

Vision 2023 Five-year Report
Client: World Health Organization
Regional Office for the Eastern Mediterranean

(Middle East and North Africa)

Designe Concept Date: 19 June, 2023





## VISION & DOORS?





The connection between "vision" and "doors" is metaphorical and symbolic, rather than a direct literal connection.

"*Vision*" refers to the ability to see and imagine possibilities and potential outcomes, and "*doors*" symbolize opportunities or pathways to new achievements. Having vision enables to recognize potential paths that may lead to growth, much like opening a door to new possibilities.

"Vision" can denote the ability to imagine or envision a future state, while "doors" represent the thresholds of change. Having vision can inspire to seek change or transformation, and doors can symbolize the transition from one state to another, offering the opportunity to embrace new experiences.

**Arab countries** share a common cultural heritage, and a sense of unity derived from their shared history. Arabic doors embody this cultural heritage, with their distinctive design elements, patterns, and calligraphic inscriptions, which have been passed down through generations.

The Rounded Arches and the Mashrabiya windows and doors design are used to reflect the idea. The used arches are a distinctive architectural feature that adds a sense of arabic touch to the design.

#### **UNIVERSAL & EXPANDING?**

Expanding universal health refers to the idea of improving and extending healthcare access, services, and outcomes to a broader population. It signifies efforts to ensure that everyone, regardless of their background, socioeconomic status, or geographic location, has access to quality healthcare and experiences improved health outcomes.

The connection between the expanding circles used and expanding universal health lies in the shared themes of growth, inclusiveness, and progress. It symbolizes the broadening reach and increasing impact of universal health initiatives done by the World Health Organization. It represents the aspiration to extend healthcare services and support to more individuals, creating a comprehensive and inclusive system that benefits a larger population.











## **FONTS**

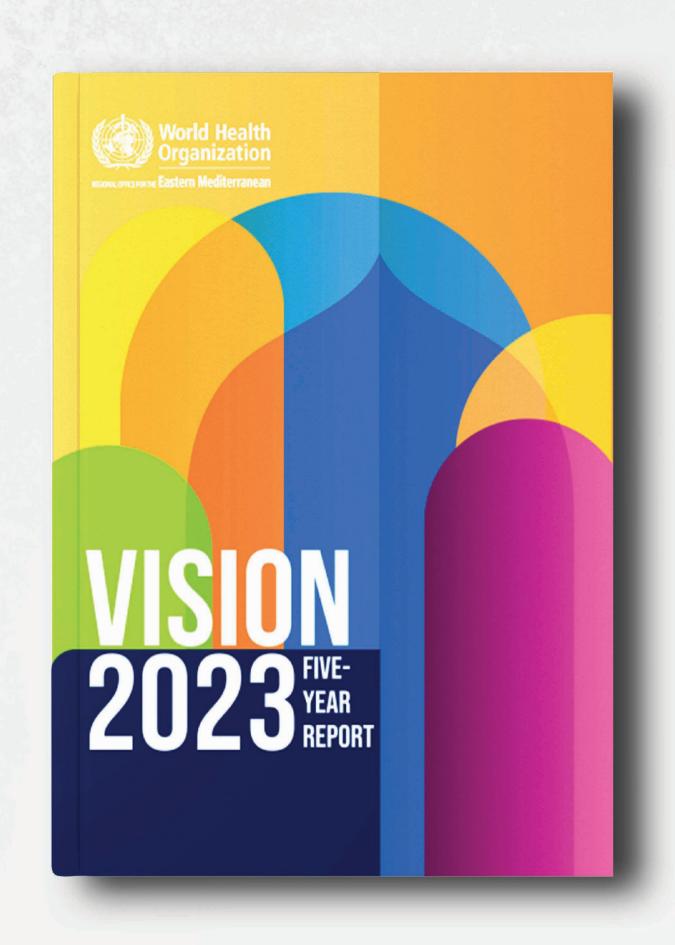
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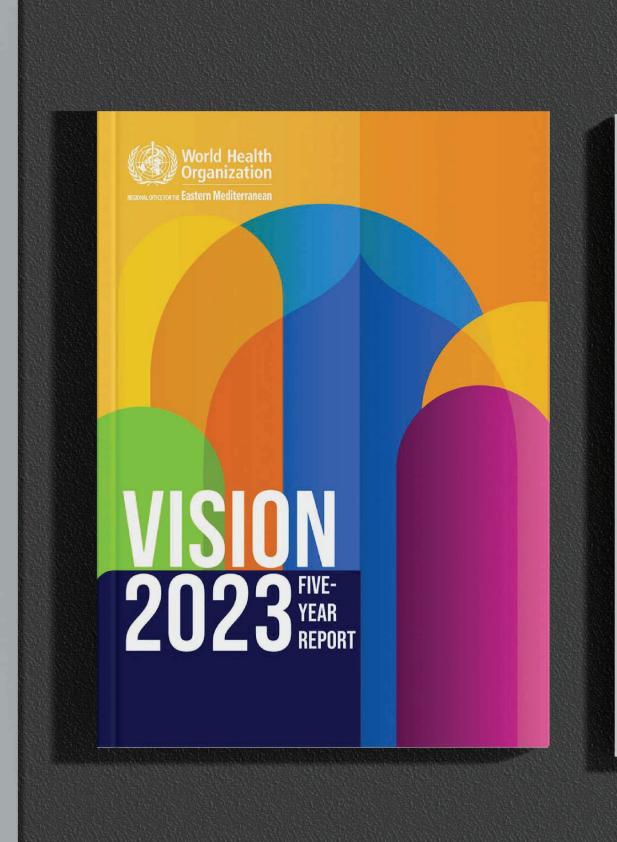
**HEADINGS AND SUBHEADING** 

#### TEXT AND GRAPHICS

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## Cover Design





VISION 2023 FIVE-YEAR REPORT

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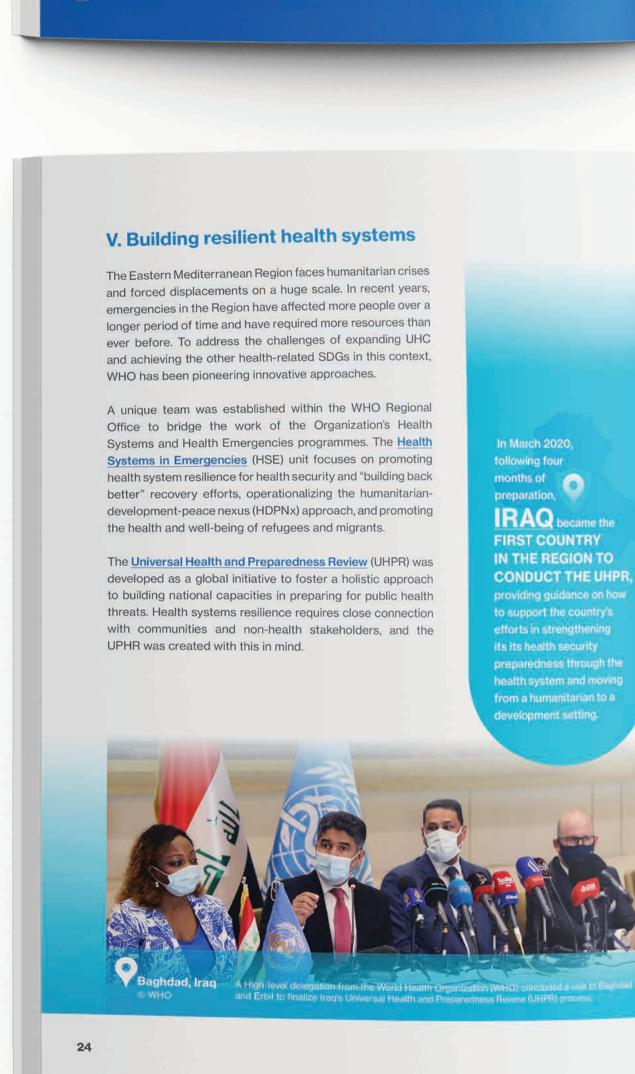


