



Introduction

WHO's work in the Eastern Mediterranean Region continues to be influenced by two key factors—the need for human security and the need for a clear health system approach to health care delivery. The continuing threats to human security prevent sustainable improvement in the health system in a number of countries, focus resources on emergency response, hinder efforts to improve the well-being of the populations concerned and threaten progress towards the Millennium Development Goals and gains made so far. Humanitarian needs in 2009 were compounded by the global and regional economic crisis, particularly in Afghanistan, Iraq, Pakistan, Somalia and Yemen and by the oppressive blockade and restrictions on the Gaza Strip. Over and above these concerns, health systems throughout the Region were stretched by the threat of pandemic (H1N1) 2009.

A strong health system can help individual health programmes to deliver efficiently and effectively. When the health system functions well it provides a platform for health care delivery. When it performs below the level necessary to ensure efficient and effective delivery of services, the health system becomes a hindrance to health programmes and encourages fragmentation and a vertical approach. The Region is slowly taking this message on board but more needs to be done to ensure health systems are properly financed, are provided with adequate resources and are monitored to ensure effective delivery of services and patient well-being. Well functioning health systems that emphasize equitable access to health care are also a key component for achieving the Millennium Development Goals and for maintaining progress.

As 2015 approaches, it is clear that a number of countries in the Region are facing great difficulties in achieving the Millennium Development Goals. Maternal mortality is still high in seven countries. Critical gaps remain with respect to efforts to reach the target of 75% reduction of maternal mortality from the levels in 1990. There is wide disparity between maternal mortality levels among the countries of the Region and, equally important, within some countries. Disparity is also observed in terms of absolute figures, with 80% of maternal deaths taking place in just three countries. Even accounting for measurement difficulties, it is likely that some countries will not be able to meet the goal. Improved access to a range of technical interventions is essential but will be insufficient without parallel efforts to strengthen health systems, lift financial and other barriers to access and address the broader social and economic determinants of women's health.

HIV and tuberculosis are also continuing concerns. Recently, the most extensive review ever of information on HIV and vulnerability factors in the Region showed that HIV prevalence in the general populations remains low in all countries except Djibouti and parts of Sudan and Somalia. However, there is increasing evidence that HIV is gaining ground in populations at increased risk. Most countries in the Region are not yet investing in and reaching out sufficiently to these populations with HIV prevention and treatment services. It is important to focus on developing and expanding service delivery to these populations from now in order to achieve a reversal of the epidemic.

The efforts in the field of tuberculosis control over the past 13 years have led to a reduction in tuberculosis incidence by 7.2% relative to 1990, in addition to a 55% decline in prevalence and 62% decline in mortality as well. The regional average treatment success rate further improved

in the past year to reach 88%. However, the case detection rate remains low at 60%. Continued work is needed to ensure universal access to care. This means strengthening the tuberculosis laboratory network at regional and national level, involving all tuberculosis care providers, and addressing the challenges of detecting population groups at high risk.

On other fronts, the Region faces an emerging public health threat in dengue. Since 1998, epidemics of dengue fever and dengue haemorrhagic fever have been reported in the Region with increasing frequency and expanding geographic distribution of both the viruses and mosquito vectors. Unplanned urbanization, climate change and population movement all play a part in this expansion. In the past year outbreaks of dengue fever and dengue haemorrhagic fever were reported from Saudi Arabia, Yemen and Sudan. Djibouti, Somalia and Pakistan have also seen outbreaks in the past decade. Globally, dengue is the most widespread mosquito-borne infection in humans and it has the potential to spread further into the Region. The need to strengthen surveillance systems, reporting and preparedness, including appropriate vector control response, is the principal challenge to prevention and control. The magnitude of this emerging threat and the worsening epidemiological trends urgently require intensive and coordinated efforts.

Eradication of poliomyelitis remains at the top of the agenda in the Region. Of the four countries in the world where polio is still endemic, there was no strong evidence of significant progress in the two countries concerned from this region—Afghanistan and Pakistan. Security issues continue to hinder the eradication effort in southern Afghanistan and north-western Pakistan. In non security-compromised areas in Pakistan, in particular, there is need to strengthen operational management. However, more than 80% of the population of Pakistan now lives in polio-free areas. The circulation of wild poliovirus in Sudan came to an end after re-infection in 2008 and the country has now been polio-free for over a year. All other countries have maintained their polio-free status. A notable recent development was the approval of a global strategic plan 2010-2012 by the World Health Assembly. The plan was built on the lessons learnt in the past 20 years and took into account the findings of the assessment missions to the four endemic countries and the two recently infected countries. I am hopeful that the plan will enable us to complete our efforts.

The United Nations General Assembly, at its sixty-fourth session, in April 2010, passed a landmark resolution on prevention and control of noncommunicable diseases. The economic impact of these diseases and their impact on development are well documented. In recent years Member States have made firm commitments through the World Health Assembly and Regional Committee to address them. Yet prevention and control remain under-resourced. Evidence of the burden and impact of these diseases at regional level is still limited. Out-of-pocket expenditure on treatment by households is high. At the same time, the lifelong medicines required by people with chronic noncommunicable diseases are unaffordable and also hard to obtain for many people. The regional strategy for cancer prevention and control endorsed in 2009 by the Regional Committee will go a long way to addressing cancer needs but much more needs to be done to address noncommunicable diseases in general. This includes implementation of commitments to integrate prevention and control of noncommunicable diseases within primary health care and of the global strategy on diet, physical activity and health.

Tobacco use is a major risk factor for noncommunicable disease in the Region. Recent years have seen policy change with strong legislation adopted in a number of countries. A surveillance system is in place and tobacco control advocacy campaigns, including pictorial health warnings,



are now seen around the Region. However, the necessary decisions to implement the strong tobacco control measures needed have not yet been taken. Tax increase on tobacco products is the one measure that is well known for its success in reducing consumption rates. Very few countries have adopted the approach recommended by WHO to increase taxes. A multisectoral approach and firm implementation of the Framework Convention on Tobacco Control are the ways forward.

Action from a wide range of sectors is also needed to address the rising toll due to road traffic crashes. Mortality due to road traffic injuries now places the Region in the unenviable position of first place globally among WHO regions. The resolution passed by the Regional Committee last year, the first of its kind in this area, is a major step forward. A number of countries have already developed national strategies and plans and the Regional Office is developing a framework to support other countries in implementing the resolution. Since then, the United Nations General Assembly has declared the period 2011–2020 as the Decade of Action for Road Safety and WHO is taking a lead role in this regard. This is all good news and not a moment too soon to save lives. I hope the action started will gain in momentum.

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