

Emergency preparedness: on top of the agenda



In order to strengthen preparedness of Member States for emergencies, EMRO has proposed a plan consisting of three pillars: (1) build a well-trained, professional cadre of public health experts to act as surge capacity for the Region, (2) establish a reliable logistics system that includes communications, and (3) agree on and commit to a strong financing mechanism for emergencies.

The outcomes of this plan would be:

- 1- Regional emergency solidarity fund
- 2- Regional humanitarian hub
- 3- Surge roster of experts from Member States who are trained by WHO and can be deployed in emergencies.

In order for these outcomes to be achieved, however, there are needs for strong political will from Member States to push for the implementation of this suggested plan. All Member States supported the plan and requested that EMRO move forward and take the necessary actions for its implementation.

As a first step, Member States agreed that EMRO will send experts to assess their preparedness and response capacities for a possible Ebola outbreak. This step will serve as an entry point to a broader emergency plan that will include capacity-building of national staff for surge deployments as needed.

EMRO's senior management expressed their eagerness to accelerate the approval process for the establishing of a dedicated Regional WHO emergency hub in Dubai, and noted that this could only become a reality if Member States financially supported the initiative. During the discussion, Member States expressed their appreciation of EMRO's proactive approach in preparedness and response to emergencies. The Somali delegation expressed its appreciation for the "swift action to contain the polio outbreak in 2013" and requested more support for building a strong national emergency health system. The Palestinian delegation highlighted the considerable outcome of Regional Director Dr Ala Alwan's visit to Gaza in July 2014 and his efforts to secure Regional support to rebuild and strengthen the Palestinian health system.



EMRO launches The Leadership For Health Programme

The leadership for Health Programme is a new EMRO initiative that aims to strengthen the capacity of public health in the region. Shortages in qualified public health leaders in many Member States together with lack of political will have been identified as fundamental factors in the under-performance of health systems.

The 4-week-long intensive programme will be offered in collaboration with the Harvard School of Public Health. It will enroll up to 25 participants every year.

It will be organized on 23 January- 18 February 2015.

The programme utilizes non-traditional teaching methods and focuses on competencies in public health, Leadership and leading change, Organizational dynamics and change management, negotiation, Team building and conflict resolution, and system thinking and problem solving with emphasis on health system strengthening.

The expected outcome is to establish leaders who can proactively tackle health problem that directly impact population health, effectively pursue the five regional health priorities, and play active role in the global health sphere. During the RC discussions, ministries of health were requested to send nominations by 28 October 2014 at emrgofel@who.int



Global health security: challenges and opportunities



Participants expressed concern about the lack of preparedness by Member States to meet emerging threats to health security. Of particular concern is the Ebola virus outbreak in West Africa that has exposed gaps in all-hazard preparedness and response. Member States urged EMRO to support countries in developing integrated all-hazard preparedness and response plans complemented by effective multi-sectoral coordination mechanisms.

Consequently, participants will today discuss a draft resolution on the challenges and opportunities of global health security. The resolution urges Member States to prioritize implementation of the International Health Regulations on a national level and allocate the required budget, human resources and other operational and logistical assets.

Member States will be urged to enhance cross-border collaboration for surveillance of and response to public health events. This includes entering into bilateral or multilateral agreements and/or arrangements for prevention and control of transmission of diseases at ground crossings.

The Regional Committee adopts the Annual Report of the Regional Director and requests increasing allocated budget for country technical support

The 61st session of the Regional Committee (RC) concludes its meetings in Tunis today, adopting a number of important resolutions and decisions. Members of the RC adopted the Annual Report of the Regional Director for 2013, acknowledging the progress made in the five key priority areas endorsed by the Committee in its Fifty-ninth session and commending the progress made by Member States with a high burden of maternal and child mortality in implementing maternal and child health acceleration plans.

The Regional Committee noted with concern the disproportionate allocation of



funding between the four operational budget segments and acknowledged the efforts of the Regional Director to shift resources from Regional to country level. The RC reaffirmed its commitment to pursuing universal health coverage based on the values and principles of primary health care and the right to affordable and quality health services, adopting a multi-sectoral approach.

The RC called on Member States to advocate with the Executive Board at its 136th session and at the Sixty-eighth World Health Assembly to substantially increase the proportion of the budget allocated for the segment on technical support to countries. The RC requested that Regional Director Dr Ala Alwan continue his efforts to improve the effectiveness and efficiency of programme management tools and compliance instruments across the Region and ensure WHO organizational readiness for emergencies.

Moving from commitment to action

Member States unanimously recognized that progress in the prevention and control of noncommunicable diseases (NCDs) has been insufficient and highly inconsistent. They also agreed that continued and increased efforts are needed to achieve a world free of the avoidable burden of NCDs. As a result, participants will today discuss a draft resolution to scale up implementation of the UN General Assembly's Political Declaration on NCDs.

The draft resolution urges WHO to support Member States in carrying out detailed assessments of their progress in implementing the updated Regional framework for action and addressing identified gaps. Additionally, the draft resolution will suggest convening a side-event at the 136th session of the Executive Board, as well as the Sixty-eighth World Health Assembly, to brief Member States on the updated framework for action and process indicators adopted by the current Regional Committee.

The draft resolution also calls for Member States to support the Regional Director's initiative to protect public health and promote healthy lifestyles, with a special focus on countering the largely unopposed commercial practices that promote unhealthy products, particularly those targeting children.

WHO will urge Member States to move from commitment to action through accelerating the implementation of the strategic interventions and implementing WHO's recommendations on marketing of unhealthy food and non-alcoholic beverages to children.

Importance of supplementary immunization activities

In a special session on polio held on the sidelines of the Regional Committee's meetings, Pakistan gave a detailed presentation on the current situation of the disease's transmission and highlighted priority actions and procedures to accelerate and intensify polio eradication in the country.

H.E. the Minister of State, Ministry of National Health Services, Regulations and Coordination of Pakistan reiterated the full commitment of her country to the cause of polio eradication. She noted that Pakistan suffered from a unique situation with strong resistance against polio campaigns and more than 60 health-related workers killed during these polio campaigns.



A military operation launched recently in the Federally Administered Tribal Areas, where 80% of cases had been reported this year, had enabled immunization campaigns for children in those areas who were not previously accessible. She said that Pakistan had initiated various steps to ensure preparedness for dealing with the Ebola virus and would carry out all necessary precautions in this area. The Prime Minister had recently approved a national health insurance scheme to cover the poor and vulnerable which would cover a population of about 100 million. She also emphasized that the key to improving health status lay in strengthening health systems.

High intake of salt, sugar and fat of great concern

The current regional situation of high intake of salt, sugar and fat is of great concern. The average salt intake is 10 g/day per person, which is double the WHO recommended level. Some countries have made progress in initiating salt intake reduction programmes: Kuwait has reduced salt content in bread by 20%; and Bahrain and Qatar are moving in the same direction. In the Islamic Republic of Iran, maximum levels for salt in tinned foods, such as tomato paste, and in snacks which are consumed in large quantities, have been established. The High Council of Health and Food Security in the Islamic Republic of Iran has issued a decree to reduce the level of trans-fat to less than 2% in food oil industry products, while the Ministry of Trade has reduced palm oil imports to 30% of total food oil imports in 2014 and will further reduce it to 15% in 2015. Member countries of the Gulf Cooperation Council are in the final stages of developing legislation to eliminate the use of trans-fat in locally produced or imported foods. Kuwait and Qatar are in the process of subsidizing healthy oils in order to reduce demand for unhealthy oils. Despite these promising initiatives, however, progress in implementing the cost-effective dietary interventions remains generally slow in the Region.