

Regional Committee BULLETIN

Pre-Regional Committee technical meetings • 27 October 2013

Pre-Regional Committee (RC) technical meetings

A series of pre-RC technical side meetings will be held today on Sunday 27 October 2013 in the ballroom of the Al Bandar Hotel, Muscat, Oman, the day before the sixtieth session of the RC (RC60) begins. Their Excellencies, the ministers of health of Member States of WHO Eastern Mediterranean Region, the WHO Secretariat and representatives of concerned parties will address important health issues, including pooled vaccine procurement, the role and regulation of the private sector in strengthening health systems and health information systems.



Inaugural session of RC60

In the presence of ministers of health of the Region and heads of delegations RC60 is scheduled to take place in the Shangri-La Barr Al Jissah Resort and Spa, Muscat, Oman, from 27 Sunday to 30 Wednesday October 2013.



The inaugural session will, however, take place in the Majan Hall of the Al Bustan Hotel from 19:30 to 20:30. H.E. Dr Ahmed Bin Mohamed Bin Obaid Al-Saidi, Minister of Health of Oman, H.E. Dr Abdellatif Mekki, Minister of Health of Tunisia, and Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, will inaugurate the opening session, and

a keynote speech will be delivered by H.R.H Princess Muna Al Hussain, WHO Patron for Nursing and Midwifery in the Region.

During the RC, members of the Regional Committee will review the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region, which

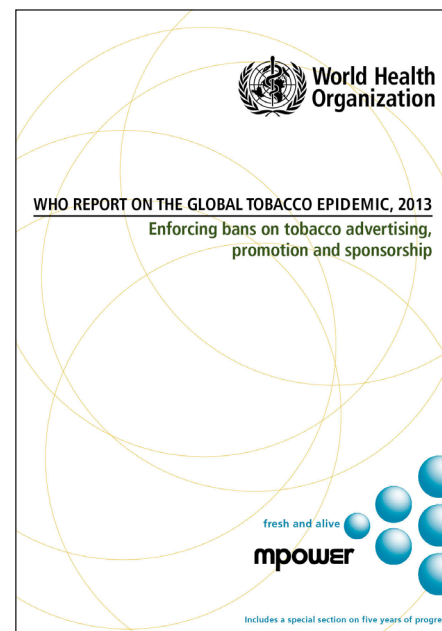
highlights the collaborative work of the Regional Office and Member States during 2012. The Committee will also review a number of other important health issues and topics, including decisions and resolutions of regional interest adopted by the World Health Assembly and Executive Board in their most recent sessions.

WHO Report on the Global Tobacco Epidemic

In 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as “MPOWER”, these measures correspond to one or more of the demand reduction provisions included in the WHO Framework Convention on Tobacco Control (WHO FCTC): monitor tobacco use and prevention policies; protect people from tobacco smoke; offer help to quit tobacco use; warn people about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; and raise taxes on tobacco.

The WHO Report on the Global Tobacco Epidemic 2013 is the fourth in the series of WHO reports on the status of the MPOWER measures. These measures provide countries with practical support to reduce demand for tobacco in line with the WHO FCTC, thereby reducing related illness, disability and death.

The release of the report is an opportunity for countries and regions to review their progress and to strategize about how to address gaps in the development and implementation of priority measures to control tobacco.



Health information systems

The goal of WHO’s work in health statistics is to improve country, regional and global health information. This information is vital for public health decision-making, health sector reviews, planning and resource allocation and programme monitoring and evaluation. WHO contributes to improved health information through its activities in the three following areas: the Global Health Observatory, a common gateway to WHO data and statistics, analysis and reports on key health themes; standards, tools and methods for data collection, compilation, analysis, and dissemination and country measurement and evaluation; and collaboration with countries on data collection, analysis and approaches to address priority data gaps and strengthen national health information systems. An update on the development of a list of core indicators will be presented during the side meeting on health system strengthening.



Strengthening health systems: involving the private sector

The world has never possessed such a sophisticated arsenal of interventions and technologies to cure disease and prolong life. Yet the gaps in health outcomes continue to widen. Much of the ill-health, disease, premature

death and suffering we see on such a large scale is needless as effective and affordable interventions are available for prevention and treatment.

The reality is straightforward. The power of existing interventions is

not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way and on an adequate scale.

