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Editorial

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Five years ago I was appointed as the World Health Organization (WHO) Regional Director for the Eastern Mediterranean by the WHO Executive Board, during its 130th Session (1). When I addressed the Executive Board following my formal appointment, I pledged that the Regional Office would listen to and support Member States as well as build on their experiences. In fulfilling this, I set out my term undertaking, in close collaboration with Member States, a comprehensive situation analysis of the key challenges to health and development in the Region (2). Consensus was reached on five strategic priorities that became the focus of WHO's work in the Region over the next five years. These priorities were later endorsed during the 59th Session of the WHO Regional Committee for the Eastern Mediterranean (3). This was the first step, throughout the five-year term, to engage actively with Member States on issues of national, regional and global concern.

In my speech, I also promised to steer the Regional Office with a clear strategy and concrete plans to monitor and promote health, and to promptly and effectively respond to key challenges. Together with Member States and a remarkable group of top international and regional experts, we were able to develop a concrete evidence-based vision and clear roadmaps in each of the priority areas. In each priority, we identified the challenges that exist, barriers to effective action, opportunities for intervention and the way forward, based on evidence and best practice. We continued to monitor and assess our progress in each area and adjust accordingly based on needs (4,5).

Strengthening health systems

We worked with Member States to support their actions in moving towards universal health coverage (UHC) to ensure that all people have access to the essential health care they need, without financial hardship. Our work was guided through the regional framework for action on advancing UHC (6), which outlines what Member States need to do to achieve the objective as well as actions for WHO and partners. To date, we have promising examples of countries making important progress towards UHC guided by the framework and supported by WHO and partners.

Maternal and child health

We worked with all Member States, and more closely with the nine high-burden countries, to support their progress in meeting the Millennium Development Goals for maternal, neonatal and child health (7), adopting a life-course approach, as well as moving towards the Sustainable Development Goals for which they have committed to.

Noncommunicable diseases

We worked with Member States to develop a strategic regional framework for action (8) to implement the United Nations Political Declaration on the prevention and control of noncommunicable diseases. The regional framework for action has a number of key commitments that Member States have to implement in four areas: governance, prevention, health care and surveillance, together with a set of accountability indicators to measure progress towards achieving the time-bound commitments (9). To support countries in implementing the recommended measures in the regional framework for action, extensive technical work was done to provide robust policy and technical guidance for policy-makers in areas like tobacco control, reduction of salt, sugar and saturated and trans fat, as well as physical activity, marketing for foods and beverages for children, and early detection of cancer. Today, all Member States are using the framework as their guide in their fight against the epidemic of noncommunicable diseases.

Health security and the unfinished agenda of communicable disease

Together with Member States we have successfully prevented and responded to countless outbreaks of emerging and re-emerging diseases, particularly in crisis countries. A key component of our work has been the adoption of an independent approach to assessment of national capacity to implement the International Health Regulations (2005), which resulted in the Joint External Evaluation approach, which is now globally accepted. Last year, I pledged to conduct the Joint External Evaluation in 10 countries by the end of 2016, and in December 2016 we reached the target. The challenge now is for countries supported by WHO and regional and international partners to implement the plans resulting from the assessment in order to address the gaps in capacity (10).

Emergency preparedness and response

We have worked nonstop with countries directly and indirectly affected by crises to ensure that they can effectively respond to increasing health needs of their populations as well as those of displaced populations (11). WHO's support has save countless lives, alleviated suffering for millions of people in the Region and has prevented the collapse of overburdened health systems in a number of countries undergoing crises as well as others with protracted emergencies. One of my priorities has also been the eradication of polio from our Region which represents one of the last endemic places. We have seen significant progress in this area, and we have never been as close to polio eradication as we are today. (12).

My appointment came at a time when WHO was at the beginning of its reform process, which is still ongoing. I indicated in my speech to the Executive Board, in 2012, that the success of the WHO reform process will depend on our commitment and capacity to achieve the highest level of joint planning, synergy, and effective management across the three levels of WHO. Success will also depend on our ability to adapt readily and effectively to constantly evolving situations. During my term, I have initiated a managerial reform process across the Regional Office and country offices, including reorganization of the Regional Office on a periodic basis, the focus of which is ensuring compliance, accountability and transparency. One of the major components of the reform process has been a bottom-up planning process, working closely with national health authorities to ensure closer alignment with needs at the country level. The improvements made and the positive results of this initiative are clear to Member Staff and to WHO staff and have been documented in an independent audit of the Regional Office that I specifically requested before the end of my term.

Last but not least, progress in any of these areas would not be possible without adequate capacity and effective partnerships. I have institutionalized three initiatives to this effect: a leadership for health programme, which through its two rounds has engaged more than 50 potential health leaders from Member States in an aim to strengthen leadership in public health, particularly in Ministries of Health. (13); an assessment of essential public health functions initiative, which supports countries in identifying existing and needed capacity to implement their national health strategies and plans (14); and an annual health diplomacy seminar, which through its five rounds has engaged more than 250 high-level officials from ministries of health, ministries of foreign affairs and parliamentarians to strengthen capacity and enhance coordination on key health challenges that face the Region (15). I have also exerted every effort to ensure that the best available expertise, regionally and internationally, is provided to our Member States through a comprehensive network of public health experts who have supported all our initiatives and country missions.

Over the five years, my focus has been on achieving results and delivering what I promised. I am pleased to share a document that highlights the major milestones and deliverables of my five-year term as Regional Director (16). The challenges have been enormous, but our commitment has been solid and important achievements have been made. Needless today, much more needs to be achieved but the way forward is clear.

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