



World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

VISION 2023 FIVE-YEAR REPORT

Vision 2023 Five-year Report
Client: World Health Organization
Regional Office for the Eastern Mediterranean
(Middle East and North Africa)
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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.

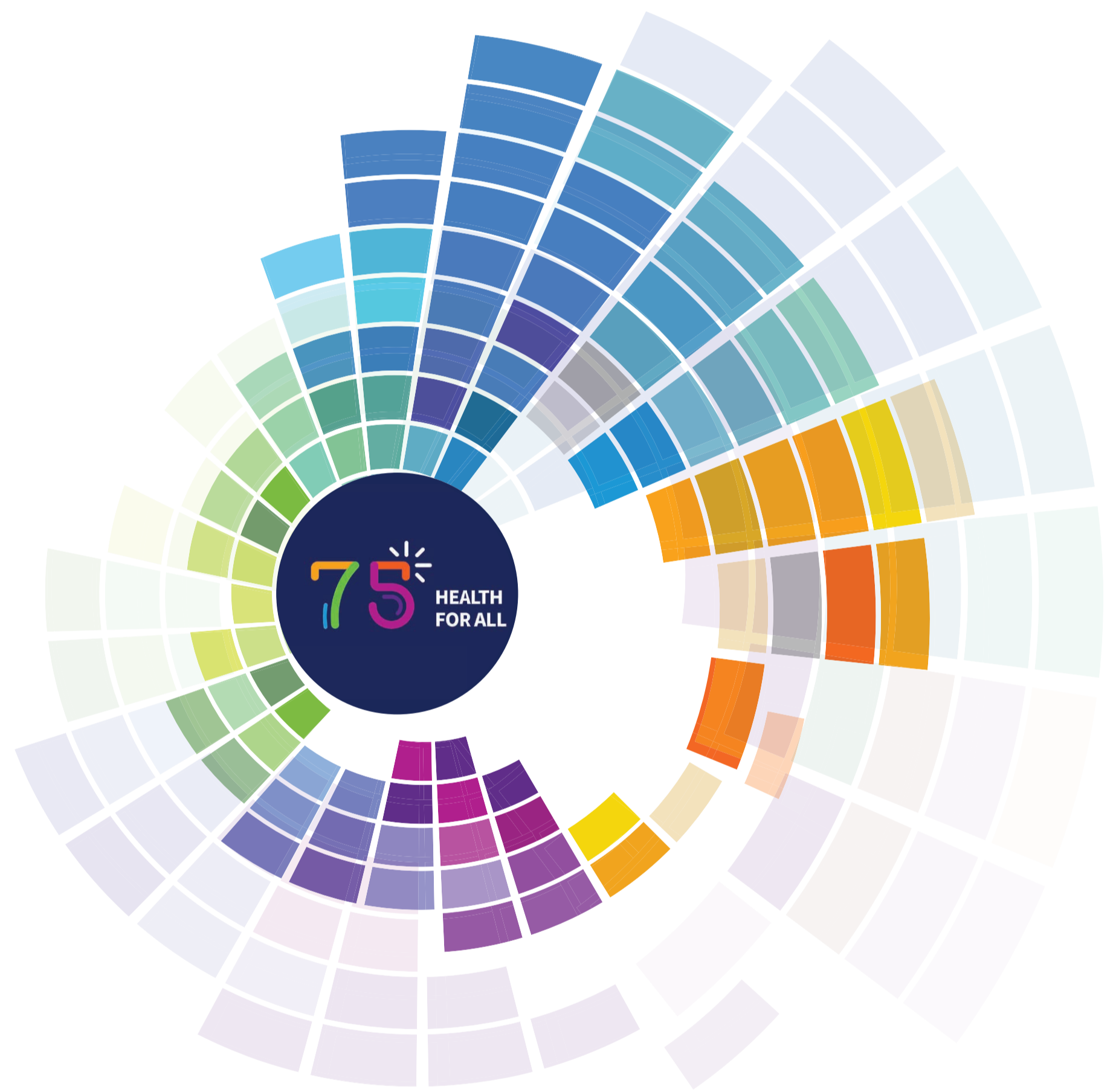
The connection between the expanding circles used and expanding universal health lies in the shared themes of growth, inclusiveness, and progress. It symbolizes the broadening reach and increasing impact of universal health initiatives done by the World Health Organization. It represents the aspiration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

Color scheme

VISION 2023

Five-year Report

Color Inspiration



WHO Blue	WHO Orange	WHO Yellow	WHO Magenta	WHO Purple	WHO Green
Pantone 2925C C77 M25 Y0 KO R0 G154 B222 #009ADE	Pantone 165C C0 M74 Y95 KO R242 G104 B42 #F26829	Pantone 130C C2 M38 Y100 KO R244 G168 B29 #F4A81D	Pantone 248C C38 M100 Y2 KO R166 G34 B140 #A6228C	Pantone 2597C C80 M100 Y7 K2 R91 G44 B134 #5B2C86	Pantone 376C C56 M3 Y100 KO R128 G188 B0 #80BC00
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FONTS

