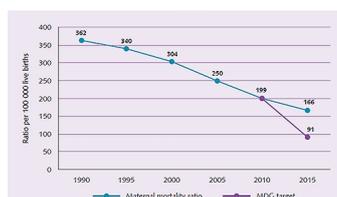


## {loadposition annualreport2015} The life course approach

Health is the outcome of all policies, including those related to social determinants of health, gender and equity, nutrition, injury prevention and disabilities. In 2015, WHO continued its efforts to protect and promote the health, safety and well-being of the population in the Region, across the life course. From conception to old age, diverse population health needs were addressed, while focusing on maternal and child health as a strategic priority.

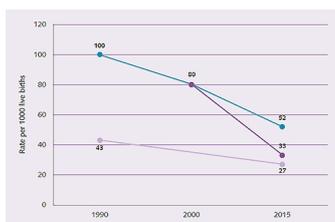
### Maternal, reproductive and child health

Considerable progress was achieved towards Millennium Development Goals (MDGs) 4 and 5 in the Eastern Mediterranean Region. Between 1990 and 2015, maternal mortality ratio decreased from 362 to 166 per 100 000 live births, and under-5 child mortality rate from 181 to 91 per 1000 live births (see Fig. 1 and 2). Eight countries achieved MDG 4 and three achieved MDG 5. Following the regional initiative on saving the lives of mothers and children, launched in 2013, the reduction in maternal mortality ratio improved by 12 points from 42% (2012) to 54% (2015).



Source: Trends in maternal mortality: 1990-2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015.

**Fig. 1 Regional trend in maternal mortality, 1990–2015**



## Nutrition

The situation with regard to malnutrition in the Region has seen some general improvement since 1990 but the progress is insufficient and the situation remains very serious in many countries of the Region, including those suffering from major crises. Much more work is needed to ensure that all mothers and children in all countries are adequately nourished to maintain health and development. According to the latest data from WHO and other UN organizations, on average, the prevalence of undernourishment in the Region decreased from 22.1% in 1990 to 13.7% in 2014. Since 1990, 13 out of 22 countries of the Region have reached MDG 1 with regard to halving the proportion of people who suffer from hunger. The estimated prevalence of children under 5 years of age affected by stunting was reduced from 39.8% in 1990 to 16.9% in 2014 as a result of economic and social development, especially in high- and middle-income countries, while the estimated prevalence of wasting increased from 9.6% in 1991 to 10.1% in 2011, due to natural and manmade disasters and political instability in Afghanistan, Djibouti, Iraq, Pakistan, Somalia, Syrian Arab Republic and Yemen.

In 2015, a regional roadmap was developed for countries to implement the global targets set by the World Health Assembly in 2012 and the recommendations of the Second International Conference on Nutrition (ICN-2). National strategies and/or national action plans for post-2015 were developed by most countries of the Region.

The regional policy statement on the urgent need to fully implement the International Code of Marketing of Breast Milk Substitutes was promoted. Most countries in emergency situations expanded the number of nutrition stabilization centres for treatment of severe and complex cases of malnutrition. Supplementation and food fortification with essential micronutrients are provided in almost all countries.

The Region continues to face major challenges in tackling nutrition issues. These include the lack of quality nutrition data and indicators, as well as of national capacity to support countries in data collection and analysis, and the need for effective nutrition surveillance and a monitoring and evaluation system to enable policy-making and programme implementation. Finally, the demand for action to address malnutrition is high, while the financial resources to do so are limited.

The Regional Office is working with countries to develop a regional framework to scale up action on nutrition, with focus on cost-effective interventions. Technical support is being provided to countries to establish national targets and monitor national action plans, promote interagency and multisectoral coordination, promote a healthy diet, as well as food and nutrition security, at national and regional levels, and introduce and apply innovative approaches for delivering effective nutrition actions, including implementation of food standards and WHO guidelines.

## **Health of special groups**

The situation prevailing in several countries is exposing the life and well-being of many older persons and schoolchildren to various levels of risk, and their unmet needs and health status should be of great concern in the provision of health support during emergencies. Despite this, the health programmes concerned with these special groups face strong competition from many other priorities.

Nevertheless, several countries were active in reviewing the draft world report on ageing and health and providing case studies, as well as the draft global strategy and action plan on ageing and health. The regional launch of the world report was organized in collaboration with Sharjah Health Authority, United Arab Emirates, during the celebration of the International Day of Older Persons (1 October). The city of Sharjah is heading firmly towards being an age-friendly city. Several countries continued activities to build capacity and multisectoral collaboration in ageing and health.

Focusing on the school setting as an important entry point for health promotion throughout the life course, the active role of countries in institutionalization of the Global School Health Initiative was reviewed in a consultation for developing updated and evidence-based criteria and an executive framework for health promoting schools. The plan is to continue this work in 2016 and to launch the new criteria in a special initiative on health-promoting schools in 2017.

One of the important steps in the way forward is to put the unmet needs of older persons and schoolchildren at the centre of relief efforts and programmes in countries in emergency situations.

