



# Executive summary

## Health development and health security

- In general, and despite the political instability that affected several countries, previous achievements in the area of communicable diseases prevention and control were sustained, in particular through reinforced coordination and collaboration with countries.
- With regard to control, elimination and eradication of vaccine-preventable diseases, achievement of the regional expected results was on track in the majority of the indicators in 2011. Despite the fact that the prevailing situation in the Region resulted in some drop in routine vaccination coverage in Libya, Syrian Arab Republic and Yemen, sixteen countries have achieved the target of 90% routine vaccination coverage and three more countries are close to doing so. Significant increase in routine vaccination coverage in Somalia was achieved. Although the measles elimination target was not achieved in 2010, nine countries are close to validating measles elimination. However, Afghanistan, Pakistan and Sudan experienced measles outbreaks due to delay in implementation of follow-up campaigns. New vaccines were introduced in several countries, increasing the number of countries using Hib pneumococcal and rotavirus vaccine to 18, 8 and 4, respectively. The Regional Office is working hard to further expand new vaccines introduction, especially in the middle-income countries, through establishing a regional pooled vaccine procurement system, advocacy and strengthening national capacity for evidence-based decision-making. The second regional Vaccination Week was successfully celebrated in April 2011.
- The Region continued to proceed towards achieving the poliomyelitis eradication target. All countries are free from poliomyelitis except Afghanistan and Pakistan. Engagement of the senior political leadership to achieving the target was more visible in 2011 but the significant challenges remaining require concerted and highly coordinated action by both governments and international partners. The regional and sub-regional technical advisory groups continued to advise on the appropriateness of strategies to achieve the target. Mitigating measures were taken to maintain the status in the polio-free countries. In Somalia, the efforts to gain access to children currently inaccessible continued. In Yemen, a national immunization day was conducted towards year end. Efforts were made to increase cooperation between WHO regions. The regional AFP surveillance system continued to perform at the accepted international standards. Securing adequate financing for supplementary immunization activities, and ensuring continued political commitment in both polio-endemic and polio-free countries were among the main challenges for the programme. In 2012, the first priority will be to interrupt wild poliovirus transmission in Afghanistan and Pakistan. In Pakistan, the main emphasis will be full implementation of the national emergency action plan, and in Afghanistan, special emphasis will be on periods of tranquillity, strict oversight and performance-based accountability.
- Similar achievements were made in the fight against neglected tropical diseases. In 2011, cases of dracunculiasis (guinea-worm disease) decreased by 42% compared to the previous year, with now more than 75% of the total cases coming from one state in South Sudan. The elimination target (prevalence less than 1 per 10 000) was sustained in all countries except South Sudan, and some districts in Egypt, Sudan and Yemen, where the situation

needs to be re-assessed. Regional schistosomiasis activities were slightly disrupted in some countries by the political situation. Nevertheless, more than 1.5 million people were covered by praziquantel in Yemen. Only two countries, Sudan and South Sudan, remain hyper-endemic for schistosomiasis. Regarding lymphatic filariasis, Egypt finalized development of the sensitive tools needed for post-mass drug administration surveillance. Sudan remapped the disease and is ready to initiate a mass drug administration control programme. In South Sudan, the new treatment protocol for human African trypanosomiasis was introduced for late-stage patients in all centres admitting this type of patient and WHO provided free diagnostic kits. However, the number of new detected cases was far below expectation; this is mainly because of the scaling down of control activities due to lack of implementing partners.