HEADINGS AND SUBHEADING
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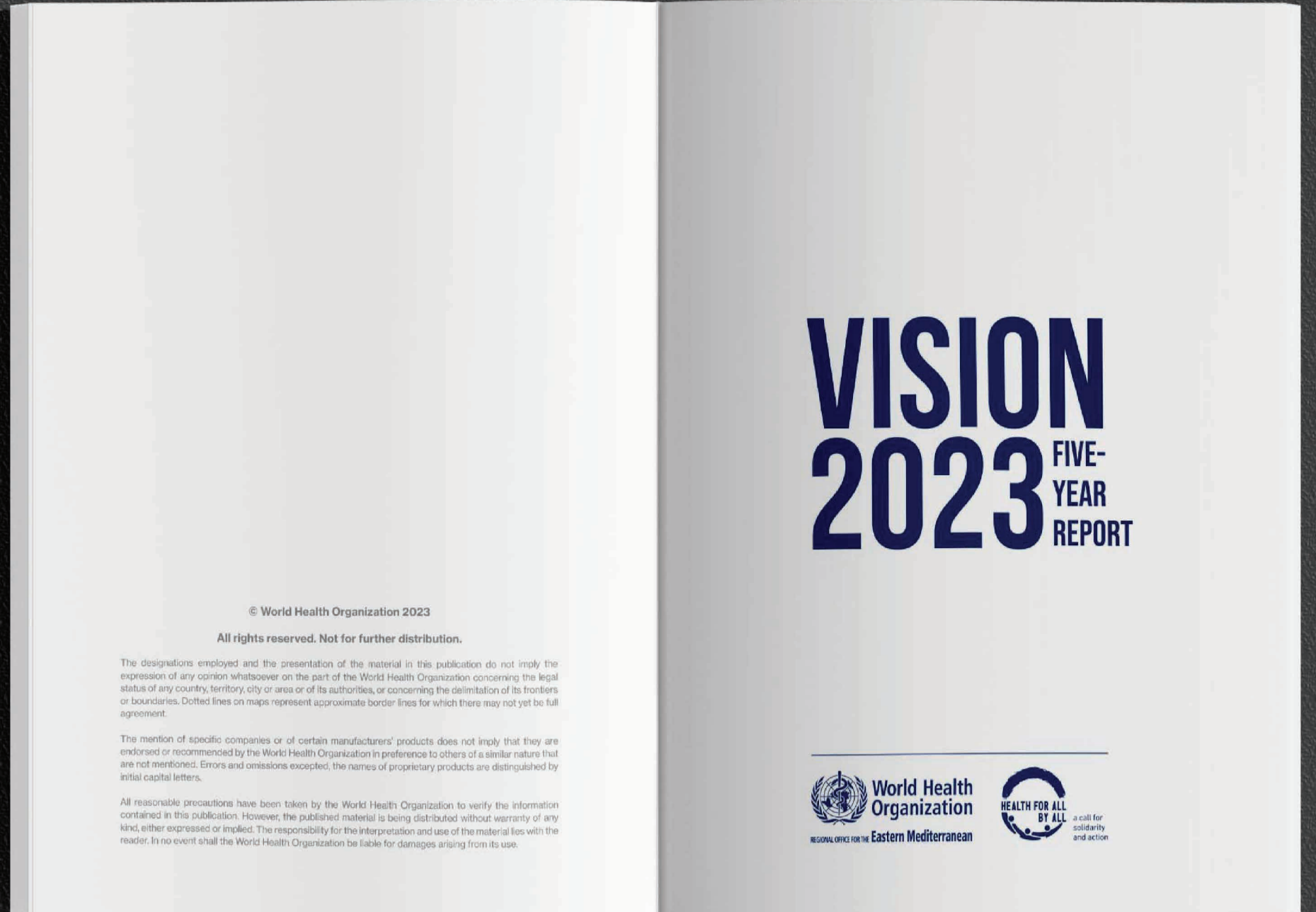
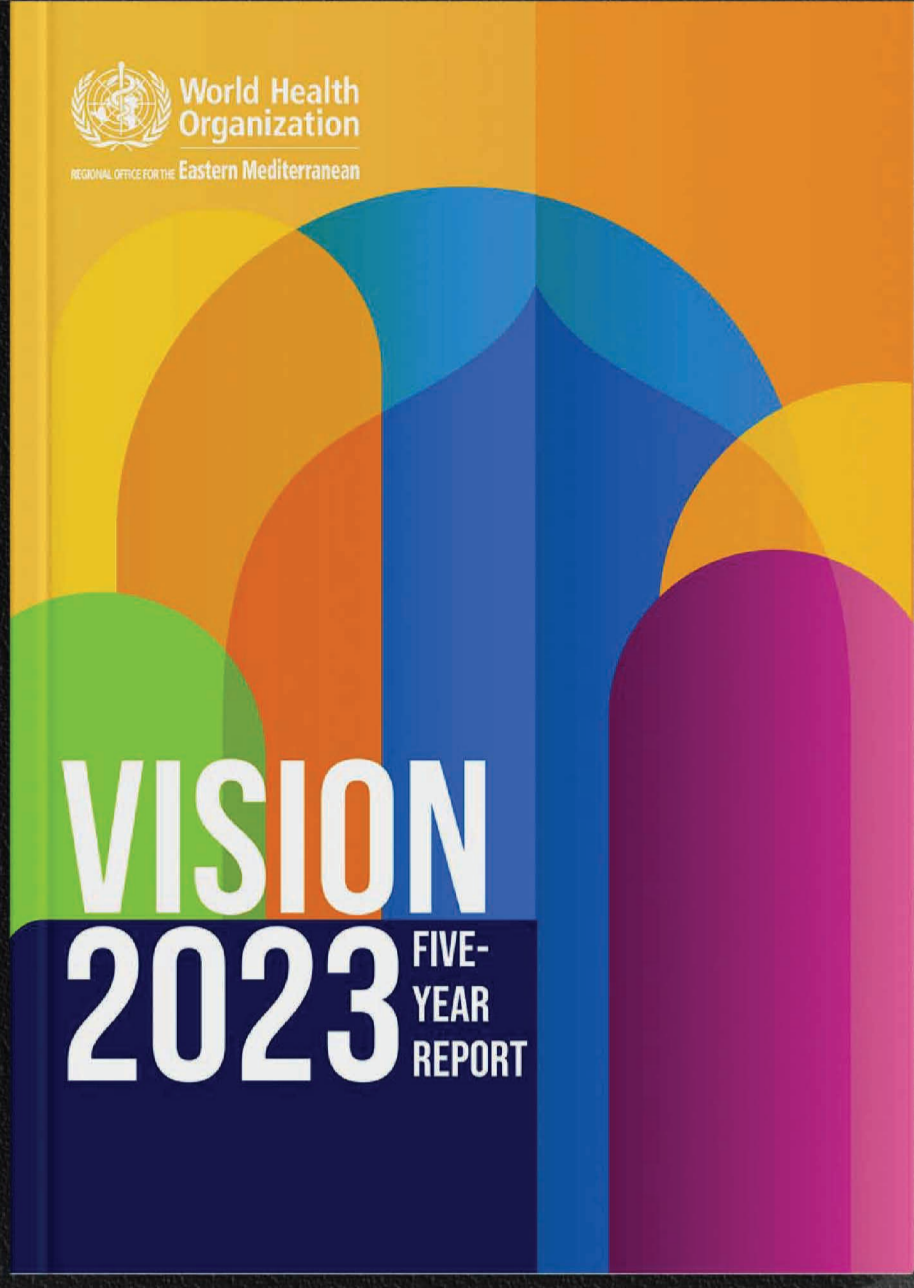
VISION 2023 FIVE-YEAR REPORT

TEXT AND GRAPHICS

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Cover Design





INTRODUCTION AND EXECUTIVE SUMMARY

In October 2023, WHO updated Vision 2023, a road map for the Eastern Mediterranean Region, to align it with the Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development. The updated Vision 2023 is a key document for the Region, providing a clear and concise overview of the Region's health and well-being, and outlining the key actions and interventions needed to achieve the SDGs and the 2030 Agenda.

1. Expanding universal health coverage

ACHIEVING UNIVERSAL HEALTH COVERAGE BY 2030 IS ONE OF THE MAIN HEALTH-RELATED TARGETS OF THE SDGs, and a prime focus of WHO's work globally and regionally.

