- The Ottawa Charter, in 1986, clearly outlined key action areas for health promotion. However, a uniform mechanism to articulate health promotion and make health promotion “everybody’s business” has never been achievable. Major risk factors that affect the health of populations are witnessing a sharp rise in the Region, particularly those contributing to noncommunicable diseases. The Regional Office endeavoured to address the imbalance in health systems’ orientation with regard to health promotion by advocating for health promotion to be high on political agendas; establishing health promotion and education policies; articulating mechanisms to address the important risk factors for noncommunicable diseases; and moulding political and public opinion towards health promotion and risk factor reduction through effective health education and communication strategies. Emphasis was



placed on garnering political support for health promotion programmes through engaging parliamentarians, generating an evidence base through surveys and studies and building national capacity. Future efforts will focus on mainstreaming health promotion in national programmes. Related programmes will be used as entry points for effective health promotion action.

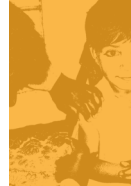
- Modern and emerging environmental health problems are increasing in the Region, yet it continues to struggle with traditional problems such as water contamination, indoor air pollution and solid waste. The arid geography of the Region poses particular challenges, such as water shortage and dust storms, which will increase with climate change. The majority of countries have limited capabilities in environmental and occupational health. Efforts are needed to develop national environmental health preparedness plans for emergencies. The World Health Day focus on climate change and health generated good media attention. The Regional Committee endorsed a regional framework for health sector action to protect health from climate change, and practical steps have been taken already to support countries in the adaptation and implementation of the framework at national level. Technical support was provided in adopting the regional guidelines on drinking-water quality, wastewater reuse, health care waste management, solid waste and food hygiene. Partnerships in environmental health were enhanced with international and regional organizations. The Regional Office and countries continued their efforts to implement WHA60.26 Global Plan of Action on Workers' Health. The Regional Office will continue to support countries to assess the health impact of development, to secure occupational health services and integrate them into primary health care systems, to build capacity for chemical and radiological alert and response mechanisms and to implement the regional framework for action for protecting health from climate change.
- Some improvement in the nutritional status of children under the age of 5 years was achieved, although such progress was hindered in those countries experiencing complex emergency and food crisis. Traditional foods are being replaced by fast foods, soft drinks and increased meat consumption. The proportion of energy derived from grain and grain products is being reduced, allowing overweight and obesity to increase at alarming rates and become a major public health challenge. The prevalence of obesity is also on the increase among children and adolescents in some countries. Food safety came to the forefront of the public health agenda following the avian influenza outbreaks and other global events, such as the contamination of milk with melamine. This facilitated intersectoral collaboration between the different ministries. It also helped several countries to assess the food safety structure and systems which resulted in the establishment of food and drug administrations or interministerial committees to address food safety issues. Countries of the Region recognize the importance of developing practical approaches to reduce foodborne diseases and to increase national, regional and international cooperation to strengthen food safety systems.

## 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 cross-cutting areas of social determinants of health and health equity, intersectoral action, ethics and human rights-based approaches to health, and gender-responsive policies and programmes cover the six core functions of WHO. The Regional Office focused on intersectoral action and empowering communities in local health development through implementation of the community-based initiatives approach, and on reducing inequities in health through addressing the social determinants of health. Efforts were continued in raising political commitment, partnership development, capacity-building, advocacy and knowledge.
- Technical support was provided, through updating of norms and standards and generating new knowledge, to support Member States in developing and analysing national disaggregated databases. Piloting of the urban health equity assessment and response tool was initiated through collaboration with the WHO Centre for Health Development in Kobe, Japan. Despite increasing acceptance of the concept of human rights in health, limited resources and national capacities impeded progress in advancing the concept of health as a fundamental human right. The Regional Office made progress in implementing resolution WHA 60.25 on integrating gender analysis and actions into the work of the Organization, through capacity-building in gender mainstreaming in health in five countries and training of national master trainers.
- Technical support to countries in the field of health system strengthening has increased and this is reflected in country cooperation strategies and biennial programming. In addition, efforts were made to carry out some analytical work in the field of social health protection, patient safety and organization of service delivery and social determinants of health. Particular interest was paid to strengthening partnership with academia and civil society organizations in order to support the primary health care revival movement and to provide necessary support to low-income countries and those in complex emergencies. Support was provided to improve health system governance through evidence-based policy-making and better regulation and management of public-private mix in service provision. The use of analytical tools was further promoted through training and institutional strengthening at national and subnational levels. Academic institutions were invited to contribute in rolling out the health system strengthening literacy workshop, in order to support policy- and decision-makers.
- Research activity in health systems focused on the health care financing function, through equity analysis and measurement of catastrophic health care expenditures and risk of impoverishment following ill health. Countries were supported to develop household expenditure and utilization surveys focused on the health sector in order to better capture health expenditure and to assess the contribution of various partners in service delivery. This data will be used to carry out national health accounts analysis and to refine options for health care financing. Mapping of social health protection has shown the limited coverage and efforts are being made to promote pre-payment schemes and to reduce the high level of out-of-pocket expenditures.
- Human resources development remains high on the policy agenda in most countries and technical support was provided in developing national and regional human resource



observatories and in strengthening institutional set-ups dealing with strategic thinking in planning and management of human resources. Countries were also supported to improve the quality of nursing production and to promote leadership in nursing. The movement for accreditation of training institutions was further supported through partnership with centres of excellence and innovative approaches to health personnel education were supported.