- The number of major outbreaks was significantly reduced, and there was great improvement in outbreak early detection, response and control. The dengue outbreak in Pakistan was the biggest event in 2011, and dengue continues to pose the greatest threat to public health security in the Region. The Regional Office is taking this threat very seriously and initiated several interventions to support ministries of health to strengthen the disease early warning surveillance systems and improve outbreak preparedness and management, especially for countries in humanitarian crisis.
- National core capacities for implementation of the International Health Regulations 2005 improved with the initiation of WHO advocacy and assessment missions. Provision and translation of the guidelines, guidance documents and related standard operating procedures facilitated the implementation of activities at country level. Coordination was promoted among the different partners involved in implementation of the Regulations. Monitoring of the national core capacities by the national focal points, to meet the requirements by 15 June 2012, was a big challenge. WHO provided support to the countries that will not meet the requirements on time to request an extension for an additional two years, to 15 June 2014. The Regional Office will continue to provide support to countries to fill the gaps in assessed core capacities, implement the recommendations of the International Health Regulations review committee, and sustain the capacities achieved so far.
- The HIV epidemic continued its expansion of the past decade. The estimated number of people living with HIV was 560 000 in 2010. Although the overall HIV prevalence is still low (0.2%), there were an estimated 82 000 new infections (including 7400 children) in 2010. This places the Eastern Mediterranean among the top two regions in the world with the fastest growing HIV epidemic. AIDS-related deaths are increasing also, reaching an estimated 38 000 in 2010. Local epidemiological information in countries is improving and points to increasing infections in people with high-risk behaviour and their partners. Availability of, access to and quality of health-sector interventions vary considerably between countries. Access to treatment has improved steadily, with an almost 25% increase between 2009 and 2010. However, the Region continues to demonstrate the lowest coverage of all regions in key HIV health sector interventions, including treatment coverage. Current approaches to increasing the coverage of HIV testing and prevention services for people at risk of HIV and the coverage of treatment for people living with HIV are often not effective enough. However, examples of strategies and service-delivery models that succeed in reaching those in need are emerging in the Region.



- Significant progress was made towards elimination of malaria in Islamic Republic of Iran, Iraq and Saudi Arabia. The other seven endemic countries increased coverage with the main interventions for vector control and treatment while remaining far below the 80% target. The limited access to and poor quality of facilities for parasitological diagnosis in these seven countries require urgent action. To reach the target of universal coverage, diagnostic and treatment services should be expanded into the private sector and community, with strong training and supervision. Spread of insecticide resistance in many areas of the Region is a great threat. Coordinated action is needed to develop a comprehensive plan for monitoring, prevention and management of insecticide resistance. The occurrence of local outbreaks of malaria in some malaria-free countries highlights the weakness of the surveillance and vigilance systems. With increasing population movement, importation of malaria and political complexities, urgent measures are needed to prevent any setbacks.
- In 2010, the tuberculosis burden in the Region was classified as low to intermediate, with 421 834 cases reported, representing 7% of the global burden. Around 61% of these cases were reported by one country: Pakistan. The regional detection rate has been improving and reached 63% in 2010, but has not yet reached the target (70%). Nevertheless, 88% of the 2009 cohort of sputum smear-positive pulmonary tuberculosis cases were successfully treated (exceeding the target of 85%). The regional case detection rate for multidrug-resistant tuberculosis continues to be low (5.9%), with only 829 cases notified out of an estimated 14 000. This is mainly due to the limited capacity for management of multidrug-resistant tuberculosis at country level, and its complexity. In addition, the programme is facing financial constraints that might put its main achievements at risk in the future. Consequently, focus will be placed on improving tuberculosis notifications, scaling up management capacity for multidrug-resistant tuberculosis, revitalizing the tuberculosis elimination initiative and developing sustainable cost-effective strategies to avoid reliance on the Global Fund.
- Significant impetus to prevention and control of noncommunicable disease in the Region was provided by the Political Declaration of the General Assembly in September 2011, a historic event for global health. In line with this new landmark, the focus on raising the priority accorded to noncommunicable diseases at the regional level was addressed in all regional consultations and conferences. An increasing number of countries have developed noncommunicable disease action plans in line with the WHO action plan, bringing the total to nine, although implementation of the plans has been variable. Surveillance of risk factors expanded. The e-STEPS survey was completed in three more countries, bringing the total to 18. Technical capacity for surveillance remains weak in most countries. Technical support on implementing a package of essential interventions for noncommunicable disease in primary health care was provided to three countries. Also, technical support was provided to six countries on screening for noncommunicable diseases in primary health care. Collaboration with regional and international partners for cancer control programmes focused on cancer assessment, palliative care training and strengthening breast cancer screening. The Regional Office is committed to supporting countries in implementing the Political Declaration on Prevention and Control of Noncommunicable Diseases in the Region. The Regional Office continued to support implementation of the WHO Framework Convention on Tobacco Control, particularly the guidelines on cessation and support for treatment of tobacco dependence.

