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Editorial

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Forty years after signing with the World Health Organization (WHO) the Basic Agreement for cooperation, the WHO Eastern Mediterranean Regional Office (WHO/EMRO) is developing three new country offices: the first in Kuwait, which was inaugurated on 15 June 2021 (1), the second in Bahrain with a planned inauguration on 25 July 2021, while the third is planned to follow soon in Qatar.

The expansion of WHO/EMRO's presence in these countries follows from the commitments

made in the EMR Vision 2023 by the Regional Director, Dr Ahmed Al-Mandhari, to “bring WHO closer to its Member States” (2), exploit regional opportunities to cooperate and engage with regional resources. It is in full line with the 13th WHO Global Programme of Work (GPW13) objectives and strategic shifts proposed by the Director General of WHO transformative agenda on expanding partnerships, focusing on countries and working with a differentiated approach to engagement as per the country context (3) and needs, moving towards the achievement of the Sustainable Development Goals and Agenda 2030 (3).

In fact, WHO/EMRO had always provided technical support and engaged in policy dialogues and capacity development initiatives with the three countries, through important high level advocacy meetings, innovative technical initiatives, and dedicated desk officers based in WHO Saudi Arabia country office and the Regional Office.

More recently, the commitments towards the 2030 Agenda for Sustainable Development and the commitment of all countries to achieve health-related Sustainable development Goals (SDGs) (4) have highlighted the need for closer cooperation. Bahrain and Kuwait’s national development visions and national health strategies are aligned with the SDGs and positioned health at the centre of their national strategies. Moreover, both countries expressed high-level commitment to Universal Health Coverage (UHC), signing in 2018 the landmark Salalah Declaration joining the UHC 2030 compact (5) and to have primary health care (PHC) at the centre of their health strategies. Thus, focusing family medicine practice, integrating noncommunicable diseases (NCDs), immunizations targets, adopting multisectoral approaches to address the social and environmental determinants of health, and developing national action plans for health security.

The commitment to provide high level quality of care and access to all residents in Bahrain and Kuwait was soon faced with increasing costs (6), a push for hospital-based care with expanding tertiary and specialized care, plus an appetite for advanced technology and costly medicines. The sharp increase in the health-care bill was considered a signal for health sector reforms, and the commitment to UHC (7) for the exploration of mandatory social/health insurance. Health-care financing and the support to study National Health Accounts, along with the provision of technical advice and support for the implementation of best strategies and practices, became a priority for the collaboration between WHO and the two countries. Challenges in retaining and developing a sustainable health workforce (8) for health care and for public health (9) require the development and implementation of forward looking, evidence based and realistic strategies in each of Bahrain and Kuwait, a domain WHO/EMRO has been closely involved with over the past few years.

With NCDs becoming the major contributors to morbidity/mortality burden in the Region (10), and overtaking communicable diseases, the decision-makers in Bahrain, Kuwait and Qatar acknowledged that the provision of health services, even of the best quality, will be too little and too late to address the burden on their populations and health systems in relation to diabetes, cardiovascular diseases, obesity and cancer (11). The conviction that the key risk factors are more behavioural/lifestyle, related to tobacco use, unhealthy diet and physical inactivity required the countries to adopt more comprehensive approaches to face the increasing burden of NCDs, to collect more data through surveys and better surveillance mechanisms, and to engage with other sectors on the implementation of the “Best Buys”, including the implementation of regulations and development of better policies based on factual and clearer understanding of how the social, economic, commercial and environmental determinants affect and interact with targeted interventions (12). These programmes require a closer cooperation with WHO (13) and the development of proper monitoring mechanisms and community information and engagement campaigns (14).

Although the plans to establish offices in Bahrain, Kuwait and Qatar had started few years ago, the COVID-19 pandemic accelerated the processes. The country presence of WHO has come at a very opportune moment as health has been catapulted to centerstage due to the new intersectoral dynamics brought in by the pandemic response. The implications of the pandemic on all sectors plus the high management level, preparedness and scope of national responses to COVID-19 required from all concerned, including the ministries of health and WHO Regional office, demand strong coordination, regional solidarity and cooperation as well as appreciation of the joint cross operational and technical support.

WHO country offices and ministries of health can utilize the leverage attained during this period to ensure inclusion of “health in all policies”, and further build on the new skill set acquired to deliver in a multisectoral environment. WHO is keen on advancing and supporting further Investments in research and documenting evidenced-based policies that rely on data. Working with ministries of health and relevant national institutions, WHO will support the implementation of formal national mechanisms for enhancing evidence-informed policy-making with flagship programmes, aiming to expand the capacity for analysis and reporting of health data, conducting research capacities, adopting innovations and leveraging advances in digital health, linking with academia, and establishing centres of excellence and fostering utilization of collaborating centres. Through its country presence, WHO will not only be in a position to assist the respective governments more efficiently, but also will facilitate advocacy for solidarity in support of WHO initiatives and for mobilizing resources in a more harmonized manner.

Through the establishment of new WHO country offices and assignment of dedicated representatives, WHO aims to deliver on its technical, advocacy and convening role, strengthening its advisory presence and cooperation with respective national authorities,

advancing the health and well-being of countries' populations, and fostering public health collaboration at the national, regional and international levels.

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