## **Violence, injuries and disabilities**

In 2015 WHO published the *Global status report on road safety 2015*, which presented the most recent data from countries across the world, including the Eastern Mediterranean Region. The report showed that road traffic injury continues to be a grave concern in the Region despite the decrease in the regional road traffic fatality rate from 21.3 to 19.9 per 100 000 population between 2010 and 2013. This fatality rate remains higher than the global rate, and still puts the Eastern Mediterranean among the WHO regions with highest fatality rates. The vast majority of deaths occur in the middle-income countries. The overall death rate in the high-income countries exceeds that of the less affluent countries and is more than double the rate of other high-income countries in the world. Despite the gravity of the issue, serious gaps persist in the comprehensive implementation of proven cost-effective interventions based on a whole safe system approach. Some aspects of these interventions have been implemented in most countries in the Region. However they have not been implemented as a package that covers all essential elements, which seriously affects their effectiveness.

In addition, 2015 marked the mid-point in the Decade of Action for Road Safety 2011–2020 and two road safety-related targets were included in the SDGs. The Brasilia Declaration on Road Safety was endorsed by the Second Global High-level Conference on Road Safety, held in November 2015. This Declaration describes the global roadmap towards achieving the targets of the Decade of Action and the SDGs, which can only be achieved through concerted efforts across all countries.

WHO continued its efforts on different aspects of road traffic injury prevention and control from data to care. A standardized methodology for estimation of the cost of road traffic injuries was developed and piloted in the Islamic Republic of Iran. The regional instrument to profile trauma care systems was finalized based on piloting in Djibouti, Islamic Republic of Iran and Pakistan. A report documenting the exercise was prepared and peer-reviewed for publication; it recommends actions to address existing gaps and will pave the way for expansion of the exercise to other countries. A more comprehensive exercise for strengthening trauma care services was also done in Iraq.

A regional high-level ministerial meeting on road safety is planned for 2017, to increase political commitment and to agree on concrete actions for accelerated progress in the second half of the Decade of Action. In preparation, an expert consultation was held in January 2016 to review an in-depth analysis of the current burden road traffic injuries and related risk factors in the Region prepared by WHO with Johns Hopkins Bloomberg School of Public Health. Based on this analysis, experts will provide their views on the development of a specific framework for action at country level. This will guide the development of a resource document for the ministerial meeting outlining packages of essential cost-effective interventions for the three groups of countries in the Region, building on WHO related work, and taking into consideration recent global and regional developments.

In terms of child injury prevention, a literature review on child injuries in the Region was done. Based on this, the regional strategic framework for child and adolescent injury prevention was updated and finalized.

In the area of violence prevention, the *Global status report on violence prevention 2014*, in which 16 countries of the Region participated, revealed that the Region's low- and middle-income countries rank third (7 per 100 000 population) in terms of homicide rate, among similar countries in all WHO regions. Many of the surveyed prevention strategies are available in participating countries of the Region. However their implementation has not been evaluated. A regional consultation was organized to review the draft global action plan for strengthening the health system's role in addressing interpersonal violence, in particular against women and girls, and against children, to ensure that regional and country perspectives were reflected in the final version. Prior to the consultation, a preparatory coordination meeting was held with concerned United Nations agencies and the League of Arab States to initiate discussion on a sustainable regional inter-agency coordination mechanism for the implementation of the plan.

A number of major challenges confront effective violence and injury prevention and control. Declared political commitment is not always translated into sufficient action at country level. Enforcement, implementation and evaluation of policy and legislative frameworks are weak. Coordination and multisectoral action remain insufficient. Furthermore the adoption of a whole safe system approach is inadequate, with more focus needed on individual behaviour issues. In the area of disability, several countries developed national disability strategies and action plans. Thirteen countries participated in the global survey on developing the WHO priority list of assistive products. The subject will be discussed during the forthcoming session of the Regional Committee.

WHO continued to support countries in the prevention and management of avoidable blindness in line with WHO's global initiative VISION 2020: The Right to Sight. Primary eye care activities are being integrated into the primary health care system in some countries and this is contributing to the decline in vision loss and visual impairment through early case finding, referral and eye health education. However, despite the the considerable burden of visual impairment in many countries of the Region and the increase in potentially blinding age-related eye diseases as people live longer, investment in blindness prevention remains low. Reaching the goal of eliminating avoidable blindness by 2020 will depend on the ability of health systems to scale up efforts

## **Health education and promotion**

In 2015, WHO focused on building capacity in the development of multisectoral national plans of action on physical activity and of social marketing and mass media campaign plans. In partnership with the WHO Collaborating Centre on Physical Activity, Nutrition and Obesity, Sydney, Australia, a training package was developed on mass media and social marketing to support countries in implementation of the best buys related to promoting physical activity and healthy diet. Participants from both health and non-health sectors worked together to develop provisional social marketing and mass media plans which will be launched in 2016.

