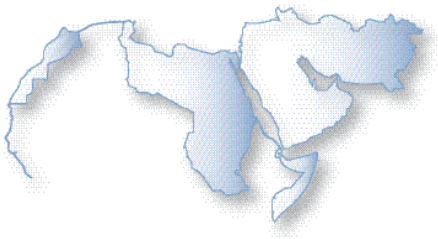
WHO-EM/RDO/002/E

Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO

World Health Organization
Regional Office for the Eastern Mediterranean



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This paper aims to highlight the major health challenges for the WHO Eastern Mediterranean Region, identify the gaps in response, and set out broad strategic directions for WHO's work in the Region for 2012-2016.

World Health Organization
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WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean

Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO/ World Health Organization. Regional Office for the Eastern Mediterranean

p.

WHO-EM/RDO/002/E

1. Health Status 2. Health Policy - Eastern Mediterranean Region 3. Health Priorities 4. Regional Health Planning - Eastern Mediterranean Region I. Title II. Regional Office for the Eastern Mediterranean

(NLM Classification: WA 541)

Document WHO-EM/RDO/002/E/05.12

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1. Introduction: aim of this paper

Prior to his election and on his appointment as WHO Regional Director for the Eastern Mediterranean by the Executive Board of WHO in January 2012, Dr Ala Alwan indicated that his term would have a strategic focus on the following areas: health systems strengthening, intensifying action to prevent communicable diseases including poliomyelitis eradication, scaling up actions to promote health and prevent noncommunicable diseases, and providing special support to countries experiencing crisis and requiring reconstruction of health systems. He emphasized his commitment to strong, dynamic and effective management and to building a strong one-WHO response to the global and regional health challenges and the increasingly evidenced need for intersectoral approaches to major public health issues. The areas of focus are broadly aligned with the five categories for priority-setting for WHO's work subsequently selected by Member States in a meeting on the WHO reform[1], held in Geneva on 27–28 February 2012. The five categories are: communicable diseases, noncommunicable diseases, promoting health through the life course, health systems, and preparedness, surveillance and response.

On taking up his appointment on 1 February 2012, working papers in the five priority areas were developed to outline the current regional situation and challenges encountered by countries, current WHO response and gaps in WHO capacity. The papers were subsequently reviewed and discussed at an expert meeting on health priorities in the Region held at the WHO Regional Office for the Eastern Mediterranean in March 2012 and attended by the Chairperson of the 58th session of the WHO Regional Committee and selected experts from the Region, in addition to senior staff from WHO headquarters and the Region. This paper takes into account the conclusions of the meeting as well as of extensive consultation during the months of March and April 2012.

Management reforms have already been initiated in the Regional Office, including a structural reorganization to strengthen technical work, and measures to improve transparency and accountability.

2. Health status of the Region

The health status of the populations of the Region is changing rapidly, driven by socioeconomic development and the evolving demographic and epidemiological transitions. Life expectancy in the Region increased by more than 12 years between 1980 and 2007. Fourteen countries are now considered malaria-free, 20 are polio-free and routine immunization against vaccine-preventable diseases has been consistently above 85% for the Region for the past 5 years. However, there are still major challenges to health. Deaths due to lower respiratory infections and liver cirrhosis are high and, despite major achievements made by many countries, regional under-5 mortality is still unacceptably high, estimated at 68 per 1000 live births in 2010 and some countries in the Region are still among those with the highest infant and neonatal mortality rates in the world. The same applies to the regional maternal mortality ratio which is estimated at 250 per 100 000 live births. Protracted humanitarian emergencies and the complex dynamics of sociopolitical change affect much of the Region, with almost 37 million people in 13 countries currently affected. Nearly a third of male deaths in the age group 15 to 59 years are attributable to injuries, 40% of which are war and violence-related and 31% due to road traffic events.

The leading killers in the Region are noncommunicable diseases, responsible for over 50% of mortality and more than 60% of disease burden. Most of the deaths due to noncommunicable

[1] http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_40-en.pdf

diseases are caused by cardiovascular diseases, diabetes, cancers and chronic lung disease. The four groups of diseases largely share the same risk factors, namely tobacco use, physical inactivity, and unhealthy diet. The prevalence of smoking among adult men is reported to be as high as 50% in some countries. More than 50% of women in the Region are overweight, rising to around 70% in some countries. The Eastern Mediterranean and Americas regions have the highest rates of insufficient physical activity and diabetes.