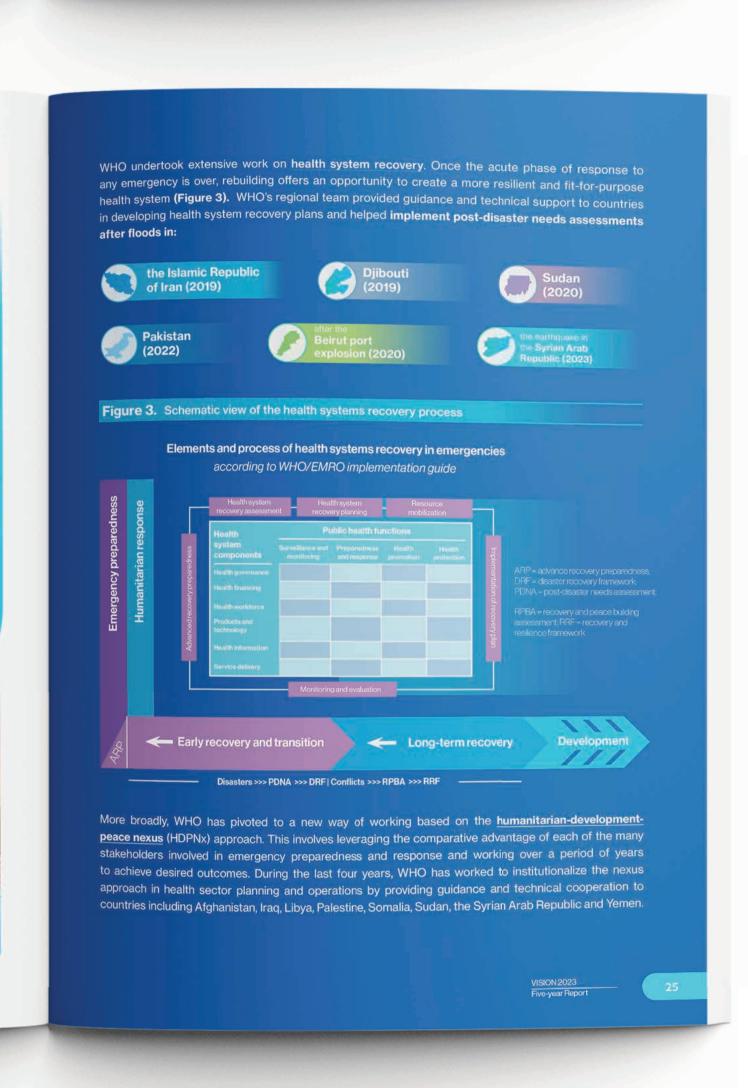


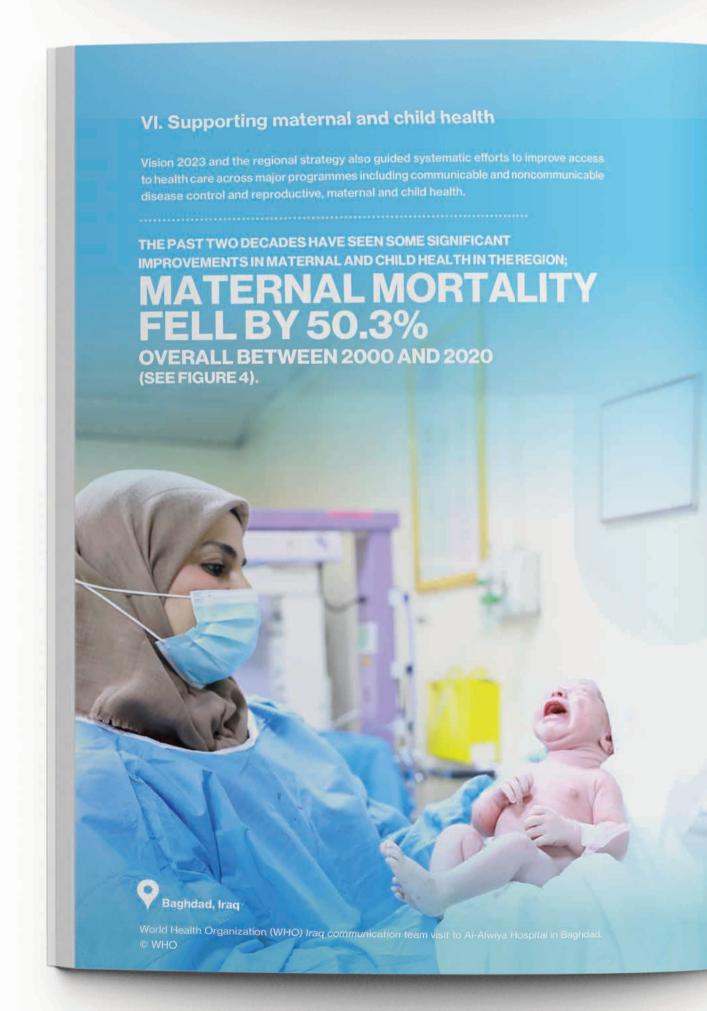
# CHAPTER1





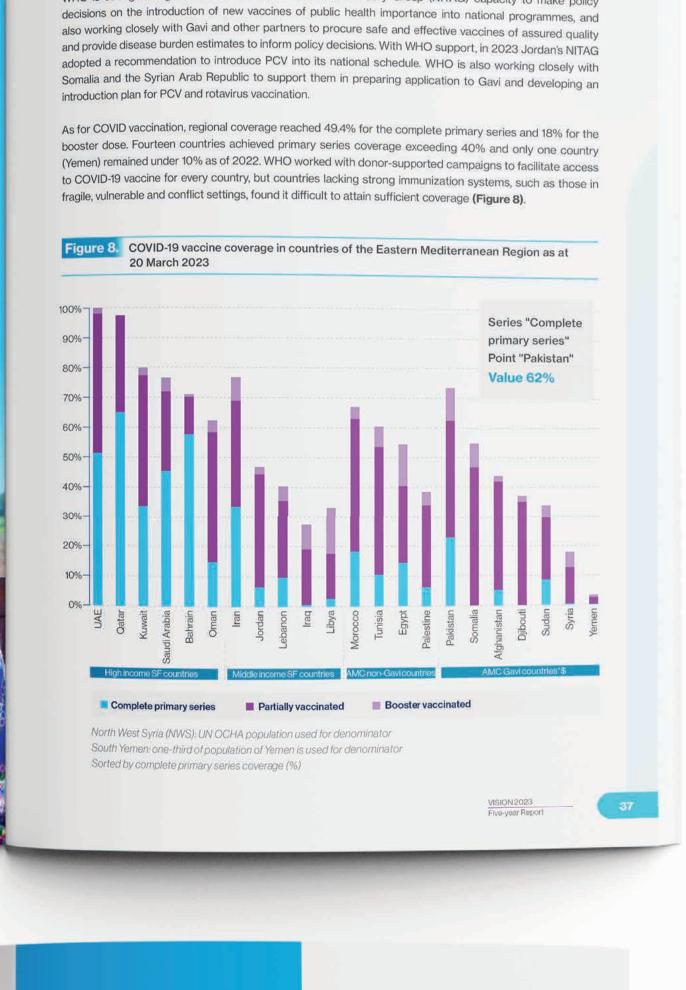












WHO is strengthening National Immunization Technical Advisory Group (NITAG) capacity to make policy



mental disorders. Every year, more than 2.8 million people in the Region die from the main NCDs, and more than half those deaths Throughout the term of Vision 2023, WHO has worked with countries to address underlying NCD risk factors (covered in Chapter 3 of this report) as well as improving NCD surveillance, management and treatment. Underpinning this strategy is the regional framework for action on NCDs, an updated version of which was endorsed