- Based on the evidence generated by the WHO assessment instrument for mental health systems (AIMS) and the regional mental health ATLAS, a regional strategy for mental health and substance abuse was developed, and endorsed by the Regional Committee. There has been an increase in mental health expenditure as a proportion of the health budget, and the proportion of spending on institutional-based care has been reduced significantly in the Region, from over 65% to 38% of total mental health expenditure. Technical support for the development of strategies and legislation continued to be provided. Capacity-building for integration of mental health into primary health care was initiated in Jordan and Sudan. Mental health and psychosocial support was provided for Egypt, Jordan, Libya and Syrian Arab Republic and capacity-building in psychological first aid was supported in the Darfur Region in Sudan.
- The instability in the Region added to the already existing burden of injuries and disability. The exact impact has yet to be studied. The Decade of Action for Road Safety 2011–2020 was launched at the regional level and in many countries. The exercise for the second global status report on road safety was undertaken by 20 countries, and preliminary plans drawn up based on its findings. A strategic framework for child and adolescent injury prevention was developed and the regional initiative to upgrade prosthetics and orthotics training programmes continued. The new community-based rehabilitation guidelines and the World report on disability were translated into Arabic. The Regional Office continued to support countries to develop or strengthen injury surveillance and disability records, to plan for disability and injury control and prevention more effectively and to improve trauma care and rehabilitation services. The Regional Office will continue to support countries in developing effective national planning that integrates visual and hearing care into broader health development plans, increases human resources, strengthens the infrastructure for delivery of effective visual and hearing care programmes and promotes wider international development support, focusing on priority countries like Afghanistan, Sudan, Somalia and Yemen.
- The achievement of universal access to, and coverage with, effective public health interventions to improve reproductive, maternal, newborn, child and adolescent health, and promote healthy and active ageing for all individuals continues to face major challenges. A higher level of political commitment is needed, together with increased resources, financial and human, to promote the health of vulnerable populations, especially women and children. However there have been successful experiences in some countries. Egypt, in particular, has made an outstanding achievement in regard to both Millennium Development Goals 4 and 5. The networks of age-friendly cities and age-friendly primary health care centres, which provide a model for promoting healthy lifestyles among older persons, are being expanded throughout the Region. The Regional Office developed a standard package that is planned to be used for scaling up national school health services. A regional guide to conducting an adolescent health situation analysis was published to support countries in the process of planning and implementing programmes addressing the health of adolescents. The Regional Office will continue advocating initiatives to bring maternal and child health higher up the public health agenda of Member States and to allocate the required human and financial resources. Special attention will also be addressed to promoting an integrated primary health care approach, strengthening vital registration and surveillance, improving coordination and



collaboration with other relevant public health work areas, and documenting and sharing successful experiences. .