3. Regional challenges

A region of great diversity

In recent years, the Region has generally witnessed the building of extensive modern networks of health infrastructure, an increasingly skilled health workforce and wide deployment of medical technologies. However, the gains are not shared evenly across the Region and within countries. Individual countries differ widely in regard to the specific health challenges they face. The countries of the Region can be categorized in three broad groups based on population health outcomes, health system performance and level of health expenditure. Group 1 comprises countries in which socioeconomic development has progressed considerably over the last four decades, supported by high income; group 2 comprises largely middle-income countries which have developed an extensive public health service delivery infrastructure but that face resource constraints; and group 3 comprises countries which face major constraints in improving population health outcomes as a result of lack of resources for health, political instability, conflicts, and other complex development challenges.

Health system challenges

Inequities in health represent the most important challenges facing many countries of the Region. The confrontation of these challenges demands that health systems develop clear vision and strategies to achieve universal coverage and equitable health financing policies. Of similar concern are the high rates of out-of-pocket payment which exist in most low-income and middle-income countries (ranging from 28% to 78%). The potential of the private sector as a support to public health systems has not been exploited, while regulating quality of health services and practice in the private sector is also a major challenge.

A long-term perspective for strategic health workforce planning is missing in most countries. Capacity in public health, epidemiology, family medicine and related disciplines is limited in varying degrees in almost all countries and the drainage of trained professionals to other countries continues. Health information systems are largely fragmented, with major gaps in reporting of cause-specific mortality and health facility records, in conducting regular health surveys and in routine and other data collection activities. These gaps have to be addressed and the use of health information in developing and evaluating policies and plans needs strengthening in all countries.

Challenges in meeting the Millennium Development Goals

Progress in the Region towards the Millennium Development Goals (MDGs) is of major concern. MDG 4, relating to reduction of under-5 mortality, has been achieved by 4 countries only, while another 9 countries are on track, and 10 countries are unlikely to achieve the goal, based on current trends. MDG5 relating to reduction in maternal mortality has been achieved by 6 countries, while 8 countries are on track and 9 are not expected to achieve the goal, based on current trends. Many countries are lagging behind in the area of water and sanitation, which are key determinants of health.

Current trends also indicate that insufficient priority is being given to maternal and child health in many countries. Programmes to reduce maternal and child mortality are often fragmented and lack integration with essential interventions for maternal and child health, such as immunization and nutrition. Countries lack comprehensive national plans aimed at universal coverage with cost-effective interventions.

Challenges in health promotion and disease prevention and control

The ability of countries to implement good public health practice and their capacity to target cost-effective solutions varies widely. Countries also differ in the extent to which they have implemented recommended strategies based on Health in All Policies, and intersectoral action.

The magnitude of unhealthy lifestyles and risk factors for noncommunicable diseases continues to escalate at a rapidly increasing rate. Comprehensive programmes to prevent and control cardiovascular diseases, diabetes and cancers are still not in place. High-level political will and commitment is lacking in many countries and when such commitment exists, measures to translate this commitment into concrete action are often inadequate. For example, the Region is very weak in implementing the key components of the Framework Convention on Tobacco Control. Only three countries have implemented a total ban on tobacco use in public places. Prices of tobacco remain low in most countries and very few have applied tax changes that are in line with WHO recommendations. Only three countries have imposed a comprehensive ban on all types of tobacco advertising and almost half the countries have not yet applied pictorial health warnings on tobacco packs. Most countries have not yet implemented the cost-effective measures known to prevent noncommunicable diseases, despite their high impact and low cost. A number of serious challenges are also impeding regional progress towards communicable disease control. Country capacity for surveillance to detect outbreaks, evaluate programmes and project future needs is inadequate, particularly in group 3 and group 2 countries. Financial resources for strengthening and scale-up of communicable disease surveillance, prevention and control are inadequate. For example, tuberculosis control efforts face an annual 28% regional funding gap (around US$ 67 million). In 2011, the Global Fund, the biggest donor for HIV, tuberculosis and malaria in the Region, cancelled its scheduled financing call, resulting in a major set-back for scaling up prevention and control of these diseases.

Despite good progress, the coverage and quality of immunization programmes varies across the Region. In 2010 alone, in group 3 countries and some countries in group 2, about 1.8 million infants did not receive their third dose of DPT vaccine. The Region missed the 2010 target for measles elimination and has postponed the target date to 2015. The coverage and quality of tuberculosis, HIV and malaria programmes need improvement. The regional case detection rate for tuberculosis is still only 63%. The Region has the lowest coverage among WHO regions in key HIV health-sector interventions; for example, coverage with antiretroviral therapy is only 10%. Around 7.3 million malaria cases were reported in nine countries of the Region in 2010 alone, the majority of them in group 3.

