



**Opening address of**  
**Dr Ala Alwan**  
**WHO Regional Director for the Eastern Mediterranean**  
**to the Fifty-ninth Session of the**  
**Regional Committee for the Eastern Mediterranean**

Cairo, 1–4 October 2012

Your Excellencies, Director-General, Ladies and Gentlemen,

I will focus on the current challenges in the Region and my strategy for the coming five years, to update you on what steps have been taken since I took office in February.

Since early 2011, we have all been witness to the tremendous movement for change in the Region. Many of the countries involved recognize that the root causes of discontent lie in social inequity. WHO has long expressed concern at the impact of such inequity on people's health. 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. To address the challenges faced by the health sector in the countries of the Region, 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. As I outline the challenges ahead and my strategic vision, I am sure you will see how crucial these issues are to health and social development in all the countries of the Region, without exception.

One of our most important challenges is related to maternal, reproductive and child health and nutrition. In any country in the world, mothers and children are among the most vulnerable sections of the population. This is why the Millennium Development Goals include targets for reduction of maternal and child mortality that apply to all countries,

without exception. Progress has been made, but several countries in our region still have maternal and child mortality rates that are among the highest in the world.

We have a clear vision regarding how to address this serious situation, and we have evidence-based interventions capable of combating such mortality, which, if implemented, would improve access to basic health care. Therefore, we will focus during the coming years on working with the countries that have the highest burden of child and maternal mortality. Within the health sector we will promote a primary health care and life course approach and we will intensify work with partners. The Regional Office is planning a high-level meeting of Member States, partners and donors in January 2013 to scale up the support to the countries with a high burden of mother and child mortality, based on an appropriate strategy.

The second challenge we face is noncommunicable diseases, including cardiovascular diseases, diabetes, cancer and chronic lung diseases, which are now the leading cause of mortality in the Region as a whole, accounting for more than 70% of deaths in some countries, with a large proportion of these deaths occurring in the most productive years of life. The double burden of disease places considerable strain on national health systems and, above all, on social and economic development, and impoverishes many patients and their families.

The truth is that in this Region we are not doing enough. Basic measures, which we call 'best buys', to prevent these chronic diseases, are not being put in place fast enough or with sufficient commitment. Take, for example, tobacco use, a major risk factor for cardiovascular diseases and cancers. Prices are still very low in most countries in this Region. Recommended tax changes have been implemented in very few countries. Implementation of pictorial health warnings on packaging has been very slow, with only about half the countries having taken action. A comprehensive ban on smoking in public places is in place in only very few countries. These are all measures to which 19 countries in the Region have presumably committed themselves by signing the Framework Convention on Tobacco Control. I would like, in this committee, to point out that the Region is overly dependent on international donors for support in tobacco control, although we should depend mainly on the budget of Member States in the Region or on regional donors. Home-grown, local action, as many countries around the world have found, is more sustainable and more effective.

The United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases, endorsed by heads of state and government in September 2011, laid down a clear vision and road map for action. The implementation of the Declaration's recommendations and measures constitute a challenge for policy-makers and implementers in the countries of the Region. I am committed in the next five years to turning around the way in which WHO deals with the situation in the countries of the Region so that the rising burden of noncommunicable disease is taken seriously.

Ladies and Gentlemen,

Our third challenge in the Region is the unfinished agenda of communicable diseases.

Immunization must remain high on this agenda. Despite reported immunization rates above 90% for diphtheria, pertussis and tetanus (DPT) in 16 countries and above 95% for measles in 14 countries, at least 2 million children in the Region went without basic immunization of any kind in 2011. Elimination of measles and maternal and neonatal tetanus has not been achieved. These are issues worthy of attention in all the countries of the Region, and we should not allow them to persist.

We have made encouraging progress with regard to the polio eradication programme in the two remaining countries, Afghanistan and Pakistan, since November last year. The number of new cases has fallen and both governments have reiterated their commitment to the goal. In Afghanistan, security has improved somewhat in the south, enabling more children to be reached. Nevertheless, as pointed out by the Director-General, there are operational issues to be overcome, particularly with regard to programme management and accountability.

Security concerns remain in Pakistan, particularly in Karachi and the Federally Administered Tribal Areas, and these concerns have serious implications for access to children and programme implementation. A major worry just now, and one that must concern the Region as a whole, is the disinformation and propaganda being put out against polio vaccination by radical groups in Pakistan with their own agendas. This has resulted in a local ban on vaccination in Waziristan. I should, in this connection, stress the need for greater support from around the Region on behalf of polio, and immunization, in general would help to combat this disturbing phenomenon. By greater support I mean, high level political

support, advocacy by prominent and respected members of the religious and civil community, as well as financial support. We must speak out against disinformation.

Let me turn to another issue which is a cause of increasing concern, namely HIV. This is a Region that, up to now, has had a low epidemic level. But we must not succumb to a false sense of security. The fact is that the rate of increase in HIV infection incidence is one of the fastest in the world, while the treatment coverage for people living with HIV is the lowest in the world. Equally important, the Region is not paying sufficient attention to prevention of HIV among key populations at increased risk.

Communicable diseases must remain a priority based on the individual needs of countries. I will focus on achievement of the disease-related Millennium Development Goals and on enhancing capacity for prevention and control of communicable diseases. All the countries of the Region need to improve their surveillance capacity for communicable diseases, and their capacity to implement the International Health Regulations (2005).