- Technical cooperation in service delivery focused on quality assurance and improvement and on patient safety. Research activities were supported to generate more evidence on patient harm, using a network of academic professionals. Initiatives aimed at promoting patient safety friendly institutions and professionals and efforts to better assess the strengths and weaknesses of decentralized health systems were supported. Specific attention was paid to assessing hospital performance as part of efforts aimed at improving health system efficiency. A regional strategy to revive primary health care, following the regional conference in Qatar, is being developed.
- Rational selection and use of health and biomedical technology remains among the regional priorities. Efforts were made to increase access to essential medicines, particularly in low- and some middle-income countries through appropriate funding and promotion of generics. Capacity-building on rational use of medicines and pharmaco-economics was pursued and research activity focused on pricing policies and on transparency in the pharmaceutical sector. Technology assessment, particularly in selection and use of health and biomedical devices was promoted. Support to national regulatory authorities was further strengthened in order to improve access to quality vaccines and medicines and to promote blood safety. Laboratory and imaging networks were further strengthened in order to support service delivery.
- Countries in the Region generally lack coherent and cogent national vision for essential health technology including medicines, vaccines, blood and blood products, medical devices and equipment. There are many challenges with reference to access to and quality of these health technologies. Generally, public financing is low, out-of-pocket expenditures are high and social protection is scant. National regulatory institutions, with a few notable exceptions, remain fragmented and inadequate and the private sector is ineffectively regulated. Post-market surveillance is very limited and irrational use of health technology results in huge economic and health losses. However there are continuing and cooperative efforts to improve the situation in the areas of promotion and implementation of national medicine policies; improving access and affordability to essential medicines and other health technologies; and ensuring quality, safety and better use.
- Good governance is being promoted in pharmaceutical policy and management in six countries and seven country case studies in intellectual property protection and access to medicines are being finalized. In the area of blood safety, laboratory, biomedical engineering and imaging, capacity was strengthened in voluntary non-remunerated blood donation, transfusion-transmissible infections, good manufacturing practices in blood and blood products, and appropriate clinical use of blood and blood derivatives.
- The Regional Office continued to collaborate with WHO headquarters to develop a framework that can be used by countries to develop their own prioritized lists of health technologies, especially medical devices. In order to develop efficient vaccine procurement systems in the

Region, technical support was provided to the Maghreb countries to build a pooled vaccine procurement system. The vaccine regulatory systems were reviewed and support for vaccine production in the Region was continued in order to ensure the WHO prequalification status of the vaccines. Concerted efforts will continue to be made to promote access to, and quality and use of, medicines and other health technologies.

- Strengthening the national information systems is necessary in any health system strengthening programme. Countries were supported to strengthen their routine information systems and to conduct population-based surveys aimed at supplementing knowledge about health status and social determinants of health. The use of the international classification of diseases was promoted. Partnership with the health metrics network is being supported in order to assess national information systems and develop appropriate strengthening strategies. Development and improvement of the regional health situation and trend assessment database will allow better information sharing among countries and better monitoring and evaluation of health status and health systems.
- Capacity-building in knowledge management continued to focus on strengthening library and information networking, medical librarianship and medical journal publishing.

## 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.
- The Secretariat made efforts to engage Member States more in the work of the governing bodies through more effective secretariat support; better communication of the work of WHO; bringing national realities and perspectives into global policies and priorities; ensuring effective country presence of WHO; and promoting functional partnerships. The results-based management framework, which has been institutionalized in the Organization in the past few years, remains a challenge that requires more support for further improvement and long-term sustainability. WHO continues to work towards more efficient and effective programme management in order to instil ever greater confidence among Member States and donors in the transparency and accountability of the Secretariat.
- The Regional Office continued to make efforts to utilize the outcome of the Country Cooperation Strategy process to strengthen WHO presence at country level and guide planning, budgeting and resource allocation. It embarked on a series of efforts to improve its external coordination and resource mobilization function and to expand its operational capacity and enhance collaboration with other partners. Emphasis continued to be placed, on knowledge management, including availability and accessibility of high quality and timely documentation and information products in official languages. A regional publications policy was adopted and aligned with the revised WHO publications policy and efforts continued in improving access to up-to-date health and biomedical sciences information in relevant languages.
- The Region is more and more affected by crises that have created risks that are harder and harder to mitigate. The administrative and financial control procedures in place to mitigate





some of the major risks need to be strengthened. Processes relating to information technology and compliance with WHO's policies and procedures on recruitment, procurement and contractual services need strengthening. Staffing and funding, at both country and regional office levels remain insufficient to ensure adequate support and control. Ensuring consistency between all levels of strategic and operational planning remains a challenge. The final obligations incurred as of 31 December 2008 represented 46% of the total available funds under the regular budget and amounted to US\$ 42 030 982. Obligations incurred against extrabudgetary funds for 2008 amounted to US\$ 230 125 794, almost six times the regular budget.

- A number of major issues and challenges need to be addressed before a successful and stable environment for roll-out of the Global Management System (GSM) in the Region, planned for 1 January 2010, are achieved. The Regional Office actively participated in the development of policies and guidelines for streamlined functions in line with the GSM and the corresponding delegation of authority. Training will be implemented six to eight weeks before roll-out. Work continued to ensure readiness of information technology systems for roll-out. The human resources selection policy for the Region was further developed within the Organization's competency framework in order to attract top talent. It is expected that implementation of the new consultant contractual arrangement with improved rates of pay will help attract a higher calibre of experts to advise Member States when required. The Country Activity Management System (CAMS) was enhanced to further assist country offices in the administration and management of their programmes. Adequate maintenance contracts and improved operational support secured an effective level of infrastructure support services. Requests for the procurement and delivery of supplies and equipment worth US\$ 26.3 million were processed. The Regional Office will continue to provide broad institutional reform that will ensure more efficient and cost-effective support to the Organization.