Infection control programmes and measures are generally inadequate, with particularly low capacities in group 3 and some group 2 countries. As a result nosocomial infections are not being adequately reported and drug-resistant infections are increasing. Finally, national capacities to implement the International Health Regulations (2005) remain limited and it is likely that none of the Member States will meet the requirements for implementation by 15 June 2012.

Despite an increasing number of major emergencies and crises in the Region over the past five years, the level of emergency preparedness remains low, especially with regard to the health sector. In 2011, just over half the countries had a certain level of preparedness, out of which only

one third have institutionalized emergency preparedness and response programmes. Emergency medical services require urgent strengthening in many countries of the Region.

4. Strategic directions 2012-2016

In seeking to strengthen its support to Member States in improving health in the Region, WHO will:

- focus on its core functions, namely, providing leadership on matters critical to health, setting norms and standards, and articulating ethical and evidence-based policy options; providing technical support and building sustainable institutional capacity; stimulating the generation, translation, dissemination and use of valuable knowledge; and monitoring the health situation and trends;
- develop tailored strategies that will respond to the needs of each broad category of countries, and where necessary further adapt these to support the specific needs of individual countries;
- reinforce its technical capacity in order to provide stronger technical support to Member States;
- strengthen its managerial and auditing processes; and
- reinforce its capacity for resource mobilization, with special emphasis on the potential within the Region and the importance of promoting a vision of regional solidarity.

Based on these principles the Regional Office will adopt the following strategic directions in the five priority areas.

Health system strengthening

The work of the WHO in this area will aim to support countries to achieve universal coverage with quality health services by focusing on the key elements of health system strengthening, building national capacities in:

- health governance and development of evidence-based national health strategies and plans
- health financing
- health information systems and research for health
- health workforce planning, production, training and retention
- health service delivery, and
- improving access to essential technologies and medicines.

Health system development in the Region will be guided by the primary health care reforms presented in the World Health Reports 2008 and 2010.

In order to achieve the above, WHO will strengthen its capacity in health system development in order to deliver stronger and credible technical support to countries in areas where such support is required. Policies and plans need to target universal health coverage with affordable quality primary health care services which are financed through mechanisms that assure accessibility and protection from unaffordable expenditure. The role of the private sector will require a higher level of attention than it has been given up to now. Special emphasis will be given to normative guidance to enhance the contribution of the sector to universal health coverage, as well as strategic direction in regulating and monitoring its functions, practices and quality of services.

The approach WHO will adopt in health system strengthening will be one of the key agenda items for discussion with Member States during the 59th session of the Regional Committee in October 2012. In the meantime, the key constraints and challenges that countries face in the key

health system elements mentioned above have been identified and the Regional Office will work closely, over the coming months, with other partners, including the World Bank and external experts, to develop a proposal on a road map to address these challenges.

Maternal, reproductive and child health and nutrition

Scaling up its support to countries is a critical function for the Regional Office if the Region is to reduce child and maternal mortality. Special emphasis will be placed on countries with a high burden of maternal and child morbidity and mortality.

WHO will promote a primary health care and life course approach to maternal, reproductive and child health and nutrition in order to ensure universal coverage with evidence-based interventions to reduce maternal and child mortality. Successful experiences in the Region will be documented and shared with other countries, and maintained to ensure continued progress. The responsible departments in the Regional Office will be expected to strengthen coordination and collaboration internally with other WHO programmes, particularly in areas such as health information systems, health system strengthening, immunization and improved access to vaccines, and externally with partners such as UNFPA and UNICEF.

WHO will review its approach to capacity-building, which is a crucial issue for improving maternal and child health care in low-income, and some middle-income, countries. It will also review its capacity at country level and will aim to provide a higher level of technical guidance. Action is being taken to strengthen this area of work in the new structure of the Regional Office and its staffing will be reinforced in collaboration with WHO headquarters. The Regional Advisory Panel on reproductive health and maternal and child health will be re-established to support the Regional Office and Member States.

Noncommunicable diseases

WHO's work in this area will focus on the implementation of the Political Declaration of the General Assembly on the Prevention and Control of Noncommunicable Diseases, adopted by Heads of State and Government in September 2011. The Declaration provides a road map for Member States and WHO in addressing the growing epidemic of noncommunicable disease in the Region. Governments are expected to adhere to the commitments included in the Political Declaration, put multisectoral national plans in place by 2013, increase investments, develop national capacity and monitor progress. The priorities for WHO are, therefore, to advocate for higher levels of political commitment and multisectoral engagement, to provide technical support to Member States in developing multisectoral plans and implementing the actions recommended in the Declaration, and to develop monitoring frameworks including a set of national targets and indicators.