- An unprecedented number of countries in the Region were affected by all kinds of disaster. WHO continued to support countries through an overall framework for health emergency response and early recovery. This required significant organizational support to establish operations in affected areas and advocate for public health needs for the affected communities. Faced with such increased demands, global health partners in support of ministries of health used the cluster as a vehicle to coordinate the delivery of essential services, as well as the strengthening of preventive public health programmes. Expanded regional humanitarian partnerships forged through the health cluster enhanced response time and technical support to countries in crisis. Capacity-building activities were conducted nationally and regionally, incorporating disaster risk reduction at all levels. The first regional risk communication programme for health was developed for schoolchildren in collaboration with UNISDR. WHO has embarked on developing a new operational framework that will guide WHO's work in future health security and emergency operations. The next biennium will focus on developing and testing systems to manage all acute onset events within the Region. Organizational and national level capacities to manage such events will be enhanced, with a strong emphasis on information and knowledge management and bringing forward best practices in public health.
- In order to reduce mortality and morbidity related to risk factors associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, focus is required on strengthening high-level political commitment, legislative interventions and articulation of public health policies. This is especially so in areas such as regulating marketing of foods and beverages to children, providing preventive, treatment and rehabilitative services for substance abuse, and expanding the network and strengthening partnerships in health promotion and health education at all levels. A real reduction in tobacco consumption is needed through scaling-up implementation of the WHO Framework Convention on Tobacco Control including adoption of the maximum measures proposed by its guidelines.
- Countries recognize the importance of environmental health in reducing the double burden of traditional and new environmental risks imposed on health. However, many ministries of health have not yet identified the environmental determinants of health as a key priority for improving public health. WHO estimates that more than one million deaths in the Region each year could be prevented through the availability of appropriate environmental health interventions. The Region continues to struggle with traditional problems, such as solid and liquid waste management, and indoor and outdoor air pollution. Declining water availability and quality, increasing populations, rapid changes in lifestyles, urbanization, unsustainable energy consumption and inefficient use of water resources are major public health concerns. Natural and manmade disasters and climate changes aggravate most of these problems and exacerbate their public health impacts. Actions are required, both in the health sector itself and across sectors to tackle environmental health risks. Countries need to develop national environmental health preparedness plans for emergencies, and to improve access to information for research and decision-making. To ensure effective action in the health

sector, risks have to be reduced/controlled in the settings where they occur – homes, schools, workplaces and cities – and in sectors such as energy, transport, industry and agriculture.

- The prevalence of malnutrition is alarming and considered severe in many low-income countries, especially Afghanistan, Pakistan, Somalia and Yemen where more than 50% of the children under 5 years of age are stunted. The situation has been worsening due to the emergency situations, internal conflict and financial crises in the Region. Diet-related chronic diseases and obesity exert a heavy cost and contribute to increasing morbidity and mortality, especially among high-income countries. Ensuring food safety and elimination of foodborne diseases is still a big challenge for all countries. In line with the regional nutrition strategy, most countries have now developed national action plans addressing the double burden of malnutrition. Capacity-building on management of severe malnutrition, obesity prevention and control and nutrition surveillance was introduced in all countries. The Regional Office will work closely with countries to ensure functional implementation plans are in place to address nutrition disorders and foodborne diseases, to institutionalize surveillance systems and to build national capacity in nutrition and food safety.

## Strengthening health systems

- High-level political commitment, community participation and leadership, and intersectoral collaboration are needed to address the social determinants of health, and reach the goals of gender and health equity, and achieve full realization to the right to health. The uneven distribution of resources, rapid urbanization, insufficient social security for the poor, gender inequity, and the financial crisis are driving forces in the disparities of access and utilization of health and social services and the increase in the number of vulnerable people. The Regional Office supports countries in developing effective intersectoral collaboration towards the development of national health and development policies that are equity, gender and human rights-oriented. Capacity-building, operational evidence on gender and health inequities, and strengthened health sector response to gender-based violence will be the focus of work in 2012–2013.
- The importance of health systems in contributing to better health outcomes is beyond doubt. Nevertheless, many challenges exist to the improved performance of health systems and their various building blocks in the Region. Countries are realizing that more needs to be done to ensure that health systems are properly financed, are provided with adequate resources, are monitored to ensure effective delivery of health services and that policies are formulated and plans developed based on reliable evidence.
- Key areas for strengthening health systems were supported. These included: developing and strengthening national strategic health plans and policies; promoting transparency and good governance policies, social health protection and national health accounts; intersectoral collaboration to tackle social and economic determinants of health; capacity-building of nationals, including designing training modules and training workshops; following up implementation of global initiatives to strengthen health systems in eligible countries; strengthening governance and developing capacities for planning for human resources for health at the national level; scaling-up production of nurses, midwives and allied health



professionals and building up their leadership and management capacities; accreditation of health professions education to ensure graduation of competent practitioners; mobilizing regional resources to support the regional strategic plan (2010-2015) for implementing primary health care-based service delivery plans; and creating partnership and coalitions with other strategic partners to respond to countries' needs for health system strengthening and services development.

