24 May 2017 – The WHO Regional Office for the Eastern Mediterranean convened a meeting for delegates of countries of the Eastern Mediterranean Region as a side event at the Seventieth World Health Assembly. The meeting discussed the Sustainable Development Goals, polio eradication and emergencies.

Sustainable Development Goals

Superseding the Millennium Development Goals, the Sustainable Development Goals (SDGs) are 17 goals with 169 targets that all 191 United Nations Member States have agreed to try and achieve by 2030. The goals represent a new transformative agenda for the world which aims to improve economic, social and environmental conditions for populations and the planet through enhancing partnerships, peace and prosperity. WHO has developed tools to measure country progress in achieving the targets of the Goals. SDG 3 is the health-related Goal "Ensure healthy lives and promote well-being for all at all ages", and while WHO takes the leadership role in supporting countries to achieve SDG 3, health plays a fundamental role in development and is linked to some targets under SDGs 6, 7 and 11.

Strong health information systems are needed to ensure that baseline data are available to track progress and performance. Furthermore, health must be included in the policies of other sectors to ensure improvements in the social, economic and environmental determinants of health. Countries of the Region have committed to achieving the SDGs and the WHO Regional Office for the Eastern Mediterranean will be providing support to countries to develop their capacity to measure and report progress on the SDGs.

Polio eradication

Only 5 cases of wild poliovirus have been confirmed to date in 2017 – 3 in Afghanistan and 2 in Pakistan. This is the lowest ever recorded number in the Region. The detection of wild poliovirus in the environment points to continued survival of the virus. Stopping all transmission of wild poliovirus in these two countries by the end of 2017 is achievable, if the remaining challenges of persistent transmission in reservoir areas, reaching high-risk mobile populations, and coordination between the two countries on common reservoir issues are addressed.

Six other countries in the Region (Iraq, Libya, Somalia, Sudan, Syria and Yemen) remain at high risk of an outbreak of polio. These countries are continuing intensive immunization and surveillance activities to reduce that risk. Polio outbreak simulation exercises are being used in other countries of the Region to test outbreak response plans and major efforts are being made

to maintain surveillance.

The regional polio programme continues to work with Member States to coordinate work on certification of poliovirus eradication and on laboratory containment of any remaining virus. The programme will continue this close collaboration to plan the transition of the polio eradication experience and assets to benefit other public health programmes.

Emergencies

The Region is witnessing an unprecedented magnitude and scale of crises. Today, almost two thirds of the Region's countries are directly or indirectly affected by emergencies. By the end of 2016, out of a total of 140 million people in need of aid globally, more than 76 million people (59%) lived in the Region. Attacks against health care facilities and workers reported in eight countries of the Region accounted for 83% of all attacks globally in 2016. More than 30 million displaced people across the Region and the increased demand on services like health, education, water and sanitation are overwhelming, exposing countries to serious public health risks and resulting in loss of health gains achieved with years of hard work. The high incidence of infectious diseases outbreaks poses a perennial threat to regional health security and also has a significant impact on health and economic development in the Region.

The Regional Office, through its regional Health Emergencies Programme is supporting countries affected by emergencies to strengthen coordination between different national stakeholders and partners, mobilize resources, establish field hospitals, deliver life-saving medications, vaccines and supplies, establish early warning systems, enhance the capacity of rapid response teams and assess hospitals and develop plans to ensure their safety. The Regional Office has been conducting joint external evaluations of implementation of core public health capacities required under the International Health Regulations (IHR 2005). To date, the programme has supported 14 countries in the Region to conduct these evaluations and support is being provided to these countries to develop national plans for health security to address any gaps in capacity.

The programme is also developing a regional framework to address the health consequences of refugees and migrants in host countries and to support health systems to accommodate the additional demand on health care as a result of a growing number of refugees and internally displaced persons in affected countries.

Establishing intercountry alliances to harmonize practices, establishling sustainable funding for

the emergency programme and enhancing the capacity of human resources at the national and regional level were highlighted as necessary to ensure continuous delivery of support.

Dr Mahmoud Fikri, WHO's Regional Director, assured delegates of the continued collaboration with countries of the Region and said efforts would be escalated to support countries to respond to public health emergencies and to build and sustain their public health capacities.

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