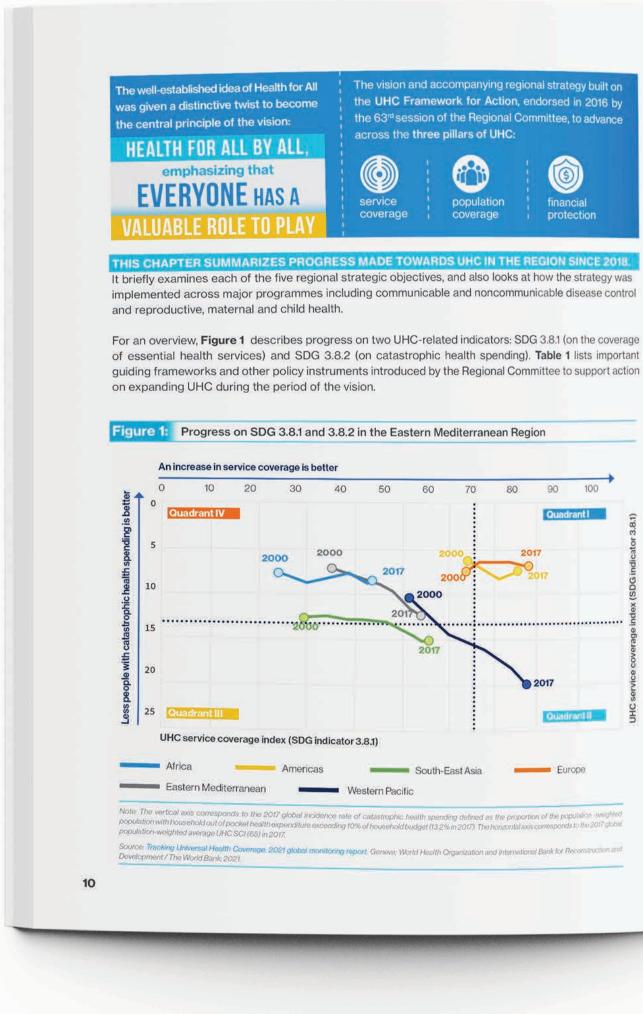
VII. Detecting, treating and managing noncommunicable

More than 150 million people in the Region live with noncommunicable diseases (NCDs) such as cardiovascular diseases,

diseases

made by WHO Member States and the global community in the 2018 UN Political Declaration the aim of meeting SDG target 3.4: to reduce premature deaths by one third by 2030. In line with the relevant global and regional strategies and frameworks, WHO supported countries to look at NCDs systematically, to identify gaps, then adopting proven, evidenceinformed approaches to address those gaps. A comprehensive, regular country capacity survey every two years provided a detailed picture of progress of key indicators.

Provide psychotropic medications to patients at home during COVID-19 pandemic, to ensure maintenance of Mental Health services In line with the relevant global and regional strategies and frameworks, WHO supported countries to look at NCDs systematically, analysing current demands, policies and provision to identify gaps, then adopting proven, evidence-informed approaches to address those gaps. A comprehensive, regular country capacity survey every two years provided a detailed picture of needs and services across the Region, while scorecards gave an overview of countries' progress of key indicators.







Mediterranean Regional Health Observatory gives easy access to enhanced statistics and metadata as well as a wide range of country profiles and other products examining data on specific topics, for example health system briefs and health workforce country profiles. II. Developing integrated, people-centered health services In line with the regional vision and strategy, WHO supported countries of the Region to reform and transform service delivery using an integrated, people-centred health services (IPCHS) approach. This involved a range of actions, from assessment and capacity building through to developing guidance and generating evidence, as well as engaging in technical cooperation to facilitate operational planning and implementation.

## Several surveys are used to monitor socioeconomic status, health outcomes, service coverage and health

system performance. Examples include (among others) the Global Tobacco Surveillance System (GTSS). the WHO STEPwise approach to surveillance of NCD risk factors (STEPS), the Nutrition and Promoting Healthy Diet programme and the Global School-based Student Health Survey. In addition, the Eastern

These efforts to enhance health systems and services have been complemented with enhanced monitoring. Besides monitoring overall progress towards UHC using the two SDGs indicators, WHO contributes to regular updating of more than 80 key indicators that are published in WHO's Global Health Observatory.

The regional strategy aims to put effective family practice and referral at the heart of PHC, to maximize the availability, accessibility, acceptability and quality of health services within an integrated district health system approach. Strengthening family practice was therefore a priority. 2021 2023 2022



to address the shortage of family

per 10 000 population by 2030.

practitioners in the Region and achieve the

objective of having three family physicians



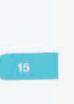
a call for action to

implementation

move towards national



countries.





#### **THE EASTERN MEDITERRANEAN REGION IS FACING EMERGENCIES** on an unprecedented scale.

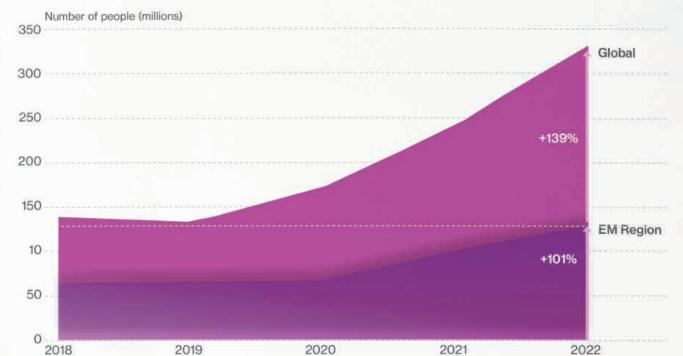
During the term of Vision 2023, 11 of its 22 countries and territories have experienced ongoing conflicts or sporadic outbursts of violence, 12 many of which have become protracted crises. WHO has documented and responded to 166 disease outbreaks (including COVID-19). Many countries have also been hit by major natural disasters, technological disasters, severe economic decline and poverty. And the Eastern Mediterranean is the only WHO Region where wild poliovirus remains endemic.

These ongoing crises affected every country in the Region, but especially low- and lower middle-income countries, and they were exacerbated by the COVID-19 pandemic. Many countries with protracted humanitarian needs saw a convergence of challenges. For example, Afghanistan, Somalia and Sudan all experienced multiple disease outbreaks, recurrent natural disasters, conflict and displacement.



The number of people needing humanitarian assistance in the Region more than doubled, from 63 million in 2018 to 127 million in 2022 (Figure 10).3 As of the end of 2022, the Region was home to just 9% of the world's population but 38% of its humanitarian burden,4 and was the source of 55%5 of all refugees.6

Figure 10. Number of people in need of humanitarian assistance globally and in the Eastern Mediterranean Region, 2018-2022



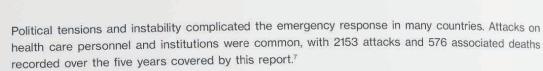
Petterson T, Devies S, Deniz A, et al. Organized violence 1989-2020, with a special emphasis on Syria. Journal of Peace Research, 2021;58(4):809-825. (https://doi.org/10.1177/00223433211026126).
Peace Research Institute Osio. Obermeier AM & Rustad SA Conflict trends: a global overview, 1946-2022. Oslo: Peace Research Institute Osio. 2023 (https://www.prio.org/publications/13513). United Nations Office for the Coordination of Humanitarian Affaira (OCHA). Humanitarian Action [website] (https://hum-insight.info). \*OCHA: Humanitarian Action [website].

\* This includes Palestinian refugees under the mandate of UNRWA, who remain outside UNHCR's mandate

UNHCR. Refugee Data Finder [website] (https://www.unhcr.org/refugee-statistics).

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But despite the risks and pressures, frontline health workers and health officials repeatedly addressed the needs of their communities. In even the most resource-constrained and insecure environments, health workers demonstrated the courage and resilience needed to ensure the delivery of health services with support from WHO and partners.

In line with Vision 2023, WHO adapted and further professionalized its approach, applying a comprehensive approach to emergency management across all phases of the emergency management cycle - prevention, preparedness, detection, response and recovery (Figure 11). It consistently applied the incident management system (IMS) in emergency response - an international best practice. It adopted increasingly sophisticated approaches to risk profiling, forecasting, event detection, epidemiological modelling, surge deployments and supply chain management.

Figure 11. The emergency management cycle



Country-level Incident Managemer Teams (IMTs), aided by regional Incide **ACHIEVED POSITIVE** IN RESPONSE TO THE **MULTIPLE EMERGENCIES** 

that beset the Region and becam

ration at country and regional levels

In practice, this meant supporting Member States to prevent and control epidemic- and pandemicprone diseases; to strengthen core capacities of the International Health Regulations (2005) (IHR) and preparedness for emergencies from all hazards; to invest in systems to rapidly detect and assess potential threats to public health; and to respond to emergencies immediately and effectively.