Building on those commitments and the roadmap set out in the Sahel and the Sahel Declaration, Vision 2023 aimed to guide efforts to expand coverage in line with each country's priorities, helping policy-makers define the services and interventions to cover under their national UHC agenda, then supporting them to ensure equitable and efficient access to those services.

WHO worked with countries to improve every aspect of their health systems, from:



In line with the regional vision and strategy, countries were encouraged to transform service delivery using an **integrated, people-centred health services (IPCHS)** approach. Among many pioneering initiatives, a **Regional Professional Diploma in Family Medicine** was created to address the chronic shortage of family practitioners in the Region; new regional frameworks were introduced to guide strategic **engagement with the private sector**; **systems integration of hospitals**; **in health** patient safety and overall quality of care in both hospital and **primary health care** settings.

While the COVID-19 pandemic disrupted health systems and essential health services, it also provided an opportunity to experiment and rebuild better. WHO sought to use the momentum and build **major advocacy efforts** to enhance the status of the health workforce. A new **regional agenda** for building resilient health systems and regional strategies to **improve access to medicines and vaccines** and **promote the health and well-being of refugees, migrants, IDPs and other displaced groups** are set to galvanize action in key areas going forward.

CHAPTER 1



2018

A major campaign, *Beating Time* was launched in 2018 to raise the profile of nurses and midwives globally, followed by national launches in eight of the Region's countries.

2019

2020

At its 68th session in 2019, the Regional Committee endorsed a call for action to develop and implement national strategies and action plans to strengthen nursing and midwifery workforces.

2022

WHO supported 2022 as the International Year of the Nurse and Midwife.

A Nursing and Midwifery Strategy for the Arab Region was launched in 2022 in collaboration with the League of Arab States and the United Nations Population Fund (UNFPA).

The International mobility of health professionals has also been an important area of focus in the Region. WHO collaborated with the International Organization for Migration (IOM) to produce a study of countries' experiences of engaging their diaspora health professionals, and this was followed by a regional dialogue on the issue.

The international mobility of health professionals has also been an important area of focus in the Region. WHO collaborated with the International Organization for Migration (IOM) to produce a study of countries' experiences of engaging their diaspora health professionals, and this was followed by a series of regional dialogues.

To accelerate progress in developing the health workforce in the Region, a technical paper will be presented to the upcoming 70th session of the Regional Committee in October 2023. The paper will review progress, analyse challenges and map a way forward based on the lessons from the COVID-19 pandemic.

Kabul, Afghanistan
Midwives in training help increase the number of midwives in the health workforce. Photo: ICN/WHO. © WHO / Karim Bayat

V. Building resilient health systems

The Eastern Mediterranean Region faces humanitarian crises and forced displacements on a huge scale. In recent years, emergencies in the Region have affected more people over a longer period of time and have required more resources than ever before. To address the challenges of expanding UHC and achieving the other health-related SDGs in this context, WHO has been pioneering innovative approaches.

A unique team was established within the WHO Regional Office to bridge the work of the Organization's Health Systems and Health Emergencies programmes. The Health Systems in Emergencies (HSE) unit focuses on promoting health system resilience for health security and 'building back better' recovery efforts, operationalizing the humanitarian-development-peace nexus (HPDNP) approach, and promoting the health and well-being of refugees and migrants.

The **Universal Health and Preparedness Review (UHPR)** was developed as a global initiative to foster a holistic approach to building national capacities in preparing for public health threats. Health systems resilience requires close connection with communities and non-health stakeholders, and the UHPR was created with this in mind.

In March 2020, following four months of preparation, the **IPCC** became the **FIRST COMMISSION IN THE REGION TO CONDUCT THE UHPR**, providing guidance on how to support the country's efforts in strengthening its health security preparedness through the UHPR process and moving from a humanitarian to a development setting.

In High Level Panel of Experts (HLPE) report on COVID-19 and Health System Resilience, the Eastern Mediterranean Region was cited as a pioneer in innovative approaches.

Baghdad, Iraq
A High Level Panel of Experts (HLPE) report on COVID-19 and Health System Resilience was launched in Baghdad and Cairo in the Region to support health system resilience. Photo: WHO / Karim Bayat

WHO undertook extensive work on health system recovery. Once the acute phase of response to any emergency is over, including others, an opportunity to create a more resilient and fit-for-purpose health system (Figure 3). WHO's regional team provided guidance and technical support to countries in developing health system recovery plans and helped implement post-disaster needs assessments after floods in:

- The Islamic Republic of Iran (2019)
- Djibouti (2019)
- Sudan (2020)
- Pakistan (2022)
- Salbot port, Pakistan (2020)
- The Republic of Haiti (2020)

Figure 3. Schematic view of the health systems recovery process

Elements and process of health systems recovery in emergencies according to WHO/EMRO implementation guide

Phase	Key Elements
Emergency preparedness	Health, Health Services, Health Workers, Health Facilities, Health Financing, Health Information Systems, Health Governance, Health Equity, Health Security, Health Resilience
Early recovery and transition	Health, Health Services, Health Workers, Health Facilities, Health Financing, Health Information Systems, Health Governance, Health Equity, Health Security, Health Resilience
Long-term recovery	Health, Health Services, Health Workers, Health Facilities, Health Financing, Health Information Systems, Health Governance, Health Equity, Health Security, Health Resilience
Development	Health, Health Services, Health Workers, Health Facilities, Health Financing, Health Information Systems, Health Governance, Health Equity, Health Security, Health Resilience

Health systems recovery process (The Health Systems Governance Framework for Health and Well-being) (HSGFW) is the key framework for health systems recovery. It is based on the Health Systems Governance Framework for Health and Well-being (HSGFW) and the Health Systems Governance Framework for Health and Well-being (HSGFW). It is a key framework for health systems recovery. It is based on the Health Systems Governance Framework for Health and Well-being (HSGFW) and the Health Systems Governance Framework for Health and Well-being (HSGFW).