A toolkit was developed to guide the inclusion of physical activity in primary health care. The toolkit was developed through a systematic review and meta-analysis, which showed that primary health care is instrumental in promoting physical activity and thus it is crucial to ensure that primary health care services are adequately resourced and fit to play a major role in getting a population more active. The toolkit was reviewed by countries to ensure regional relevance and practicality based on country context. The next step is to pilot test the instrument in eight selected countries.

A bi-regional workshop to build legal capacity and advance action on the WHO recommendations on marketing of food and non-alcoholic beverages to children was held in collaboration with the Regional Office for Europe, WHO headquarters and the University of Liverpool. Participants from nine countries attended and developed a provisional roadmap to advance actions in addressing marketing of unhealthy foods in their countries.

As part of an initiative to address unopposed marketing, a series of activities was organized to sensitize the non-health sector to the issue and obtain innovative ideas in creating a social movement. A key event was an open forum which was attended by mainstream media outlets, regional celebrities and media experts and representatives of civil society organizations, including Consumer International, and which resulted in a set of actions to be promoted to non-health sectors. The biggest challenges to health promotion concerns countries' capacity to mobilize non-health sectors and work intersectorally to implement objectives, the need for research and advocacy, and the need to mobilize experts with legal backgrounds in support of the regional objectives. WHO will continue to build capacity to work with the different sectors.

## **Social determinants of health and gender**

Focus continued to be placed on the implementation of the Rio Political Declaration on Social Determinants of Health; effective integration of social determinants of health and gender within health programmes; and strengthening country capacity to implement health-in-all policies, intersectoral action and social participation to address social determinants of health and gender. Countries agreed to implement an action framework developed at a regional consultation on

reducing inequalities through action on social determinants of health, organized in 2015. In this regard four countries conducted in-depth assessments with a view to developing action plans. The results of these assessments were presented to the Regional Committee which urged Member States to assess inequalities in health and their related social determinants, identify priority actions and monitor progress (resolution EM/RC62/R.1). Several countries have undertaken specific actions on social determinants of health.

## **Health and the environment**

With the support of the Regional Centre for Environmental Health Action (CEHA), many countries implemented programmes and activities pertinent to health protection and the environment. Implementation of the regional strategy on health and environment and its framework of action (2014-2019) began, and several countries have taken concrete steps to develop their national strategic frameworks for action. Field missions to assess the environmental health situation and delineate priorities were undertaken in several countries.

The WHO guidelines on drinking-water quality and wastewater reuse were promoted. So far, 16 countries have updated their national standards for drinking-water quality in accordance with the guidelines, and Jordan issued national standards on irrigation water quality in line with the WHO guidelines on safe use of treated wastewater in agriculture. With WHO support, eight countries have adopted preventive water and sanitation safety management plans and 11 countries have published their national profiles under the framework of the UN-Water Global Analysis and Assessment of Sanitation and Water. All countries are participating in the WHO/UNICEF Joint Monitoring Programme. The public health risk of natural radiation in groundwater is being tackled in two countries.

Member States of the Region participated in the negotiations and adoption of World Health Assembly resolution WHA68.8 on the health impact of air pollution, to discussions on the road map for implementation. The special air quality needs of the Region, such as the health impact of sand and airborne dust, were addressed in a regional meeting of experts with the United Nations Environment Programme (UNEP) and World Meteorological Organization (WMO). Capacity-building was supported in the area of air pollution and health. In collaboration with the Jordan University of Science and Technology, CEHA reviewed and compiled the knowledge of all the countries of the Region in the fields of air pollution and climate change.

Joining the WHO delegation to the United Nations Framework Convention on Climate Change (UNFCCC) COP21, the Regional Office advocated with its Member States positioning of public health at the centre of climate change debate and contributed to the successful global agreement concluded in Paris in December 2015. Four countries developed, with WHO support,

climate change and health national profiles which were presented at the Paris conference and several others are in process. A regional network of climate change and health experts was established.

The institutional capacity of countries in management of health care waste was strengthened and technical support extended to several countries. In response to the solid waste crisis in Lebanon, a series of technical consultations were held and briefings on solid waste management master planning, landfill assessment and public health impacts of refuse were shared with stakeholders. A scientific protocol to assess the potential health effects of solid waste, and interventions, on the population in Lebanon was finalized.

A regional food safety assessment initiative was launched and national profiling missions were conducted by WHO staff and experts in 15 countries and the results, which demonstrated major gaps, were presented to the Regional Committee. The aim was to assess strengths and weaknesses in the national food safety systems and to identify the priority actions required to address gaps identified. This “farm-to-fork” initiative will augment the capacity of countries to prevent, detect and manage foodborne health risks and outbreaks. WHO and countries are following up on the results and regional action plan to strengthen food safety systems is being developed.

Environmental health support was provided to all countries in emergency situations. Emergency support was provided in 10 countries, including a multi-stakeholder regional meeting; technical missions and training. CEHA established a regional revolving stock for environmental health supplies to support emergencies in the Region. Capacity-building was supported for health service providers in several countries on response to chemical accidents and trauma care. National preparedness and response capacities for chemical, radio-nuclear and food safety events were strengthened in line with the International Health Regulations (2005).

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