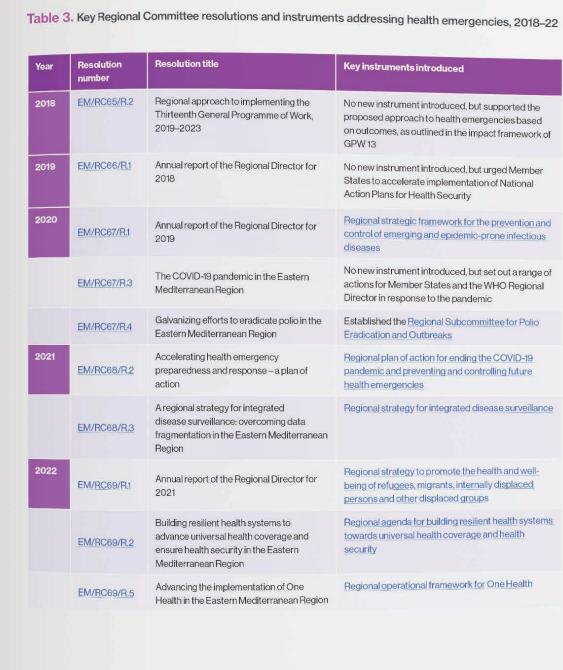
WHO: Surveillance System for Attacks on Health Care SSA [website] (https://extranet.who.int/ssa/Index.aspx)

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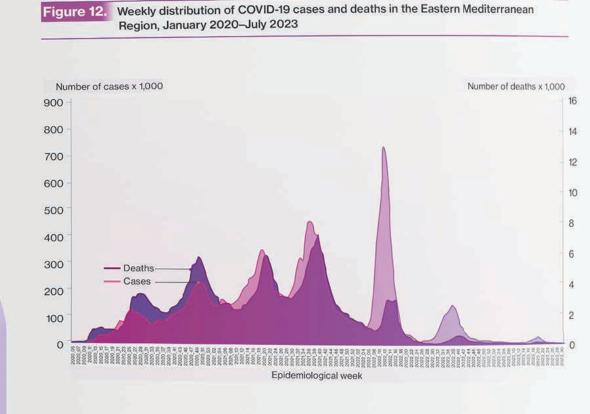
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This chapter presents some highlights from WHO's work across the emergency management cycle, starting with an overview of the unique challenges of the COVID-pandemic. Table 3 lists important guiding frameworks and other policy instruments introduced by the Regional Committee to enhance health emergency preparedness and response during the period of the vision.



#### I. Responding to COVID-19

No emergency has demanded more of WHO throughout its 75-year history than the COVID-19 pandemic. As of July 2023, countries and territories of the Region had reported nearly 23.4 million cases and more than 351 000 associated deaths (see Figure 12), representing a reported case-fatality ratio of 1.5%.



the overall response. To ensure coherence across the three levels of the Organization - country, regional and global -a COVID-19 Strategic Preparedness and Response Plan was adopted. Over the course of the pandemic, WHO provided support to countries including epidemiological data and analysis, technical and policy guidance, distribution of life-saving supplies and equipment, operational and

In January 2020, WHO activated its emergency procedures and IMS, with the regional IMST coordinating

logistic support, and financial resources. The Organization was responsible for quality assurance, environmental and social safeguarding of procurement and supply-chain management on a colossal scale. WHO workforce were repurposed, both within the Regional Office and across the network of country offices, expertise mobilized across departments and coordination with partners streamlined to support countries.

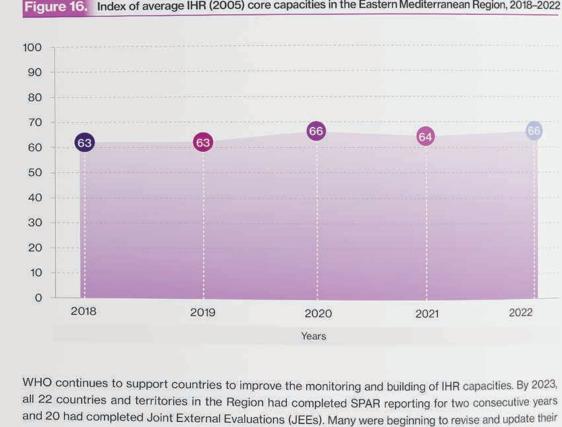
Meanwhile, WHO also worked to maintain the continuity and effectiveness of ongoing programmes.



#### As the COVID-19 pandemic demonstrated so vividly, the world has not been investing enough in preparing for health emergencies. In the Eastern Mediterranean Region, the average score for the State Partv Self-Assessment Annual Reporting (SPAR) tool - the main measurement of public health preparedness

III. Streamlining emergency preparedness

as reflected in IHR (2005) core capacities - has remained essentially unchanged since 2018, ranging from 63 to 66 out of 100 (Figure 16). Figure 16. Index of average IHR (2005) core capacities in the Eastern Mediterranean Region, 2018–2022



National Action Plans for Health Security (NAPHS), drawing on the lessons of COVID-19 and informed by intra-action reviews (IARs) and simulation exercises conducted in most countries of the Region. A global review of the IHR (2005) in the COVID-19 response highlighted the need to strengthen the role of IHR National Focal Points (NFPs). WHO in the Region is prioritizing capacity-building activities for NFPs, including updated and expanded terms of reference, a twinning project among countries, orien-

tation trainings and development of a community of practice platform. A learning package for NFPs has been drafted with a focus on FCV countries.

WHO is also supporting public health emergency operations centres (PHEOCs) as a cornerstone of effective emergency management. WHO's African and Eastern Mediterranean regions have developed and started implementing a PHEOC Strategic Plan with the goal of having at least one functional PHEOC in 90% of countries by 2027, and innovative Public Health Emergency Management Saudi Arabia (ePHEM) software is being rolled out. As an estimated 2 million Muslims gather in Saudi Controlling the international spread of disease will require stron-Arabia's holy city of Mecca to take part in the annual ger public health capacities at points of entry (PoEs) and better hajj pilgrimage, months of risk-based guidance on travel. Following an assessment of capacities in all 22 countries and territories, WHO has developed a health issues of pilgrims are also coming together. The World Health Organization PoE training package which is planned for release in 2023. A fiveyear strategic plan to enhance IHR capacities at PoEs has also (WHO) and the Gover been developed and its implementation is underway, including of Saudi Arabia work together to ensure the health issues that could arise with review and updating of agreements between countries for public health collaboration across borders. any mass gathering of people can be addressed. Strengthening public health readiness for mass gatherings is also an important area of focus, with the Region's unique expertise increasingly appreciated as a global asset. WHO has supported countries to prepare for high-profile events such as the annual haji in Saudi Arabia and Arba'een in Iraq, as well as the World Expo (United Arab Emirates, 2021), the FIFA World Cup (Qatar, 2022) and the COP27 Climate Change Conference (Egypt, 2022). The Regional Committee in October 2023.



2021, and concerns about equitable access persisted. As of 3 July 2023, An independent external review of WHO's COVID-19 re-50% OF THE REGION'S sponse in the Region surveyed 45 partners including governments, UN agencies and NGOs. Over 80% of respondents ††††† POPULATION said that WHO's COVID-19 response met or exceeded



vaccine hesitancy, only 14 countries in the Region had met the WHO target of fully vaccinating 40% of their population, while four had vaccinated less than 20% (see Figure X on page X).