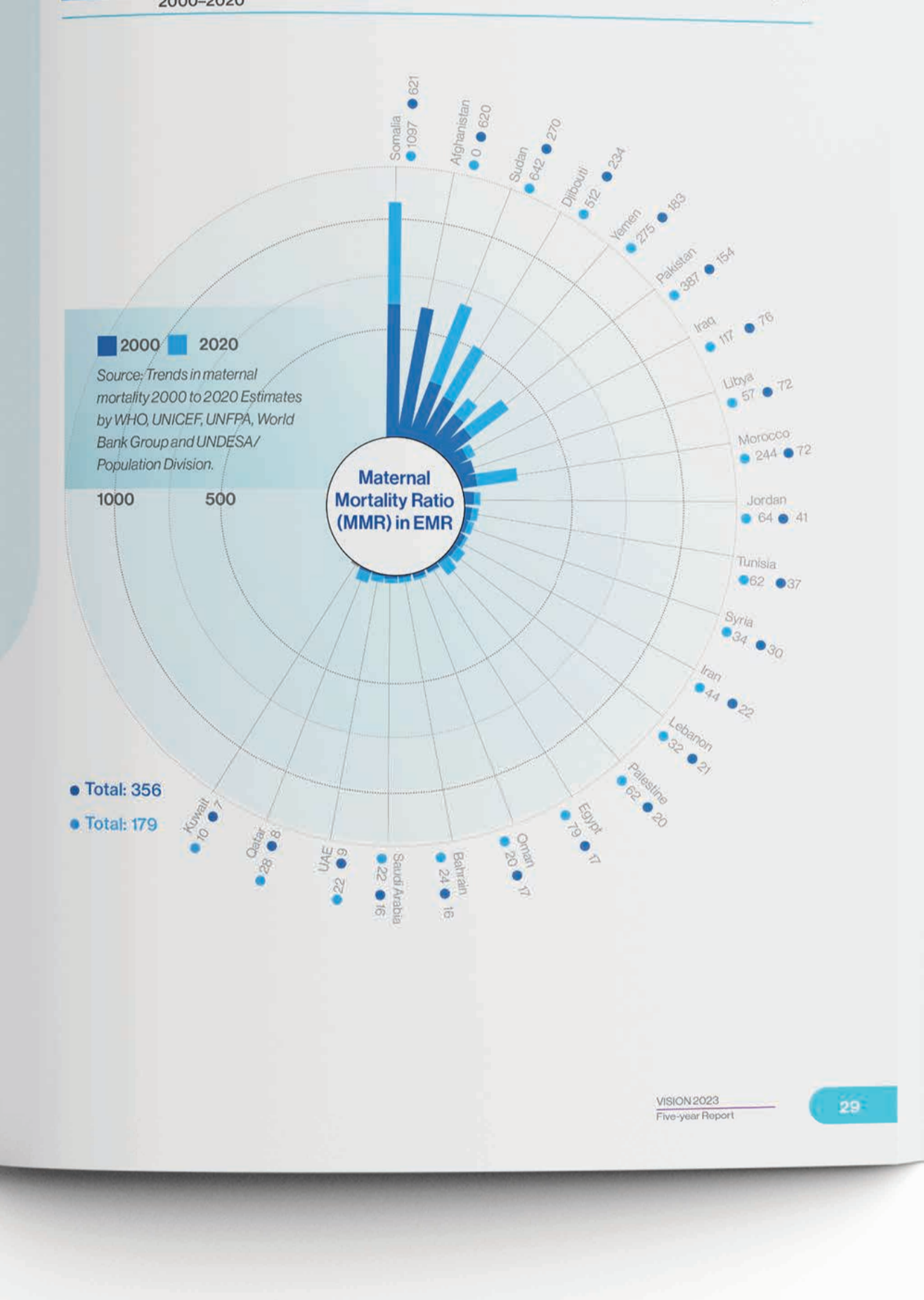
Source: WHO/EMRO, 2021

VI. Supporting maternal and child health

VISION 2033 and the regional strategy also guided systematic efforts to improve access to healthcare across major programmes including communicable and noncommunicable disease control and reproductive, maternal and child health.

THE PAST TWO DECADES HAVE SEEN SOME SIGNIFICANT IMPROVEMENTS IN MATERNAL AND CHILD HEALTH IN THE REGION. **MATERNAL MORTALITY FELL BY 50.3% OVERALL BETWEEN 2000 AND 2020** (SEE FIGURE 4).

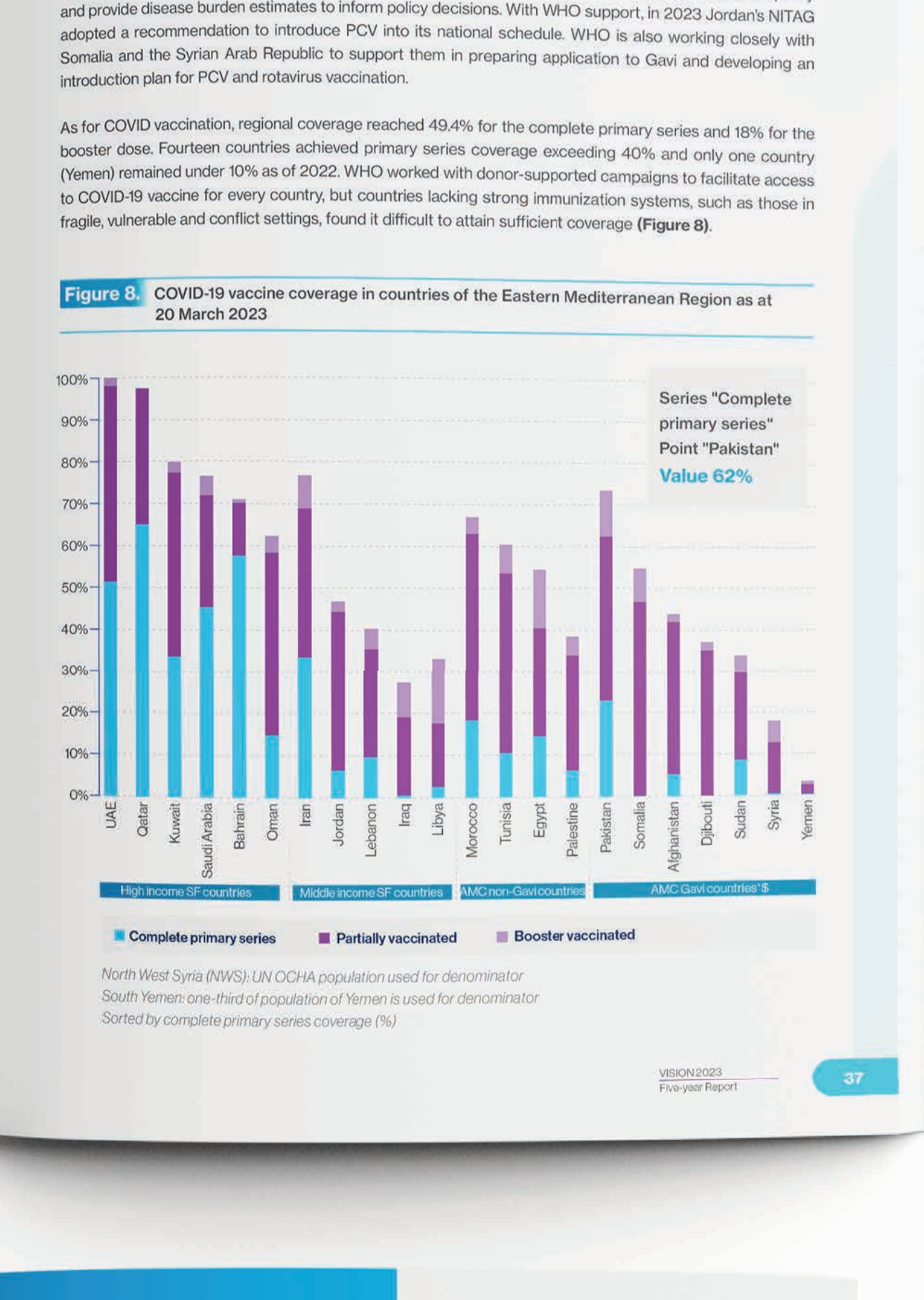
Baghdad, Iraq
World Health Organization (WHO) visit communitarian team led by Ali-Ahmed Hussein in Baghdad. © WHO