The major gaps that exist in surveillance of noncommunicable diseases and their risk factors need to be part of a serious initiative to strengthen national health information systems. In this respect, the Regional Office will organize training programmes for both WHO staff and managers of national programmes. Work in this area will be highly coordinated with the health systems strengthening initiatives to ensure universal coverage with a core package of essential health care services, particularly at the primary health care level.

Over the next two years, the Regional Office will reinforce its capacity in this area in order to scale up its technical support to Member States in meeting the United Nations commitments. In addition to a higher level of staffing to serve this purpose, a network of international and regional experts will be established for recruitment as short-term consultants to support countries in strengthening their national programmes and initiatives. It will also strengthen its technical collaboration with other stakeholders, including civil society, professional organizations and academia, working in collaboration with WHO headquarters and other partners.

Regional guidance will be developed for policy-makers on effective mechanisms for facilitating multisectoral action to scale up the implementation of the 'best buys'. The Regional Office, working closely with countries, will assist in developing national targets and indicators and in monitoring the progress made in meeting the United Nations commitments.

Communicable diseases

WHO will prioritize communicable disease control in accordance with the particular needs of individual, and groups of, countries. Its work in this area will focus on achieving the disease-related MDGs and enhancing capacity for prevention and control of communicable diseases.

The priorities for WHO are to support establishment of integrated disease surveillance systems, particularly for group 3 and some group 2 countries. WHO will advocate for more investment in immunization programmes, and provide technical support for developing regional pooled vaccine procurement systems, improving data systems and establishing well functioning national immunization technical advisory groups.

WHO will provide technical support for tuberculosis and malaria programmes in group 3 and some group 2 countries to enhance case detection rate, develop public–private partnerships, and improve laboratory capacity through placement of human resources and infrastructure and augmenting surveillance. It will also focus on advocacy and technical support for HIV programmes to increase antiretroviral therapy (ARV) and other HIV services, particularly among high-risk populations, with decentralized and new service delivery models.

Special emphasis will be given to supporting countries in building their national core capacities for implementation of the International Health Regulations, including in surveillance, response, laboratory and human resources.

Emergency preparedness and response

With the goal of increasing the resilience of countries to emergencies, disasters and other crises, and subsequently ensuring effective public health response to risks and threats, a new set of strategic priorities outline the way forward programmatically. These include offering support to countries in developing clear policies and legislation in this area based on an all-hazard and 'whole-health' approach, and paying special attention to safeguarding health facilities and the health workforce in times of emergency. WHO offices in crisis-prone countries will be expected to include in their operational budgets, provision to implement institutional readiness programmes, including dedicated human and financial resources for emergencies.

Additional readiness measures that will be taken by the Regional Office include maintaining regional emergency stockpiles, training a cadre of response experts and encouraging the establishment of intercountry mutual support and solidarity arrangements and agreements in times of crisis. Finally, the evidence base for health emergency and disaster risk-management will be strengthened, including lessons learnt, best practices and economic assessments.

WHO will aim to work with countries to promote regional self-reliance in the area of emergency and crisis management and implement a systemic approach to the management of emergency events occurring in the Region, drawing upon the technical and operational capacities within the Region and the establishment of efficient intercountry solidarity mechanisms.

5. What WHO will do to improve performance

Improved technical support to Member States requires managerial change and improvements to address challenges in the operating environment. The most significant of these challenges revolve around the areas of planning, financing, human resources support, monitoring and the maintaining of an adequate control environment. This has been made all the more clear by the reports of the internal and external auditors, as well as comments of the Member States in governing body and bilateral meetings. The planning process and tools that guide WHO's technical activities in countries need to be more efficient and effective. The aim of the planning process is to ensure that there is a clear linkage between the needs of countries, the country cooperation strategy, and the funding and activities planned to be undertaken by WHO in a given budgetary cycle. The evaluation process will also be strengthened. A revised planning and evaluation process will be in place for the 2014–2015 biennium planning cycle.

Supporting countries through the provision of efficient human resource strategies and policies is crucial given the very technical nature of the work of the Organization. Performance and leadership in country offices will be a priority. The Regional Office will take action through the restructuring process to reinforce its technical capacity in high priority areas but funding constraints will be a major challenge. In this regard, the Regional Office will seek more effective support from Member States and regional foundations, whether financial or through secondments.

The quality of consultants and technical resources has not lived up to the expectation of Member States and this area must be addressed urgently. In addition, the remuneration package offered by the UN system, in certain countries, is not appealing and thus prevents WHO from tapping into an important resource pool. Regional rosters of international experts will be developed to promote knowledge sharing and emergency deployment, and Member States will be encouraged to contribute to this roster. This will also address the speed at which WHO can deploy resources.