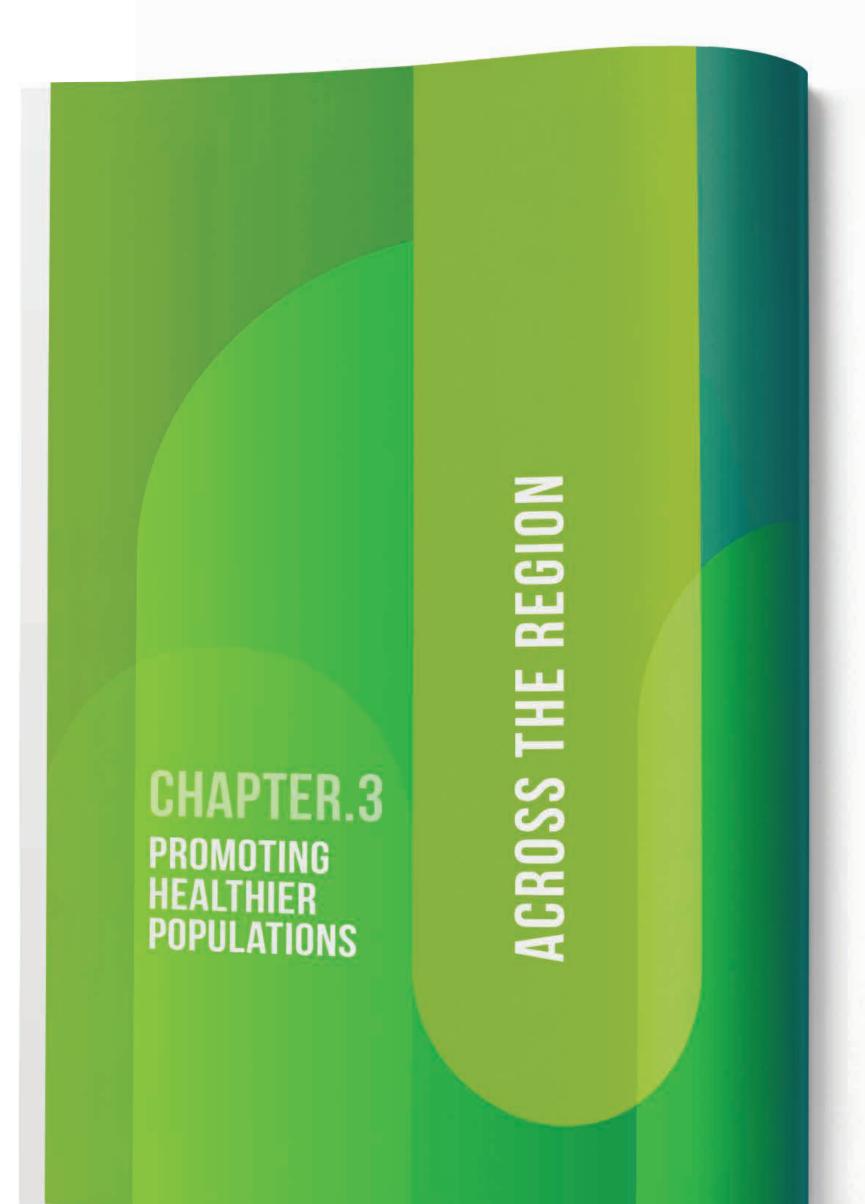
their expectations. The review found that WHO's response had successfully tailored its response to each country's needs and frequently strengthened countries' own response efforts while contributing towards long-term capacity building. Other notable successes included experienced leadership and the regional IMST, which facilitated extensive communication and collaboration across functions. However, there were also internal challenges, and the review proposed recommendations to address these

which WHO has already begun to implement, including putting in place efforts to sustain the country-level capacities that were developed during the response. The WHO Regional Committee also sought to build on lessons learned through work on the pandemic, adopting a plan of action to accelerate emergency preparedness and response at its 68th session in

Box 10 Providing life-saving supplies rapidly and reliably



WHO's Global Logistics Hub in Dubai, UAE, has been a game-changer in facilitating timely and effective responses to acute and protracted emergencies. It has demonstrated the value of a global repository of medical commodities to prevent, prepare for, and respond to health emergencies from all causes.



### **ACHIEVING HEALTH** FOR ALL BY ALL

ENTAILS ACTION AND SOLIDARITY FAR BEYOND THE HEALTH SECTOR.

VISION 2023 called on governments, partners and communities in every country and territory of the Region to work together to promote the health and well-being of all the Region's people, leveraging all opportunities and mobilizing all regional assets.

Health promotion on this scale is challenging. It requires coordinated efforts to put health at the heart of all policies, plans and decisions; strong leadership and political will to tackle complex, deep-seated environmental, socioeconomic and cultural inequities and issues; and sustained long-term investment in policies and services whose ultimate success in preventing avoidable illness and death is by definition not obviously visible or tangible.

Fortunately, leaders in the Region have repeatedly demonstrated their high-level commitment to promoting health and well-being. For example, at its 65th session in 2018, in response to a proposal from Sudan, the Regional Committee expressed its support for institutionalizing the Health in All Policies approach. The United Arab Emirates was a prime mover in encouraging the World Health Assembly to develop a global framework for integrating well-being into public health utilizing a health promotion approach. And the Region's initiative on using health as bridge for peace is now being taken forward as part of a major global initiative.

While the COVID-19 pandemic disrupted many health promotion programmes and diverted budgets and attention in the short term, it also underscored the value of engaging communities for health and demonstrated that concerted, effective work across sectors is possible. WHO sought to build on this momentum, culminating in a technical paper on promoting health and well-being in the Region which was discussed by the Regional Committee



Prepare medical supplies for delivery to health facilities and displacement camps. This area is hosting many IDPs who fled conflict in Khartoum. © WHO / Ala Kheir

at its 69th session in 2022. In the resulting resolution, the Committee reaffirmed its strong support for a whole-of-government approach and multisectoral action to tackle the social, environmental and political determinants of health. As requested by the Regional Committee, work is underway to develop a regional roadmap that will guide countries in implementing the wellbeing agenda in the Region for years to come.

This chapter highlights key achievements and challenges in health promotion during the past five years. Table 4 lists important policy instruments and initiatives introduced by the Regional Committee in this regard.

> VISION 2023 Five-year Report

Addressing the socioeconomic determinants of health Life expectancy and other health outcomes vary enormously between countries of the Region (Figure 16), and there are also very unequal outcomes within countries (most clearly as regards infant mortality rates for different income groups; see Figure 17). The vision of health for all by all cannot be achieved without dramatically reducing those inequities. But what are the underlying causes of health inequity in the Region? To what extent are they avoidable? And how can they best be addressed? Figure 16. Life expectancy at birth in countries of the Eastern Mediterranean Region, 2019 100 Female ■ Male 70 60 50 40 <u>@</u> 30 ± 20

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Figure 17. Under-5 mortality rate (deaths per 1000 live births) by wealth quintile in selected countries, 2014-2018 Infant mortality rate (deaths per 1000 live births) 60 Quintile 1 (poorest) Quintile 2 Quintile 3 Quintile 4 Quintile 5 (richest) To provide authoritative answers to those questions, WHO established the Commission on Social Determinants of Health in the Eastern Mediterranean Region as one of the key initial deliverables specified in the regional strategy. The Commission brought together independent experts from across the world under the chairmanship of Professor Sir Michael Marmot, Director of the UCL Institute of Health Equity and a pioneer of research into health inequalities who also chaired the pathbreaking global WHO Commission on Social Determinants of Health (CSDH). Like the CSDH, the Regional Commission set out to examine the impact on health of the conditions in which people are born, grow, live, work and age, and the structural drivers of those conditions - factors such as armed conflict, economic circumstances, cultural supports and constraints, and the natural environment (Figure 18). These determinants have a measurable influence on mental and physical health outcomes that is additional to an individual's exposure to risk factors for disease, disability and injury.



Figure 19. Mean Gender Inequality Index by region, 2018 Throughout the term of the vision, WHO worked with countries to strengthen the health system response to gender-based violence by developing and updating national health policies, compiling databases, carrying out capacity-building activities, and monitoring quality of care in health facilities for target groups. Egypt, Iraq, Libya and Somalia were supported to adapt WHO global guidelines addressing violence against children and gender-based violence, and a study on the impact of COVID-19 on services to address violence against children was conducted in GCC countries. Policies addressing gender-based violence were integrated into emergency response and mental health programmes in several countries. Iraq launched its first genderbased violence health sector strategy in 2022, while Somalia integrated GBV in its national strategy on reproductive, maternal, neonatal, child and adolescent health (RMNCAH) for 2020-2024. Health facilities' readiness to respond to reports of gender-based violence and their quality of services were mapped in Afghanistan, Iraq, Morocco, Pakistan, and Sudan. Materials were developed to raise awareness of gender-based violence among health professionals and the general public, and between 2019 and 2021 more than 5000 health care providers completed interagency training on the clinical management of intimate partner violence and providing MHPSS. WHO also worked to deepen understanding of gender and health in the Region. A detailed situation analysis has been developed examining the influence of gender on health in the regional context, including its impact on health in conflicts and complex emergencies, and looking at the gender-related dynamics of selected health issues. The study is set for publication in late 2023.

#### **Engaging and empowering communities to promote health** The Eastern Mediterranean Region's tradition of community approaches to health was a strong influence on Vision 2023, as reflected in the core principle of health for all, by all. A new Community-based Initiatives team

was established within the WHO Regional Office in 2019, to strengthen support for countries' efforts to engage communities in planning and implementing key public health measures and interventions. The team worked to support policy-makers in engaging with civil society and community representatives, and to build the capacities of community health workers and volunteers. That work acquired a new salience and urgency through the COVID-19 pandemic. As noted in Chapter 2 of this report, effective RCCE was critical in combating misinformation and ensuring support for vaccination and public health and

social measures. Established networks of community health workers and community-based organizations also

played an important role in the pandemic response, leveraging their local knowledge and reputation to build trust, support communities and ensure that no one was left behind. To capture these experiences and maintain momentum from the response efforts, WHO developed a regional roadmap on building resilient communities for better health and well-being. A comprehensive landscape analysis was undertaken to identify the main drivers, enablers and modalities of successful community engagement in the Region, as well as barriers to it. Informed by this analysis, the roadmap offers national policy-makers a flexible

tool to assist their preferred approach to community engagement, proposing a range of actions across eight strategic directions that can be adapted to different country contexts. The roadmap was endorsed by the Regional Committee at its 68th session in 2021. **WHO** is now Community health committees have been supporting established in several countries, and existing



A database of civil society organizations and NGOs in the Region has been developed.

implementation

of the roadmap.