WHO worked with countries to introduce vaccines into their national immunization programmes. In 2019, Tunisia introduced PCV, six countries in the Region (Kuwait, Libya, Morocco, Qatar, Saudi Arabia and the United Arab Emirates) started offering a human papillomavirus (HPV) vaccine and Pakistan became the first country in the world to introduce typhoid conjugate vaccine (TCV). Haemophilus influenzae type B (Hib) and pneumococcal polysaccharide vaccine are now used in all countries of the Region through the Expanded Programme on Immunization. PCV is used in 17 countries, and rotavirus vaccine in 16 countries with preparations under way to introduce it in Somalia, the Syrian Arab Republic and the State of Palestine. The regional immunization technical advisory group in Yemen has recommended the introduction of a booster dose of DTP vaccines and a birth dose of rotavirus B vaccine.

Morocco
In October 2022, Morocco introduced HPV vaccination as part of its national immunization programme. The first cohort for all girls (over the age of 11) was vaccinated in Morocco in 2022. The vaccine was introduced as a collaborative process and supported by WHO and other stakeholders. © WHO

DIP Camp, Somalia
A vaccine is administered to a child as a routine immunization service in a Displacement Internment Point (DIP) camps in Somalia in September 2022. Photo: WHO / Karim Bayat



The vision and accompanying regional strategy built on the established idea of Health for All and was given a distinctive twist to become the central principle of the vision: **HEALTH FOR ALL BY ALL, emphasizing that EVERYONE HAS A VALUABLE ROLE TO PLAY**.

THE CHAPTER SUMMARIZES PROGRESS MADE TOWARDS UHC IN THE REGION SINCE 2018. It briefly examines each of the five regional strategic objectives and links back to the strategy and implementation across major programmes including communicable and noncommunicable disease control and reproductive, maternal and child health.

For an overview, Figure 1 describes progress on two UHC-related indicators: SDG 3.8.1 for the coverage of essential health services and SDG 3.8.2 (on catastrophic health spending). Table 1 lists important guiding frameworks and other policy instruments introduced by the Regional Committee to support action on expanding UHC during the period of the vision.

DIP Camp, Somalia
A vaccine is administered to a child as a routine immunization service in a Displacement Internment Point (DIP) camps in Somalia in September 2022. Photo: WHO / Karim Bayat

VII. Detecting, treating and managing noncommunicable diseases

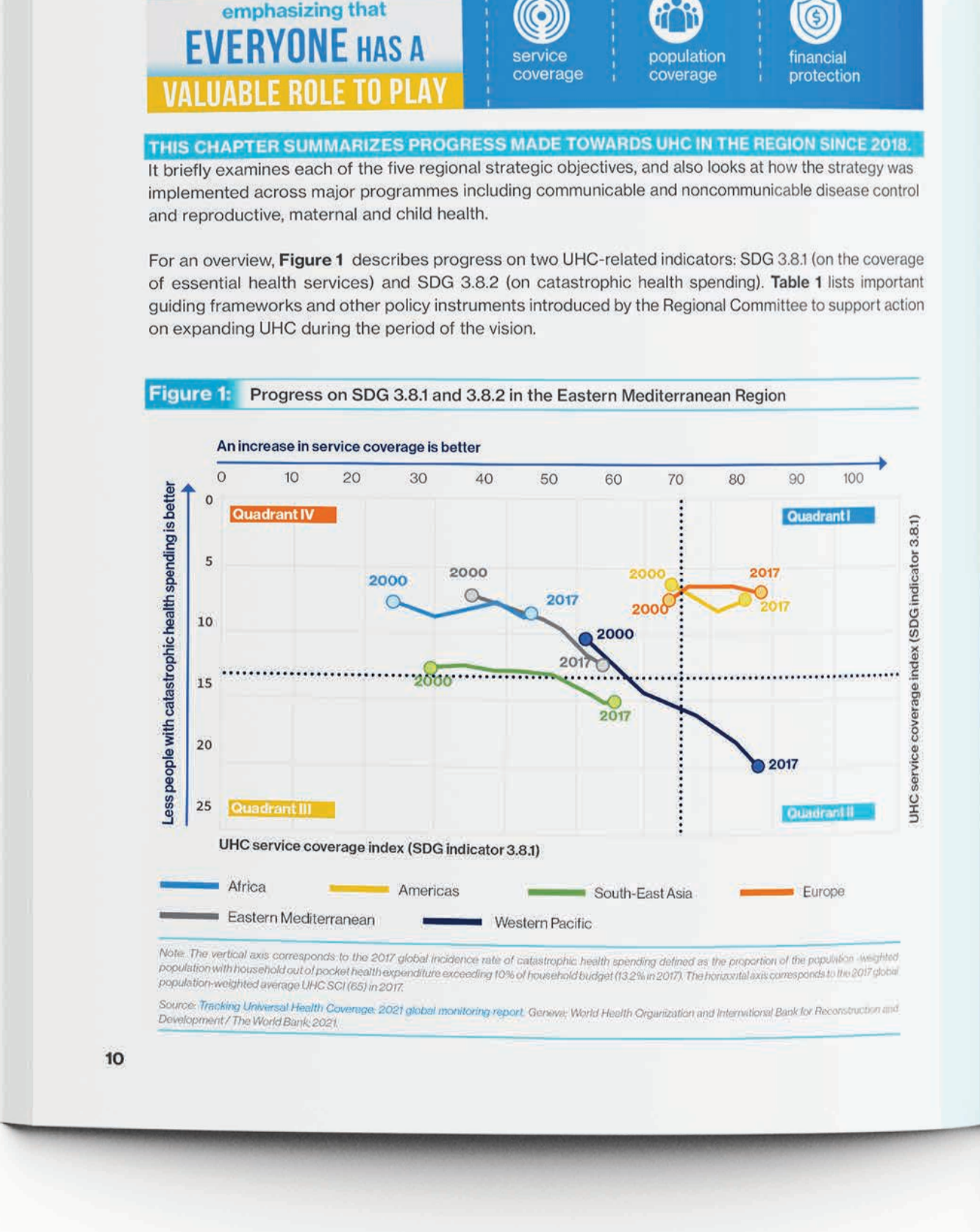
More than 150 million people in the Region live with noncommunicable diseases (NCDs) such as cardiovascular disease, cancers, chronic respiratory diseases, diabetes and mental disorders. Every year, more than 2.8 million people in the Region die from the main NCDs, and more than half those deaths on preventable NCDs. This poses a heavy burden not only on the Region's health care systems, but on its families, communities and economies.