How the private health sector can contribute to narrowing the gap

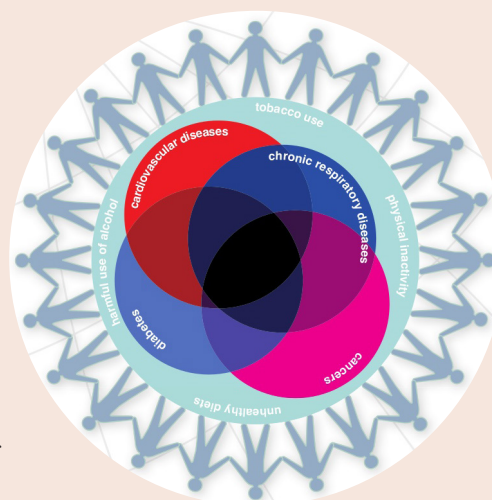
and strengthening health systems is an issue to be discussed during a technical meeting today on health system strengthening – role and regulation of the private sector.

WHO Global Action Plan for Prevention and Control of Noncommunicable Diseases

Despite the increasing level of unhealthy lifestyles and risk factors for noncommunicable diseases in the Region, policies, plans and programmes still require considerable strengthening in most countries. National policies and plans for the prevention and control of noncommunicable diseases are often underfunded. Sustainable health financing is challenged by inadequate government expenditure on health in low- and middle-income countries, increasing out-of-pocket expenditures on noncommunicable diseases that

burden individuals and families, and a general lack of social health insurance benefits, as well as inefficient systems in high-income countries where ample funding does not necessarily translate into health gains.

Regional challenges are addressed in the updated WHO Global Action Plan for Prevention and Control of Noncommunicable Diseases, 2013–2020.



Pooled vaccine procurement: review of progress

A session on pooled vaccine procurement (PVP) and a review of progress to date will be held during a technical side meeting to update Member States on the progress of the PVP initiative since the last session of the Regional Committee in 2012, clarify official commitments, requirements and necessary actions to be taken by Member States to utilize the designated pooled procurement system in the best possible way and

to follow up with Member States on the action plans developed during a technical workshop held in June 2013.

An important milestone has been reached for the PVP initiative in the Region which relies on the commitments and actions of Member States to realize its objectives. WHO seeks countries' commitment to join the PVP system, and during today's *(continued on page 4)*



(continued from page 3) technical session, delegations are expected to indicate their country's decision on whether to join and to identify the vaccines to be procured with delivery timelines and initial forecasted quantities.

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Antimicrobial resistance: a priority for the Region

Antimicrobial resistance is resistance of a microorganism to an antimicrobial medicine to which it was originally sensitive. Resistant organisms, which include bacteria, fungi, viruses and some parasites, are able to withstand attack by antimicrobial medicines, such as antibiotics, antifungals, antivirals

and antimalarials, so that standard treatments become ineffective and infections persist increasing the risk of spread to others.

Poor infection control practices encourage the spread of antimicrobial resistance.

Antimicrobial resistance is of global concern as it:

- reduces the effectiveness of treatment, thus patients remain infectious for a longer time, increasing the risk of spreading resistant microorganisms to others
- threatens a return to the pre-antibiotic era
- derails the progress made towards achieving the targets of the health-

related United Nations Millennium Development Goals (MDGs) set for 2015

- increases the costs of health care
- makes infections resistant to first-line medicines, forcing more expensive therapies to be used
- jeopardizes health care gains to society
- threatens health security, and damages trade and economies
- can lead to death.

During RC60, a technical side meeting will address antimicrobial resistance as a priority for the Region.

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Viral hepatitis: the way forward

It is estimated that approximately 4.3 million people in the Region are infected with hepatitis B virus. The risk of infection is highest in Afghanistan, Pakistan, Yemen, Sudan and Somalia. In addition, 800 000 people are infected with hepatitis C annually with prevalence estimated to be 1%–4.6%, although levels are higher than 10% in Egypt. Overall, an estimated 17 million people in the Region suffer from chronic hepatitis C infection. The cost of treatment of eligible patients in the Region is more than US\$ 125 billion and is expected to rise.

In response to this problem, the World Health Assembly adopted WHA resolution 63.18, which calls

for a comprehensive approach to prevent and control viral hepatitis. This resolution stipulates that WHO works closely with Member States to: develop necessary guidelines, strategies, time-bound goals and tools for the surveillance, prevention and control of viral hepatitis; provide the necessary support to the development of scientific research related to the prevention, diagnosis and treatment of viral hepatitis; improve the assessment of global and regional economic impacts and estimates of the burden of viral hepatitis; mobilize support to strengthen surveillance systems, prevention and control programmes, diagnostic and laboratory capacity, and management of viral hepatitis in developing countries in an equitable,

efficient, and suitable manner; and strengthen the WHO Safe Injection Global Network.