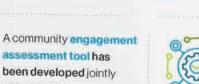
Community needs assessments for health services have been performed in some countries.

governance structures such as healthy cities are

also being used for community engagement.



assessment tool has been developed jointly









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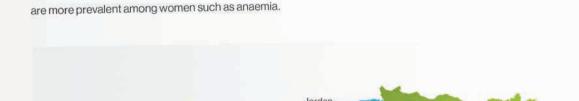
with UNICEF.



training package for community-based workers and volunteers on key public health issues has been updated and used in some countries of the Region.

COVID-19 response, and WHO's regional

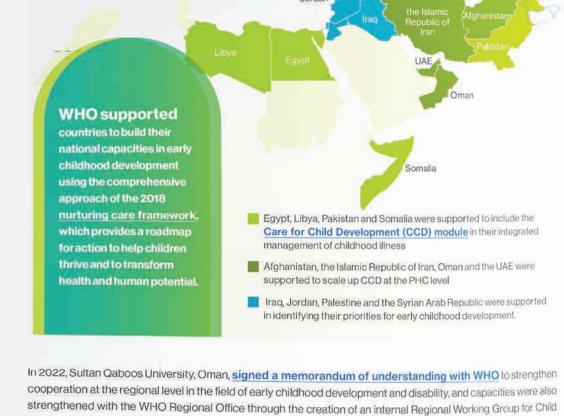
targeted engagement with affected communities to raise awareness, map for example, a project proposal has been developed in Hay Helal in Tunis City reflecting the community's needs as identified through dialogue. Participants from the Region and beyond will exchange experiences of community engagement interventions and outcomes at a conference cohosted by Qatar in October 2023.



In 2022, WHO began promoting a comprehensive approach to addressing women's health priorities in the Region.

bringing together different technical teams around key health priorities. It has accelerated efforts to comprehensively

address women-specific cancers, mental health issues experienced by women and priority nutritional issues that



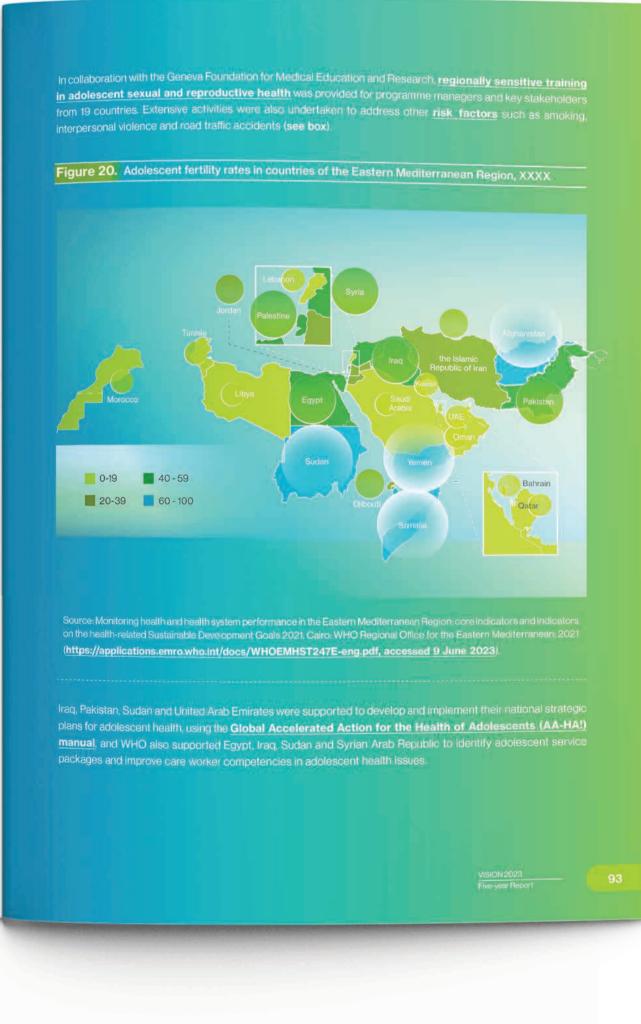
YOUNG PEOPLE THE ADOLESCENT Addressing adolescent health and health risk factors through a multisectoral approach was therefore a MORTALITY RATE IS high priority throughout the term of Vision 2023, THE SECOND Adolescent fertility rates remain high in many countries and territories of the Region, and maternal

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after WHO's African Region.

Health to improve coordination and integration between programmes in this area.

causes are the leading cause of death in this age group (Figure 20).





and Assessment of Sanitation and Drinking Water (GLAAS) data portal. In the last two years, monitoring of WASH, waste management and environmental cleaning in health care facilities has also progressed and in 2023 Jordan hosted a WHO/UNICEF global summit on WASH in health care facilities. Several countries in the Region are using water and sanitation safety planning to enhance health protection. Guided by the regional framework for action on health and the environment, ongoing work on food safety included work on:

Monitoring and reporting of water, sanitation and hygiene (WASH) has also improved in the Region, with all 22 countries and territories now reporting to the WHO/ UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) and 17 countries contributing to the UN-Water Global Analysis

to food safety



promoting food safety as evidence and

in making risk regional and management A new plan of action for implementation of WHO's Global

strategy on food safety 2023–2030 is in development.

Work on food safety in relation to One Health is discussed

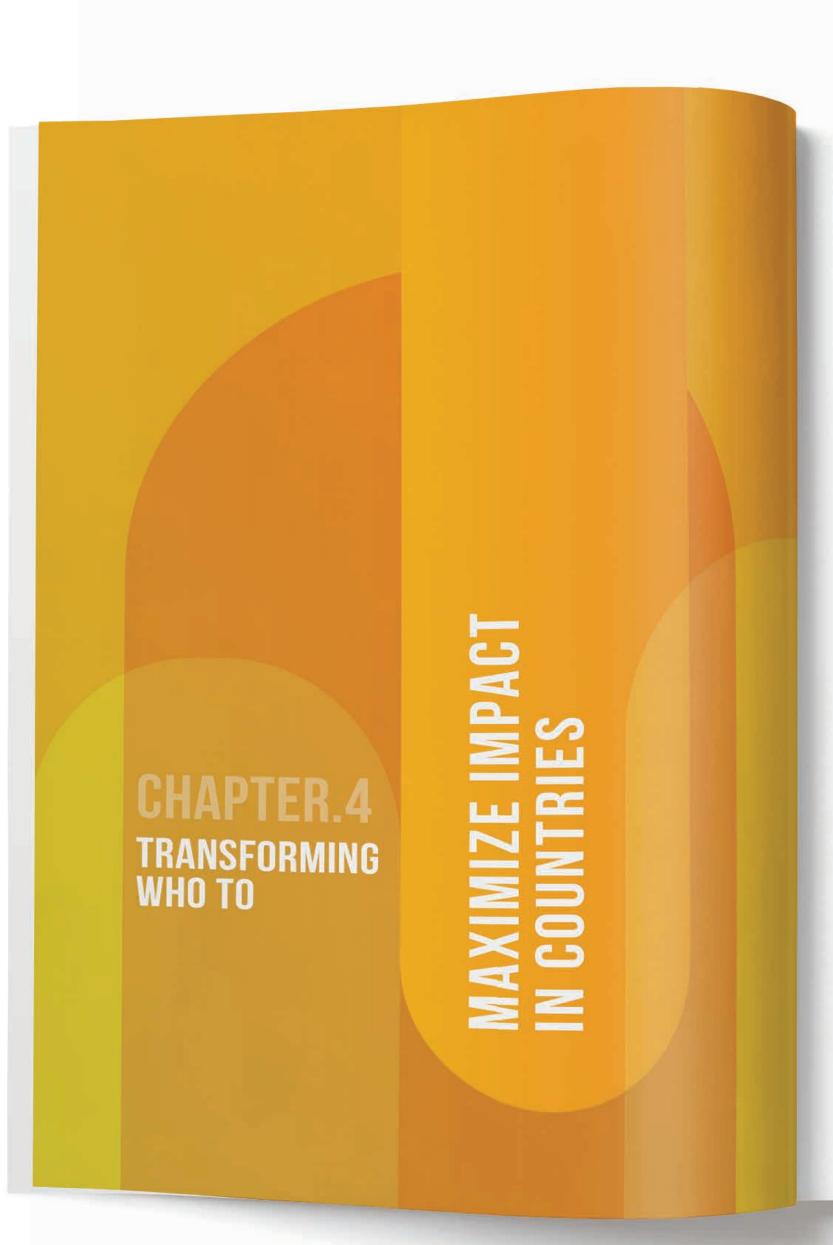
in more detail in Chapter 2 of this report.



national plans of action for implementation of the global WHO chemicals road map, and five countries have passed legislation banning the use of lead in paint. The Region has also implemented the global plan of action on occupational health to help minimize exposure to occupational risks, with a special focus on

the workforce in health care facilities.