Throughout the term of Vision 2033, 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, the adopted version of which is endorsed by the Regional Committee at its 68th session in 2019. The framework reflects commitments made by WHO Member States and the global community in the 2019 UN Political Declaration to accelerate national progress to address NCDs with the aim of meeting SDG target 3.6 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, analyzing current demands, policies and provision to identify gaps, then adopting progress, 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 assessments gave an overview of countries' progress of key indicators.

Provide psychotropic medications to patients at home during COVID-19 pandemic. Photo: WHO / Karim Bayat

Jordan
Jordan is one of the first countries in the Region to adopt a comprehensive, evidence-informed approach to address NCDs and to conduct regular country capacity surveys every two years provided a detailed picture of needs and services across the Region, while assessments gave an overview of countries' progress of key indicators.



I. Strengthening health system governance structures and financing arrangements

The approach to health system governance and financing in Vision 2033 reflects the roadmap set out in the Sahelian Declaration. The aim is to support and guide policy-makers in each country to expand coverage and interventions should be covered under the national UHC agenda, then shape the health system to ensure equitable and efficient access to those services. Countries including Egypt, Morocco, Pakistan, Libya and Tunisia were supported in developing national UHC roadmaps to implement this approach.

WHO also worked with countries to improve coverage of their health systems. Among key related initiatives, a regional chapter of the Health Systems Governance Collaborative and a regional Parliamentary Forum for Health and Well-being were established. While the COVID-19 pandemic disrupted the work, it also offered a chance to move the agenda forward by demonstrating the need for stronger, more collaborative, governance and providing opportunities to develop and test new arrangements. Having witnessed the need to invest in essential Public Health Functions (EPHF), WHO renewed the regional EPHF Framework in collaboration with the United Kingdom's Health Security Agency (UKHSA) and is now joining it with Member States to inform a rebuilding agenda.

Eight Member States

WHO published a health financing atlas providing an analysis of the health financing systems throughout the Region. Major indicators since then have included expanded surveillance of the national health financing systems of Afghanistan, Egypt, Morocco, Pakistan and Palestine, and in collaboration with the League of Arab States and UNFPA, a health-finance specific strategy was developed and endorsed to mobilize more public money for health and health systems approach. Simultaneously, WHO advocated for increased investment in specific health programmes. For example, WHO's regional team worked with UNDP to develop NCD treatment areas for six countries of the Gulf Cooperation Council (GCC) and to address the shortage of family practitioners in the GCC region. WHO also supported the development of a regional diagnostic and mapping tool to generate evidence on health system governance to inform their national health system transformations.

Improving health financing has been a key area of focus. In 2019, WHO published a health financing atlas providing an analysis of the health financing systems throughout the Region. Major indicators since then have included expanded surveillance of the national health financing systems of Afghanistan, Egypt, Morocco, Pakistan and Palestine, and in collaboration with the League of Arab States and UNFPA, a health-finance specific strategy was developed and endorsed to mobilize more public money for health and health systems approach. Simultaneously, WHO advocated for increased investment in specific health programmes. For example, WHO's regional team worked with UNDP to develop NCD treatment areas for six countries of the Gulf Cooperation Council (GCC) and to address the shortage of family practitioners in the GCC region. WHO also supported the development of a regional diagnostic and mapping tool to generate evidence on health system governance to inform their national health system transformations.

Numerous national and subnational plans were developed and implemented to ensure initiatives are equitable, efficient and inclusive implementation of various health programmes. For example, **FIVE COUNTRIES ADOPTED NATIONAL STRATEGIC PLANS FOR TUBERCULOSIS (TB) WHILE TWO IMPLEMENTED WHO'S MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO END TB.**

Eleven countries developed, revised or updated their mental health strategies in accordance with the targets and indicators contained in the WHO Mental Health Action Plan 2013-2020, and technical support was also provided to help countries develop national substance use action plans.

Karachi, Pakistan
The National Mental Health Programme (NMHP) was launched in 2002. It is a WHO-supported programme that provides essential mental health services to 40 million people. Photo: WHO / Karim Bayat

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-centered 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.

The regional strategy aims to strengthen 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 In 2021, in collaboration with partners under the umbrella of the Regional Health Alliance, WHO launched a Regional Professional Diploma in Family Medicine to address the shortage of family practitioners in the Region and achieve the objective of having three family physicians per 1000 population by 2030.

2022 By the end of 2022, 14 countries and eight international organizations had joined a call for action to move towards national implementation.

2023 By April 2023, the programme's first cohort of 122 physicians had enrolled from nine countries.

CHAPTER.2

CHAPTER.2 ADDRESSING THE ESCALATING CHALLENGE OF

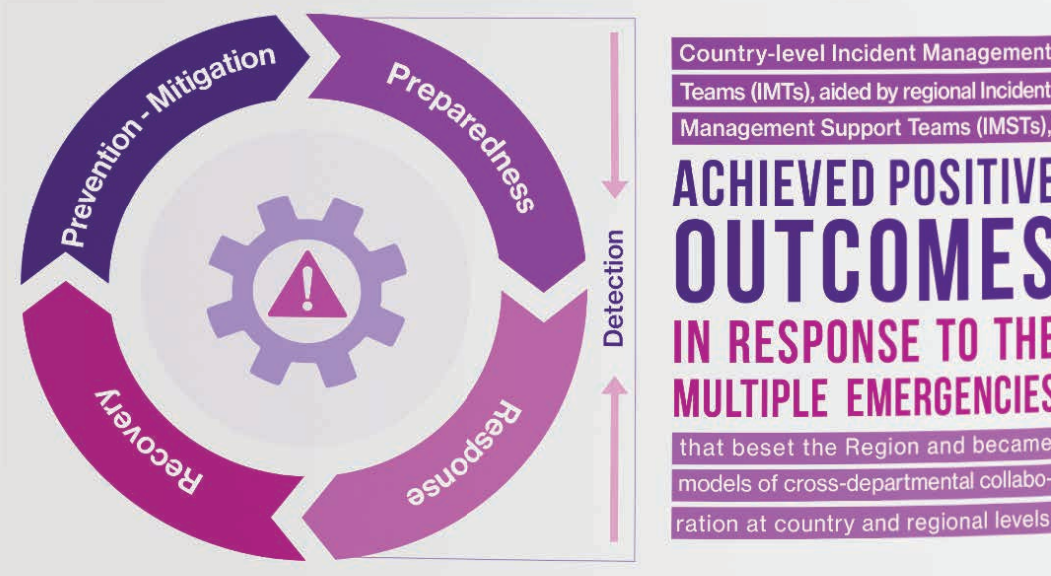
HEALTH EMERGENCIES IN THE REGION

Political tensions and instability complicated the emergency response in many countries. Attacks on health care personnel and institutions were common, with 2153 attacks and 378 associated deaths recorded over the five years covered by this report.¹

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



In practice, this meant supporting Member States to prevent and control epidemic and pandemic 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.