Special efforts will be made to achieve a higher level of joint work with collaborating centres and other centres of excellence, and to build and sustain regional and sub-regional knowledge networks. Greater attention will be given in the technical work of the Regional Office to strengthening the evidence-base of recommended strategies and interventions and translating research findings into policies and practice.

Accountability and transparency are key. Action has already been taken to improve managerial processes, including monitoring and reporting in regard to compliance with operating standards and procedures., Performance management will be strengthened to address underperformance of staff and a more robust evaluation of consultants will be mainstreamed to ensure that quality is the driver in the selection process.

As mentioned before, financing the organizational priorities continues to be a seemingly intractable challenge. The misalignment of income vis-à-vis priority areas continues and there is an urgent need to address this, not only from the global perspective but also from a regional one. In 2010-2011, only 8% of income from voluntary contributions was provided by regional donors. This compares with more than 40% in some other WHO regions.

6. What Member States can do to help

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 among all concerned partners. National health goals will only be realized through the building of strong health systems. This will require commitment to universal health coverage, an effective health workforce, strong regulatory capacity, good governance and efficient health information systems.

A higher priority needs to be given to implementing international commitments and agreements in areas like communicable disease control, noncommunicable diseases, and maternal and child health. For example, all State Parties to the International Health Regulations in the Region should take the opportunity to extend the implementation deadline and develop, implement and sustain the capacities required for implementation of the Regulations by 15 June 2014. All countries need to scale up the implementation of the core measures of the Framework Convention on Tobacco Control (FCTC).

Governments need to adopt a Health in All Policies approach and strengthen the engagement of non-health sectors in addressing major health challenges that require consolidated intersectoral action. Countries need to build institutional capacity and competencies to engage with different sectors and stakeholders.

National action plans for prevention and control of noncommunicable diseases 2013-2020 need to be developed, focusing on the three pillars of the global strategy (surveillance, prevention and health care), with clear core actions for each of the three pillars.

To achieve the health-related MDGs, communicable diseases and maternal and child health need to be prioritized, with renewed political commitment, improved strategic planning and results-driven programme management. Special emphasis and the highest level of commitment and government action has to be given to eradication of poliomyelitis.

Financial resources will be needed from donors and there is a pressing need to improve the investment by the countries of the Region for the Region. In other regions, a structured process is in place to guide additional resource allocation to identified priority areas from the more affluent Member States. A similar process would be beneficial to the Eastern Mediterranean Region. While the secretariat will, in the current biennium, strengthen its resource mobilization and communications functions, this alone will not address this chronic challenge; Member State support is crucial if this area is to be improved.

Member States can also invest in strengthening the technical capacity of the Organization. The secondment of senior staff to WHO allows for the inflow of fresh talent with excellent knowledge of the language and culture of the Region. On the developmental side, the sponsoring of Junior Professional positions as part of the Junior Professional Officer (JPO) Programme provides young professionals at an early stage in their career with practical experience in multilateral technical cooperation.

7. Conclusion

In order to enhance the capacity of WHO to meet the commitments to the priorities outlined, a number of changes are proposed to the way WHO performs and delivers its support to Member States in the Region.

A reorganization of the way in which the Regional Office manages and delivers its work in the Region is taking place, based on the strategic directions mentioned in this paper. WHO's capacity in specific areas are being enhanced and synergies across the programme areas will be exploited and developed. Coordination with global health initiatives and with development partners at the country level will be improved.

A review of WHO presence in countries will be undertaken in collaboration with Member States, to determine whether full presence in the form of an office is to the best advantage of the country and whether the capacities available are adequate. A higher priority will be given to review and enhancement of WHO staff competencies and capacities in the Region.

The Regional Office is committed to accountability and transparency in the way in which it works in the Region, to performance monitoring and evaluation, and to supporting all Member States in a manner that is most appropriate to their individual needs. It recognizes the need to change and to work in a more synergistic manner with countries, to exchange knowledge and promote mutual gain. Resources will need to be mobilized at regional and national level to support the strategic directions and the Regional Office looks forward to working closely with Member States of the Region countries in this regard.

The agenda outlined is ambitious and while WHO will be accountable in making the necessary change and in strengthening its support to countries, the commitment, engagement and full support of the Member States will be essential for success – commitment to action on the priorities outlined, engagement with WHO and partners, and support through dedication of available resources and resource mobilization.

The Eastern Mediterranean Region is a region in transition. Major progress in health lies side by side with glaring health inequities and disparities. Together with Member States, WHO aims to make a difference in five key areas by 2016 that will lay the foundation for continued progress.

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