## CHAPTER.4



In line with GPW 13, Vision 2023 recognized that for all countries and territories in the Region to achieve the health-related SDGs, a step-change in the way WHO works is essential. The collaboration between the Organization's workforce and their national counterparts must become more agile and effective to meet the wide and rapidly evolving spectrum of needs and priorities in countries.

TRANSFORMING WHO has therefore been a PRIORITY THROUGHOUT THE PAST FIVE YEARS WITH THREE STRATEGIC OBJECTIVES:

stepping up leadership at all levels

driving impact in every country and territory of the Region

countries of the Region.

focusing efforts on producing goods and services that benefit society It has been a challenging process given the very diverse circumstances in different

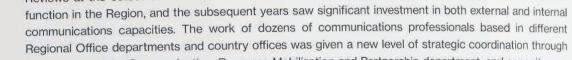


and services. WHO has worked to enhance the



with other UN agencies and partners at both its mandate, raise the position of health in the efforts to achieve the health-related SDGs.

Five-year Report



Amplifying our voice and communicating for impact

communications capacities. The work of dozens of communications professionals based in different Regional Office departments and country offices was given a new level of strategic coordination through the creation of the Communication, Resource Mobilization and Partnership department, and capacity was also enhanced through the establishment of new positions. A key objective was to make best use of evolving communication platforms and technologies. The social media landscape is changing rapidly and, while WHO globally engages social media subscribers on 11

Reviews at the outset of Vision 2023 identified a need to strengthen WHO's strategic communications

different channels, the Regional Office decided to focus its public health messaging on two of the mostfrequented platforms, Twitter/X and Facebook, in the first instance, with plans to expand soon to LinkedIn and Instagram. Regional social media activity was boosted through careful planning and messaging about public health priorities, and through the increased use of visual storytelling, infographics and impact stories, resulting in consistent growth in subscriber numbers and engagement. The new communications structure and enhanced capacities paid dividends during the COVID-19 pandemic. The creation of the new department in January 2020 coincided with the start of the pandemic and the establishment of a regional IMST for COVID-19. With external and internal communications included as a key

pillar within the IMST, WHO launched new regional communications initiatives, drawing on its established expertise in emergency communications in the Region. Extensive activities - including biweekly news conferences, weekly statements by the Regional Director, weekly talking points and briefing notes for senior managers, regular visuals and multimedia content for online platforms as well as media spokesperson training - helped to establish WHO as a trusted voice in the Region.

WHO's dedicated COVID-19 website received more than 5 million visits; the Organization hosted 74 regional news briefings; and WHO workforce in the Region gave more than 330 media interviews (Figure 27).

Figure 27. Selected WHO communications activities during the COVID-19 response, 2020–2022 100+ press

136

54 Regional

Director statements released

70 videos developed on technical issues

for the public

stories published 174 cards for social media developed and designed

releases/web

330+ media interviews by regional spokespersons

released

85 external situation reports

OF ANY FORM OF SEXUAL EXPLOITATION, ABUSEANDHARASSMENT by WHO workforce global policy on preventing and responding to sexual exploitation, abuse and harassment (PRSEAH), which came into force in 2023. including background checks during the workplans were established in all offices.

THERE WERE RIGOROUS EFFORTS TO UPHOLD

WHO'S COMMITMENT TO ZERO TOLERANCE

programmes, mandatory training, coaching and mentoring, and developmental assignments. Meanwhile, systems and procedures were enhanced to improve efficiency and compliance and address vulnerabilities, particularly in fragile and protracted emergency settings. This included control mechanisms in finance, procurement of goods and services, contract management, engaging with non-State actors and implementing partners through direct financial cooperation and direct implementation, as well as human resources services and the management of fixed assets. Risk management was a key area of focus. A

and learning included expanding free-ofcharge access to learning platforms, induction

regional Compliance and Risk Management Committee was established in 2019, chaired by the Regional Director, with counterpart committees in WHO country offices. WHO aims to change the culture and the mindset of the workforce by establishing a culture of positive risk management and integrating risk management programmes into work routines, supported by training and briefing sessions to strengthen ownership and skills. To adapt to the challenging context of the

and changing programme priorities, donor

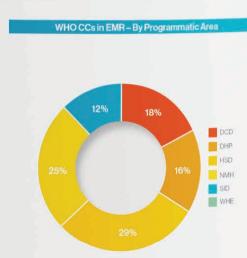
requirements and country expectations, WHO set up a fit-for-purpose compliance function based on prioritizing high-risk areas for postfacto scrutiny of expenditures. Performance was measured using management KPIs and other assurance mechanisms through enhanced tools and monitoring dashboards. Managerial controls are set to improve going forward with the introduction of a new business management system. This will be particularly important in the management of the supply chain, which is a critical component for operations in emergencies, where procurement of goods and services typically constitutes about 60% of total expenditures.

In parallel, existing partnerships were reviewed and, where appropriate, deepened. An important case in point is the Islamic Advisory Group (IAG), a collaboration with religious scholars and faith leaders including Al Azhar Al Sharif, the International Islamic Figh Academy, the Organization for Islamic Cooperation and the Islamic Development Bank that advocates for public health and fights misinformation and hesitancy in order to encourage the adoption of positive health-seeking behaviours, leveraging scholars and imams as agents of change. Originally focused on support for polio eradication, the IAG's mandate has broadened in recent years to cover additional programme areas including maternal, newborn and child health, routine immunization and emergency response. At its ninth annual meeting in 2022, participants also agreed plans to expand its membership and geographical reach. Another priority was the expansion of the network of WHO collaborating centres in the Region. Collaborating centres are institutions such as research institutes, parts of universities or academies which are designated through a rigorous procedure to carry out activities in support of the Organization's programmes. Research in 2018 highlighted that the Significant progress was made

Eastern Mediterranean Region, while HOSTING AROUND 10% OF THE WORLD'S POPULATION, ONLY HOSTED AROUND 5% OF ALL WHO COLLABORATING CENTRES WORLDWIDE. and Vision 2023 therefore made it a key initiative to scale up contributions by WHO collaborating centres in the Region.

programme area as at XXXX

T0: 56 in 2023 testifying to enhanced technical capacity in countries (Figure 25) Figure 25. WHO collaborating centres in the Eastern Mediterranean Region by country and by



during the term of the vision:

FROM:

2023, this entailed structural and organizational changes to the Organization throughout the Eastern Mediterranean Region to make it more streamlined and effective and ensure that all its efforts and resources were closely geared to countries' needs and priorities. In response to a request in resolution EM/RC65/R.2, adopted by the Regional Committee at its 65th session in 2018, a programme of comprehensive functional reviews of WHO country offices and Regional Office departments was undertaken to ensure that they were strategically aligned to the SDGs, GPW 13

A central aim of WHO's transformation efforts is to drive impact at country level. During the term of Vision

Strengthening WHO's presence and impact in countries

and Vision 2023, that workforce competencies were adequate, and that operations were supported by efficient planning and business processes. Between 2018 and 2022, WHO conducted review missions in 18 countries, resulting in 1047 recommendations which fell under five categories (see Table 8). Table 8. Status of recommendations from baseline country functional reviews in the Eastern Mediterranean Region, 2018–2022

EM/RC65/R.2 Regional approach to implementing the No new instrument introduced, but requested the Thirteenth General Programme of Work, Regional Director inter alia to conduct country EM/RC66/R.5 Developing national institutional capacity for evidence-informed policy-making for EM/RC67/R.5 Accreditation of regional non-State actors Procedure to grant accreditation to to the Regional Committee

Resolution title

EM/RC69/R.6 Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023-2027)

functional reviews Regional framework for improving national institutional capacity for evidence-informed policy-making for health international and regional non-State actors not in official relations with WHO to participate in meetings of the Regional Committee Regional strategy for fostering digital health and its accompanying action plan BY 2022, ALL BUT 63 OF THOSE RECOMMENDATIONS HAD BEEN IMPLEMENTED, strengthening

Key instruments introduced

programmes and business operations and improving relations with key stakeholders including funders. However, rapidly evolving circumstances in many countries of the Region, most notably country functional reviews (iCFRs) as an agile solution, with a continuous cycle of functional review and quality improvement linked to country missions as well as compliance and risk management reviews.