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

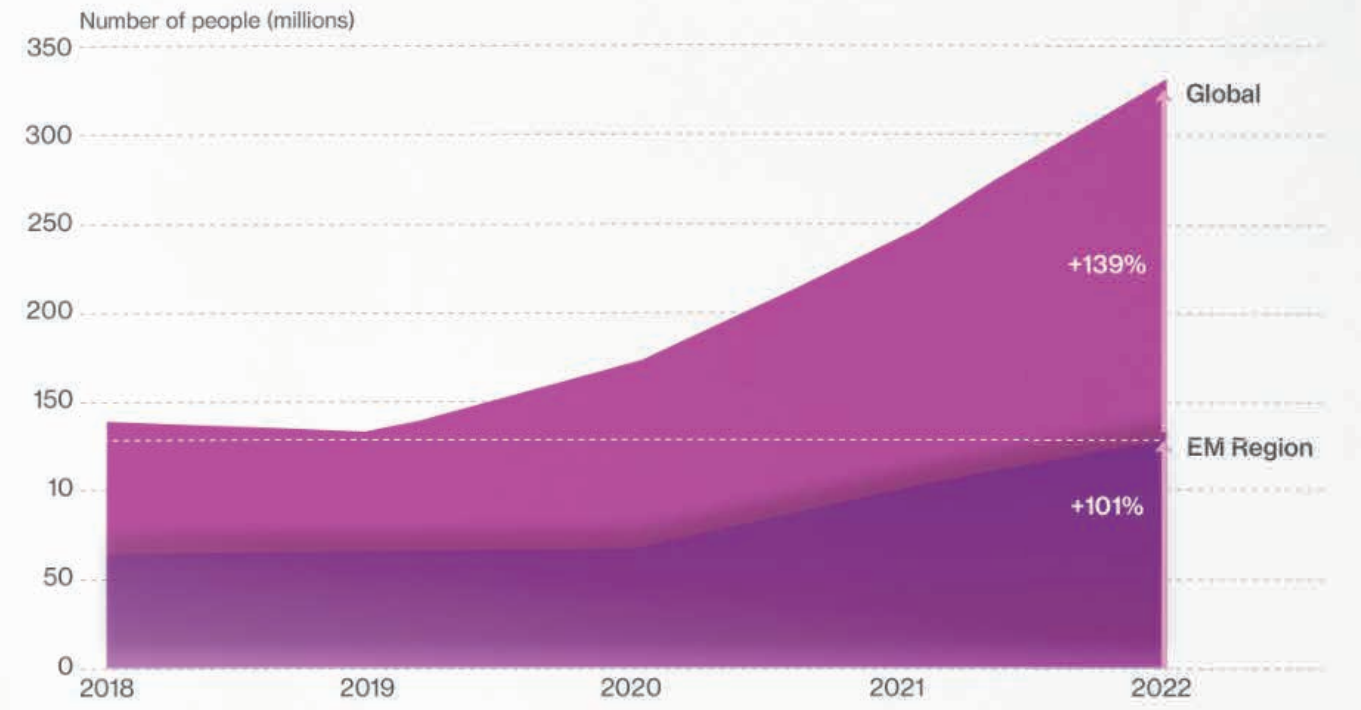
During the term of Vision 2023, 11 of its 22 countries and territories have experienced ongoing conflicts or sporadic outbreaks of violence,¹⁹ many of which have become protracted crises. WHO has documented and responded to 166 disease outbreaks (including COVID-19). Many countries have also been hit 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).² 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

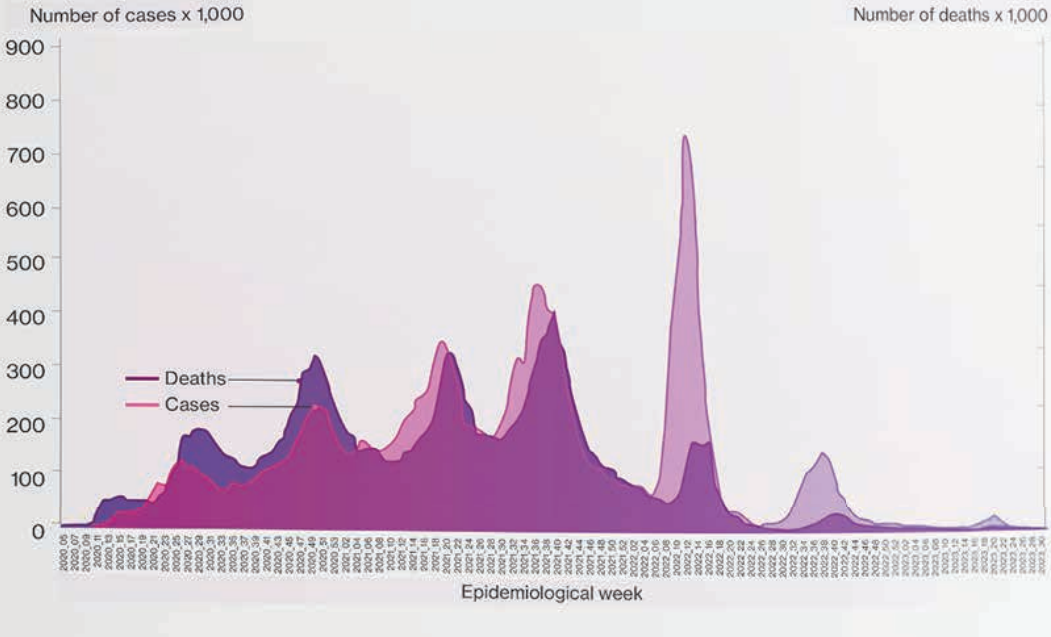


¹ Johnson J, Davies S, Chini A, et al. Organized violence 1989–2020: with special emphasis on Syria. *Journal of Peace Research*. 2023;60(3):409–428. <https://doi.org/10.1080/02643758.2023.2164696>
² Pezawas Research Institute. Data Observer: AMR Bulletin A Conflict trends in global hotspots, 1990–2022. <https://www.pezawas.org/>
³ United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Humanitarian Action for People. <https://www.ocha.org/>
⁴ OCHA. Humanitarian Action for People.
⁵ The United Nations High Commissioner for Refugees (UNHCR), who administers UNHCR mandates.
⁶ UNHCR. Refugee Data Finder (worldwide). <https://data.unhcr.org/en/home.html>

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 1.9%.

