In the name of God, the Compassionate, the Merciful

Introduction

Health security continued to be high on everyone's agenda in 2008 as the world and the Region faced health and economic crises. As a result of the very good surveillance systems countries have in place around the Region, we were able to monitor very closely the rise in the number of polio cases in Afghanistan and Pakistan in the second half of the year and to address the causes, among which insecurity and inaccessibility continue to be major factors. As I write this in 2009, the occurrence of a pandemic of new influenza A(H1N1) has overshadowed the continuing concern with the H5N1 avian influenza virus. However, the continued steady occurrence of new cases of avian influenza in humans reminds us that we must remain vigilant to the possibility of human to human transmission developing. Member States have continued to improve their surveillance and laboratory capacities, as a result of which the Region is better prepared than ever before to tackle public health emergencies of international concern. More than ever we are thankful for the 2005 revision to the International Health Regulations which has proved timely and has provided valuable opportunity for awareness-raising, policy development, planning and capacity-building.

The **vulnerability** of people in the Region to manmade and natural disasters increased. Significant numbers of the populations in the Region became vulnerable to food insecurity and attendant ill health. Continued displacement of populations in Afghanistan, Pakistan and Somalia, coupled with no means of earning livelihoods, placed large numbers of people at risk in those countries. The sudden rise in food prices that resulted from the first symptoms of the economic crisis left many more people around the Region exposed to the threat of hunger and malnutrition. The crisis in the Gaza Strip towards the end of the year and in early 2009, with the almost complete destruction of infrastructure and the continued blockade on food, medicines and reconstruction materials, has increased the vulnerability of thousands of people and brought them to the edge of long-term collapse. Despite a gradual increase in awareness of the threat to human health and livelihood, especially in this region, from climate change, very little action of any substance has been taken to plan for and mitigate the impact. Individuals, alone, are powerless to challenge these events. Only collective action, within countries and between countries, can tackle the structural issues at the root of all these sources of vulnerability. It is essential that in times of crisis, social or economic, public spending on health and other forms of social security should not be cut, but rather increased. Crises that push people into impoverishment and ill health are the collective responsibility of all, and the right to access health care must not be compromised.

Chronic **noncommunicable conditions**, mental ill health and injuries represent a growing portion of the burden of disease in the Region. The burden of death due to these conditions is greater in low-income and middle-income countries and is projected to rise many times by 2030 if current trends continue. This reflects to a large extent the unpreparedness of health systems to cope with these conditions, which are often diagnosed late and where social health insurance to support life-long care and medication is often not available. Moreover, it reflects the absence of health promotion and of prevention strategies. Tobacco consumption is a major cause of heart disease and cancer in the Region yet four Member States have still not signed the WHO Framework Convention on Tobacco Control. Several countries, including Egypt, Jordan and Morocco, have made major efforts in the past year to implement important elements of the Convention but the

latest tobacco surveys among young people show alarming rates of consumption. A concerted front on diet, physical activity, lifestyle and tobacco has never been more urgent.

In the face of all these challenges, two events stood out in 2008. The Qatar First International Conference on **Primary Health Care**, held in Doha in November, celebrated 30 years of primary health care. One of a series of conferences held in WHO regions around the world, the conference attracted ministers of health, key policy-makers and renowned experts. Following the conference, Member States have approved the declaration expressing their commitment to greater solidarity, cohesion and a shared responsibility in supporting one another in developing health systems based on primary health care, and to translation of the primary health care principles and values into actions that improve the health and well-being of all populations, including vulnerable groups. The Regional Office is already making plans with a number of Member States to translate this commitment into action. I look forward to action from all Member States.

The second event of note was the publication of the report of the global Commission on **Social Determinants of Health**. The Commission confirmed what has long been known: the social conditions in which people are born, live and work are the single most important determinant of good health or ill health. Inequities in health arise because of the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by cultural, political, social and economic forces. Thus health care and lifestyle are important determinants of health, but access to health care and lifestyle choices are heavily influenced by factors in the social environment.

Coming within weeks of each other as they did, these two events sent a powerful message round the Region. Prevention of ill health must start upstream of health interventions and must tackle the root causes. This is not only essential to assure the health, social and economic opportunities and development of individuals. It is essential for the health, social and economic opportunities and development of communities and nations. The Millennium Development Goals would never have been needed if major health, social and economic inequity did not exist. Tackling the social determinants of health and ensuring equitable access to primary health care has been shown to be more urgent than ever.

Finally, my report on **the work of WHO** in the Eastern Mediterranean Region for 2008 is the first within the context of the medium-term strategic plan 2008–2013. As such it reflects the shift in the Organization's approach to its collaborative work with Member States, with programmes reporting against their expected results in relation to thirteen cross-cutting strategic objectives for regional health development. The aim of this approach is to provide a more strategic and responsive programme structure that better reflects the needs of Member States and enhances collaboration with WHO's partners and within the Organization itself. We will continue to seek ways to ensure that our collaboration is effective and efficient and that the health needs of the people of the Region are always placed first.

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