



## Introduction

I am delighted to present this annual report on the work of WHO in the Eastern Mediterranean Region. 2011 was a momentous year in many ways. The world witnessed a unique health occasion at the United Nations with the endorsement of the Political Declaration of the General Assembly on the Prevention and Control of Noncommunicable Diseases by heads of state and government around the world. With this declaration the world has committed itself to a clear path of action to tackle chronic illnesses, such as cardiovascular disease, cancer, diabetes, chronic respiratory diseases and the associated risk factors. The Eastern Mediterranean Region faces a rapidly rising burden of noncommunicable disease as populations age, urbanization increases and lifestyles change. The Region has the highest prevalence of diabetes among all WHO regions. It is one of the two most physically inactive regions in the world and its population, both adults and children, is increasingly overweight. At a time when many countries in other regions are managing to reduce smoking rates, our region is failing in implementing comprehensive measures to control tobacco use. In response to the Declaration, we are working with Member States to develop clear strategies on strengthening surveillance, preventing risk factors and improving health care, including integration at the primary health care level. There are very cost-effective measures we can put in place to prevent noncommunicable diseases and I would urge Member States to study and implement these as quickly as possible.

As we edge towards 2015, the target set for achievement of the Millennium Development Goals, several of our Member States still have maternal and child mortality rates among the highest in the world. Malnutrition sits side by side with obesity in the Region, sometimes within the same country. Poverty and lack of access to basic health care conspire against mothers and children across the Region. The most effective evidence-based interventions to reduce maternal and child mortality are well known and there is a pressing need to scale up implementation and coverage of these. Action in the health sector must prioritize these vulnerable sections of the population, but this is not enough on its own. Coordinated and integrated action is needed across all relevant sectors as well as with other key areas of intervention, such as nutrition and immunization. This is an area that will receive higher priority over the coming five years. WHO will do its part to promote integrated and comprehensive strategies within and beyond the health sector.

Immunization is a key element in preventing childhood illness. The second regional vaccination week, in April 2011, was a major success, with almost all Member States participating to raise awareness and reach more children with essential vaccines. Nevertheless, there are challenges in most countries and the quality and coverage of immunization programmes varies across the Region. Until we can eliminate such disparities we will not get rid of the killer childhood diseases. Polio still remains in parts of Afghanistan and Pakistan. Heartening steps have been taken in the past year. Both the countries concerned and WHO have now raised polio eradication to emergency status and put in place emergency plans of action. Momentum needs to be maintained to ensure diligent implementation of these plans, oversight and timely identification and overcoming of obstacles.

At the heart of all these, as well as other, health challenges in the Region is the need to strengthen health systems. Major health system challenges are encountered in every country. Clearly there cannot be a single model that would address all the components of such a complex entity as the national health system, or that would address the diverse needs of all the countries of the Region. Member States differ in socioeconomic conditions, in epidemiological and

demographic profile, in infrastructure, in workforce needs and in terms of expenditure on health. Equally important, they differ in the degree of horizontal integration within the health sector, and in the extent of collaboration with other sectors. Nevertheless, I believe some clear evidence-based approaches can be put in place to provide a shared vision and direction that would help Member States to strengthen their existing health systems. I look forward to working with Ministers of Health on identification of the best way forward for each country.

It would be impossible for me to ignore the tremendous movement for social and political change witnessed by the Region in 2011. The roots of the popular demand for equal participation in how countries are shaped, and in how decisions that affect individual, community and national development are made, lie in social inequity. WHO has long expressed concern at the impact of such inequity on people's health. This was most clearly articulated in the report of the WHO Commission on Social Determinants of Health in 2008. Poverty, lack of access to education and employment opportunities, and the lack of universal social protection against the hardships imposed by illness and ill health have been highlighted as key determinants of health. The correlation between health, education, socioeconomic conditions and human rights, and long-term national development is now firmly established. As leaders in the health sector we all have a major role to play in working closely with the non-health sectors to advance the cause of population health and sustainable development in the Region.

The immediate impact of the social and political upheaval in countries around the Region has been increased violence, insecurity and unemployment, which in turn have taken their toll on people's physical and mental well-being. WHO is responding on two fronts. First, through its role in leading the United Nations health cluster in the various countries, it is monitoring the unfolding situation and providing support to emergency response. Second, it is working with concerned ministries of health to realign priorities and review health sector approaches. We are still in the early stages of the process of change and we will continue to advocate strongly for an equitable approach to health care. We are also now faced with an unprecedented opportunity to shape the future of health in the Region.

This is the first annual report on the work of WHO in the Eastern Mediterranean Region since I took office in February 2012. It was prepared based on the same principles and content as past years. I would welcome your views on it and on how its usefulness to Member States can be improved. In the weeks following my arrival, I sought to engage the views of Member States, experts and colleagues with regard to the priorities in the Region, and how we should, collectively, work to address these. The outcome is a document "Shaping the future of health in the Eastern Mediterranean Region" which sets out five key areas in which we can, and must, make progress in the next five years: health systems, maternal and child health, noncommunicable disease, communicable disease, and emergency preparedness and response. I have taken steps to realign the structure and priorities of the Regional Office and country offices with these new realities. The continuing WHO reform process will undoubtedly support our efforts. I look forward to working with Member States to implement this agenda, and to reporting to you on the challenges and progress as we move forward.



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Regional Director for the Eastern Mediterranean