Figure 12. Weekly distribution of COVID-19 cases and deaths in the Eastern Mediterranean Region, January 2020–July 2023



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

Supported by WHO, all 22 countries and territories of the Region activated multilevel coordination mechanisms to oversee their national COVID-19 responses, while WHO-led health clusters played vital roles in coordinating the response in nine countries facing humanitarian emergencies. WHO also supported countries to leverage existing systems – including influenza surveillance, rapid response teams, and polio staff and systems.

Technical guidance on numerous topics was adapted to the context of the Region, and WHO used a variety of information sharing mechanisms, including a regional COVID-19 dashboard, daily instant messaging with ministers, regular ministerial briefings, bi-weekly news conferences and regional partnership forums, to keep ministries of health, partners, communities and the news media updated. By 2023, WHO technical staff had undertaken 151 support missions across all 22 countries and territories.

Capacities were scaled up rapidly across the Region. The number of laboratories with PCR capacities increased dramatically from fewer than 30 to over 2500 during the first three years of the pandemic, while the number of countries and territories with genomic sequencing capacity more than doubled, from 10 to 21. WHO supported the training of over 50 000 health workers in clinical care, with a focus on critical care.

Ramallah, Palestinian Territory, Occupied

Khala, 30, returned to her family home in Ramallah in 2020. She contracted COVID-19 shortly after and received care at the COVID-19 treatment and isolation centre at Hugo Chowk Hospital.

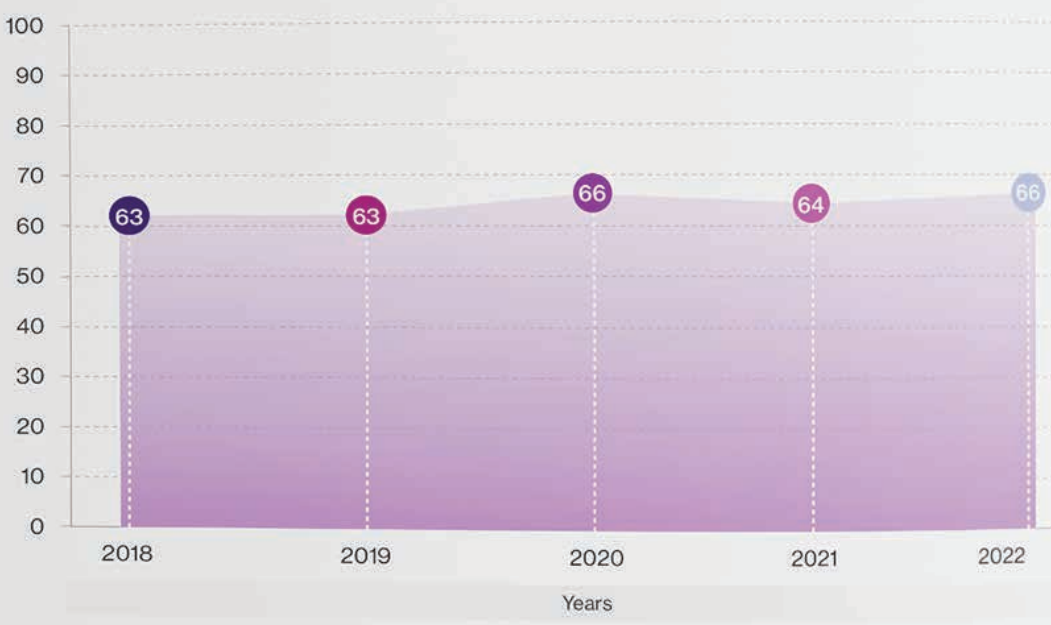
- WHO / NOCER / Tariq Halboushi



III. Streamlining emergency preparedness

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 Party Self-Assessment Annual Reporting (SPAR) tool – the main measurement of public health 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



WHO continues to support countries to improve the monitoring and building of IHR capacities. By 2023, all 22 countries and territories in the Region had completed SPAR reporting for two consecutive years and 20 had completed Joint External Evaluations (JEEs). Many were beginning to revise and update their 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 workshop practice among countries, orientation 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 (ePHEM) software is being rolled out.

Controlling the international spread of disease will require stronger public health capacities at points of entry (PoEs) and better risk-based guidance on travel. Following an assessment of capacities in all 22 countries and territories, WHO has developed a PoE training package which is planned for release in 2023. A five-year strategic plan to enhance IHR capacities at PoEs has also been developed and its implementation is underway, including review and updating of agreements between countries for public health collaboration across borders.

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 Hajj 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 designation of a WHO Collaborating Centre for Mass Gatherings in Saudi Arabia in 2021 further enhanced capacities, and a draft regional framework will be presented to the 70th session of the Regional Committee in October 2023.

Saudi Arabia

As an estimated 2 million Muslim gather in Saudi Arabia's holy city of Mecca to take part in the annual Hajj pilgrimages, months of preparations to care for health issues of pilgrims are also coming together. The World Health Organization (WHO) and the Government of Saudi Arabia work together to ensure the health issues that could arise with any mass gathering of people can be addressed.

© WHO / Fereshteh Chab



Countries were assisted to expand access to medical oxygen, including through the procurement of oxygen-generating plants and innovative, solar-powered oxygen concentrators. And by the end of 2022 WHO's logistics hub in Dubai had dispatched 723 shipments of COVID-19 supplies worth over US\$ 67 million to 127 countries across all six WHO Regions (see box on page X).

THE EASTERN MEDITERRANEAN REGION RECEIVED:

- 319 shipments from the hub
- 44% of all shipments globally
- And US\$42.4 million
- 63% worth of supplies

Herat, Afghanistan

A patient rests in a ward in Shalabey Hospital's COVID-19 facility in Herat, Afghanistan.

© WHO / Andrew Quilty



As safe and effective COVID-19 vaccines became available, WHO collaborated with the United Nations Children's Fund (UNICEF) and other partners to facilitate their distribution, supporting countries through all steps of the COVAX Facility allocation processes. However, vaccines for COVAX Advanced Market Commitment countries were generally not available in significant volumes until the fourth quarter of 2021, and concerns about equitable access persisted.

As of 3 July 2023, 50% OF THE REGION'S POPULATION HAD BEEN FULLY VACCINATED

with country coverage varying massively from 3% to 98%. Due to insufficient resources, competing demands and 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).

An independent external review of WHO's COVID-19 response in the Region surveyed 45 partners including governments, UN agencies and NGOs. Over 80% of respondents said that WHO's COVID-19 response met or exceeded 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 policy building. Other notable successes included experienced leadership and the regional IMST, which facilitated intensive 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 2021 and a regional agenda for building resilient health systems the following year.

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.