VISION 2023

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**Driving WHO's transformation** in the Region In line with GPW 13, Vision 2023 recognized that for WHO to fulfill its mandate and support all countries and territories in the

Region to achieve the health-related SDGs, the Organization had to become more agile and effective. Transforming WHO has therefore been a priority throughout the past five years, with major changes in organizational structure, operations and culture. Major structural changes at the WHO Regional Office included the creation in 2019 of a Department of Communications, Resource Mobilization and Partnerships and

a Chef de Cabinet's office responsible, among other things, for strengthening regional governance and coordinating work on transformation initiatives. A Regional Transformation Team was established, composed of representatives from the Regional Office and country offices, to provide high-level direction for transformation efforts across the Region, while a transformation unit implemented initiatives. Following a strategic retreat of WHO representatives in countries of the Region and senior managers from the Regional Office in November 2021, a regional transformation roadmap was created in 2022 to guide further work in the Region. The roadmap is based around 10 action points (see

Figure 25), and also takes into account the findings of an external performance audit of WHO transformation. Figure 25. The Regional Transformation Roadmap.

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WHO Transformation

PROGRESS IN VARIOUS AREAS,

**REGIONAL TRANSFORMATION** 

ROADMAP IS DRIVING

a variety of ways. Mapping studies were and publication ethics. WHO guidance on five grant schemes to incentivize research

Box 17 Fostering research

capacity and

yearly average number of citations to recent articles published in that journal - rose from 0.7 in 2018 to 2.1 in 2023. While the impact



#### Leading and leveraging partnerships for health Partnership is inherent in the idea of health for all by all, and throughout the past five years, WHO has worked to deepen existing partnerships and establish new ones.

The very first deliverable specified under Vision 2023 was the creation of a Regional Health Alliance (RHA) to cement WHO's position as the strategic leader on health issues in the Region. Launched in 2020, the RHA brings together 16 UN agencies and other multilateral organizations to support progress towards the healthrelated SDGs through closer collaboration.

THE WORLD BANK WUNAIDS @ IOM UN@HABITAT FOR A BETTER URBAN FUTURE

OCHA WOMEN World Food Programme States Medienassa

Mirroring the Global Action Plan for Healthy Lives and Well-being

for All (GAP), the RHA is based

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of support with country requests. In parallel at the country level, based on its mandate, To support progress on the health-related SDGs, WHO sought to better position

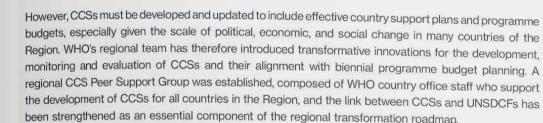
The RHA reflects and responds to global

United Nations family for more coordinated,

Arab League and the American University in Cairo was initiated to as part of the response on the Social Determinants of Health and to advance work on healthy ageing, and WHO formed or is in the process of forming new regional partnerships with the Al Maktoum Food Safety Authority and the Eastern Mediterranean Public Health Network.







Cooperation Framework (UNSDCF).

**OVERALL FUNDING** to support programmes and initiatives in the Region increased from:

n the 2018-2019 biennium to reach:

in the 2022-2023 mid-biennium

JS\$ 1.216 billion

Box 20 Updating country cooperation strategies

Region. WHO's regional team has therefore introduced transformative innovations for the development, monitoring and evaluation of CCSs and their alignment with biennial programme budget planning. A regional CCS Peer Support Group was established, composed of WHO country office staff who support the development of CCSs for all countries in the Region, and the link between CCSs and UNSDCFs has At time of writing, six country offices in the Region (Jordan, Lebanon, Oman, Pakistan, Somalia and

The WHO country cooperation strategy (CCS) sets out a vision for cooperation between each country and WHO in the medium term. CCSs are key instruments to align WHO's work at country level with individual countries' national health plans and inform country support plans. They can also help to

define WHO's contribution to the development and implementation of the UN Sustainable Development

been strengthened as an essential component of the regional transformation roadmap. Sudan) have valid CCSs, and another seven (Bahrain, Egypt, the Islamic Republic of Iran, Kuwait, Morocco, Qatar and Syrian Arab republic) are developing and validating their CCSs.

Strengthening engagement in WHO's governance

All WHO's work is guided by decisions made by Member States through its global and regional governing bodies. Strengthening engagement in governance was a key aim of Vision 2023, both to reinforce Member States' oversight and decision-making and to enable strategic alignment with partners and non-State actors. A Chef de Cabinet's office was established at the Regional Office in 2019 with a dedicated Governing Bodies team to coordinate work. Contact with governing bodies focal points countries and territories

and permanent missions, featured presentations from international experts and leaders, and gave participants a chance to practice speaking and negotiating in international meetings using realworld case studies. WHO also enhanced support for ministerial teams and diplomatic missions from Member States of the Region to engage in global governing bodies sessions. Technical briefings were prepared on the regional background to agenda items for the World Health Assembly, Executive Board and the Programme, Budget and Administration Committee, and WHO's regional team held frequent

of the Region was deepened and WHO invested to support building their capacities. A highlight in

this regard was the launch in 2021 of training in Global Health Policy and Diplomacy. This innovative

online course, specifically designed for WHO governing bodies focal points at ministries of health

in 2018-2019 to:

THE PERCENTAGE OF FUNDS mobilized at the regional

and WHO country office levels increased from:

headquarters in mobilizing funds for the Region.

CLICK >



The level of programme budget financing for the Region during the term of the vision was among the highest

across all WHO's major offices globally. However, in large part this was driven by emergency operations and

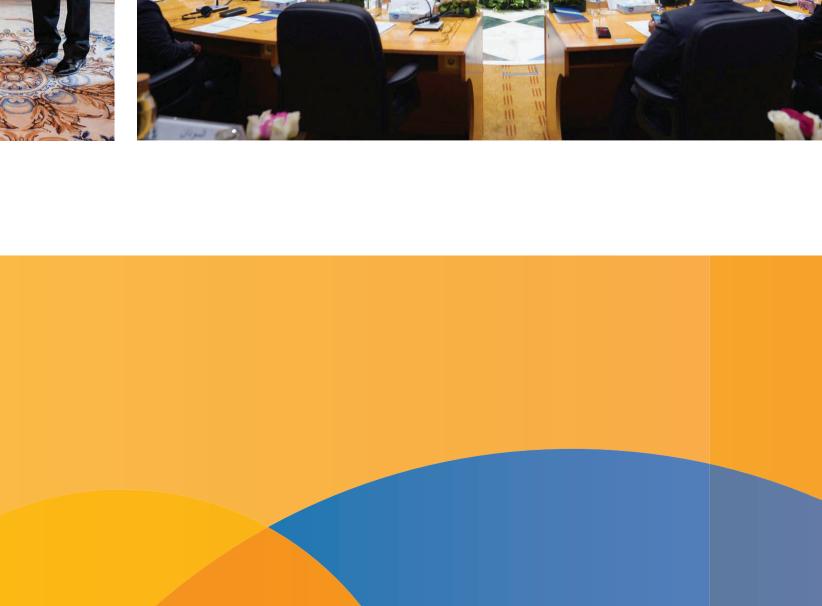
the polio eradication programme, and misalignment between contributions received for the base segment and identified priorities remained a challenge as it meant that the Organization was highly dependent on voluntary contributions, with limited flexibility to meet changing country needs and priorities (Figure 28).

Figure 28. WHO's budget, financing and utilization from 2018–2019 to 2024–2025





CLICK =



CLICK >