- Many countries still lack access to health information. Improving access to and availability of up-to-date and valid health and biomedical sciences information is a key challenge for these countries. Regional capacity in better utilization of health information resources has improved significantly, but still needs more efforts. Development of e-libraries and the medical libraries network are essential steps to improve knowledge management and sharing. Regional capacity in publishing quality medical journals continued to expand during the past year. The Regional Office continued to work to promote a culture of research for health at the national and regional level. The Regional Committee endorsed strategic directions for scaling up research for health in the Region, and a consultation recommended establishing a regional clinical trial registry. The regional health observatory, incorporating statistical information from all technical areas, was developed. Advocacy for adoption of policies supportive of primary health care, including universal coverage, will continue. Particular efforts will be made to advocate for the family practice-based approach to be at the heart of the development of health systems and provision of health care.
- The public sector in the Region consumes around 50% of recurrent public health budget on medical products and services in the form of blood, medicines, vaccines, devices, clinical investigations, and surgical procedures. However, the ability of existing under-funded and weakly staffed national systems to manage such health technologies is extremely weak. This has become an increasingly visible policy and operational issue for many countries, especially those facing complex emergencies and disasters. As an important input to the health care system, health technologies should be properly managed, utilized and integrated in order to produce an efficient health intervention. Assessment of the regional situation reveals major challenges associated with availability, equitable access, appropriateness and affordability of health technologies and accountability. To overcome these challenges a comprehensive health system approach needs to be adopted. This includes: establishment of transparent procurement and supply mechanisms; development of adequate country-specific profiles; promotion of transparency, good governance concepts and rational use; and capacity-building. Some steps were taken in this direction, including: developing strategies for health technology management; drafting rules for and strengthening national regulatory authorities; ensuring high quality and safety standards; promoting transparency and good governance policies; disseminating guidelines, tools and standards for good practices; performing functional review studies on existing national health technology programmes, promoting good manufacturing practice (GMP) concepts for quality and safety for manufactured medical products; generating a research agenda for manufacturers; and capacity-building. Further efforts are needed to identify and overcome regional and national challenges. Partnership and coalitions with other strategic partners to identify common interests, financing mechanisms and potential resources will be necessary to ensure sustainability of WHO technical support.

## Partnerships and WHO performance

- 2011 marked a difficult and challenging period for the Regional Office due to the complex situation affecting 13 Member States, including the host country, Egypt. In spite of these difficulties, as well as the continuing financial crisis, WHO continued to strengthen its country presence, promote functional partnerships and engage Member States in the work of the governing bodies. Providing innovative ways for health communications and enhancing partnership with all stakeholders has become a priority for the Regional Office and has resulted in the increasing use of social media as a viable means for spreading WHO's messages to a wider audience. The Regional Office continued to address the challenges in knowledge management and sharing by improving accessibility to and availability of health knowledge, as well as promoting use of electronic information resources. The major project to redevelop and redesign the Regional Office web site continued and a new internal intranet site was launched. WHO continued its strong collaboration with Member States to improve the health situation and mitigate emergencies in the Region, demonstrating its commitment to leadership and fostering partnership.
- The disparity between available funds and human resources, and their distribution across the Organization remains a challenge. The securing of additional, flexible funding, and working to ensure better allocation of available resources, are among the priorities. The extent of the civil unrest and ongoing crises around the Region resulted in high costs to programme delivery. Essential medicines, vaccines and other medical supplies were delivered as quickly as possible, including to security-compromised areas. The final implementation incurred for the 2010–2011 biennium represented 100% of the total available funds under the assessed contribution budget. Implementation against voluntary contribution funds amounted to US\$ 411 million, exceeding the assessed contribution budget by more than four times. Although upgrading of the Regional Office information technology and telecommunications infrastructure was postponed, several enhancements were made. In addition, the first stage of implementation of the Global Synergy project in the Regional Office, which will align WHO systems across all major offices, was completed. The approved capital and security master plans for the Region were implemented, resulting in enhanced security and an appropriate working environment for implementation of programme activities. A number of measures were introduced which enabled the Regional Office to address the scarce financial resources without compromising essential logistical and administrative services.