As you know, the International Health Regulations are an essential tool to secure the readiness of countries and the world to address public health events of international concern. It is a binding and powerful legal commitment that empowers ministers of health to lead the process of preparedness and response to major events. We will be discussing implementation of the Regulations in our agenda. I encourage both WHO and countries to make use of this powerful tool to ascertain the role and responsibility of the health sector in this area.

Let me turn your attention to a new development which reminds us of how valuable it is to exchange information between Member States and WHO, as part of the Regulations. You are all aware that a novel coronavirus, which is a new strain, never found before in the family of coronaviruses, was detected in two human cases from this Region. We have been constantly in touch with all our Member States since this information was communicated to WHO under the International Health Regulations (2005). It is reassuring that there is no proof at this stage of any other case anywhere with the same virus. There is no evidence, so far, of human-to-human transmission. We have already alerted all the IHR national focal points of this event. We are still gathering more information in order to determine the source of the virus and to assess its public health significance and the likely impact on global health. As we do this, we would like to encourage all our Member States to keep the Regional Office constantly informed of any unusual increase in hospital admissions due to acute respiratory symptoms. I

must say that our vigilance, transparency and trust, as well as our commitment to the International Health Regulations will be key to facing any new public health threat.

Ladies and Gentlemen,

The fourth challenge is emergency preparedness and response. Despite the increasing number of emergencies and crises in the Region in recent years, the level of emergency preparedness remains relatively low, especially with regard to the health sector. Only a third of our countries have institutionalized emergency preparedness and response programmes. In this connection, let me be frank with you, despite the importance of emergency preparedness, we are not currently doing enough to address the enormous suffering and deteriorating health condition of the populations in many of the countries of the Region marred by emergency situations. In the months and years to come, I will focus WHO's programmes on supporting countries to increase the resilience of their health systems to withstand emergencies, and strengthen their ability to respond effectively. In particular, this will mean support to development of policy and legislation, implementation of the emergency response framework and adhering to inter-agency protocols in the event of large-scale emergencies.

Now, I have to refer to the situation in the Syrian Arab Republic which is of acute concern, and where access to essential health care for hundreds of thousands displaced persons represents the difference between life and death. More than 160 primary health care clinics are damaged, of which over 40% are out of service. Two-thirds of 88 hospitals have been damaged. In spite of the efforts made by WHO and its partners to support the health system, including an increase in experts and staff in the Regional Office, war prevented us from taking the necessary relief measures. We, WHO and partners, stand ready to relieve those affected, including the displaced and refugees, as well as citizens, as soon as circumstances permit.

Finally, the fifth and, perhaps the key challenge for all the Member States in the Region is the health system itself. You will find in the document concerned in the agenda item in question, a comprehensive analysis of the health situation in the countries of the Region. Many of the health system challenges are common to all countries, irrespective of income and development status. We have developed the concepts of the Regional Office, regarding the priorities to be adopted by Member States and WHO, and the technical support to be provided by WHO to Member States. I look forward to substantive discussions on this

subject to enable the Region to move forward on a set of priorities and strategic actions for health system strengthening. Over the next five years we will be working with Member States to identify and address the country-specific issues relating to the health system, based on the individual needs and circumstances of the country.

Ladies and Gentlemen,

These then are the challenges which represent the priority areas for our work in the next five years. In the weeks following my arrival, I sought to engage the views of Member States, and of experts and colleagues with regard to the priorities, and how we should, collectively, work to address them. In May I shared with your Excellencies the areas on which WHO will focus in order to strengthen its support to Member States in the Region, and realign the structure and priorities of the Regional Office and country offices in line with the new strategic directions for WHO reform.

I wish to thank many of you who have highlighted to me the gaps we need to address within our own work. We conducted a study of the current situation, including the reports of auditors. In the area of the overall management of the Regional Office and country offices, we have adopted a course of action that address the gaps and relies on transparency, evaluation and accountability. I will be looking at ways to strengthen our technical capacity within WHO, including for resource mobilization, and of our technical support to countries. This will include ensuring the quality of the consultants we use and of the networks and rosters of experts we establish.

Ladies and Gentlemen,

Another issue which I would like to touch on in brief is the importance of coordinating joint action between the health sector and external policy and international cooperation. The Regional Office took the initiative of identifying health diplomacy as a systematic framework through which to promote multi-stakeholder partnerships and negotiate policies related to the five areas of work. I trust that health diplomacy, which is concerned with coordination between the health and foreign affairs sectors, is a tool that can strengthen the capacity of the countries of the Region and their engagement in making decisions on health and other areas in the field of international health which affect health development in our countries. Therefore, we took the initiative of holding a successful workshop with ministries of health and foreign affairs, as well as representations to the United Nations in May. We will

coordinate on a wider scale with them and with the League of Arab States and similar regional organizations.

At the same time, as I am sure you recognize, this is not a one way street. To achieve progress in the five strategic areas outlined, Member States will need to commit to action, with closer coordination and broader in-country collaboration with all concerned partners; to implement international commitments and agreements, in particular the Framework Convention on Tobacco Control and the International Health Regulations 2005; to strengthen engagement with non-health sectors; and to improve the mobilization of resources by governments and donors within the Region to support health development in the Region, especially in low-income countries. This is another objective we seek to promote in WHO.

Last but not least, Member States can, and should, also invest in strengthening the technical capacity of WHO. As Member States, you have a vested interest in ensuring a strong World Health Organization. I would like to encourage you, distinguished Ministers of Health, to interact with your Regional Office, to give me your views and feedback on the challenges before us and the proposed actions. We are here to support you. I look forward to what, I hope, will be a period in which we can build great solidarity and mutual support for health in the Region. Together, we can shape the future of health in the Eastern Mediterranean Region.