

RC62 addresses the progress in meeting IHR requirements



The assessment mission for Ebola preparedness in Jordan

The RC62 addresses the progress achieved by member states in meeting the obligations and requirements of implementing international health regulations (IHR) which entered into force in 2007.

The five-year target date for implementing IHR passed in 2012 and of the 21 member states of the Eastern Mediterranean Region (EMR), only the Islamic Republic of Iran had declared its readiness to meet the obligations by June 2012. The 19 other EMR member states had requested a two-year extension to fully achieve the core capacity requirements by 15 June 2014 and one has failed to comply with the requirements for extension.

As the June 2014 deadline also past, only seven member states have now indicated their readiness to meet the obligations namely: Bahrain, Jordan, Morocco, Oman, Qatar, Saudi Arabia and United Arab Emirates. The 13 remaining member states have requested a second extension and submitted a new implementation plan to WHO.

Participants will discuss ways to accelerate the process of meeting the obligations and requirements of IHR and the feasibility of establishing a regional external mechanism to assess, monitor and enhance the implementation of IHR beyond 2016.

Social Good: live coverage of the RC activities

During this year's Regional Committee, WHO in collaboration with UN Foundation, is presenting a 90-minute live broadcast including interviews with experts about key health issues being discussed at the RC.



Highlight of the day

Panel Discussions: Providing health care during emergencies

WHO is responding to more protracted and complex emergencies in the Eastern Mediterranean region than anywhere else in the world. More than half the countries in the region are facing various emergencies, some of which are complex, and three of them reached the highest level of deteriorating humanitarian situations (Syria, Somalia and Afghanistan).

As a result, more than 58 million people, including 16 million refugees and internally displaced people, are affected and exposed to numerous health risks. For WHO to meet the needs while protecting the Organization's normative work from undue influence, innovative thinking is required.

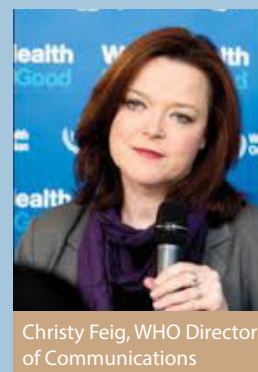
To explore this subject, a panel discussion titled "Delivering Health Care in Emergencies: Finding Common Ground" will take place today, Tuesday October 6, 2015.

Panelists will discuss how far WHO should go beyond its mandate to reach affected populations and whether WHO is restricting its response by limiting its partners on the ground.

Panelists include:

- Dr. Ala Alwan, Regional Director of the Eastern Mediterranean Region;
- H.E. Ali Hyasat, Jordanian Minister of Health;
- H.E. Dr Hawa Hassan Mohamed, Somali Minister of health;
- Dr. Lise Grand, Deputy Special Representative of the United Nations Assistance Mission for Iraq;
- Dr. Keiji Fukada, WHO Assistant Director General.
- Dr Majida AlKahtan, Assistant Undersecretary for Public Health Affairs, Kuwait;

The panel discussion will be moderated by WHO Director of Communications and former CNN health correspondent, Mrs. Christy Feig, and will be attended by regional and international media.



Christy Feig, WHO Director of Communications

WHO Regional Committee opens in Kuwait with a strong emphasis on emergency preparedness and response



The opening ceremony of the sixty-second session of the WHO Regional Committee for the Eastern Mediterranean was held yesterday in Kuwait in the presence of more than 200 people, including the representatives of 22 ministries of health from the countries of the Region. His Excellency Mr Said El Aidi, Minister of Public Health of Tunisia, where the previous Regional Committee took place, highlighted the achievements that had been made during the last 12 months, particularly in decreasing maternal and child mortality and the prevention of noncommunicable diseases.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, welcomed the ministers of health and members of delegations, expressing his appreciation to the host, the Government of Kuwait for their generous hospitality.

Dr Alwan highlighted the major progress that had been made over the past year in the five regional strategic health priorities, particularly in responding to the extreme emergencies in the Region and the health needs arising from them. He outlined the progress made in strengthening WHO's role in emergency response, noting that "Last year we established a regional centre for emergencies and polio eradication in Jordan, and reviewed and adjusted our readiness and response structure and capacities at country level and in the Regional Office." In addition to establishing a dedicated operation and logistic hub,

Dr Alwan added that "a regional emergency solidarity fund has also been established and will be funded starting January 2016."

Despite a substantial shortfall in funding, "the Region has tackled heavy adversity with impressive innovation", said WHO Director-General Dr Margaret Chan. "These innovations align well with the WHO reform requested by our governing bodies and initiated following the independent assessment of WHO's performance during the Ebola outbreak," she explained. Dr Chan stressed the necessity of strengthening the health information system and the commitment to universal health coverage. "Accountability means counting. Reliable information is vital for evidence-based policy-making and efficient resource allocation," she said.

His Excellency Dr Ali Al-Obeidi, the Kuwaiti Minister of Health, in his welcome speech, said that "Holding the Regional Committee in Kuwait is a landmark that reflects the strong ties between our country and WHO." He observed that the meeting coincided with the United Nations Sustainable Development Summit held in New York to adopt 17 Sustainable Development Goals, including a health-related one. Dr Al-Obeidi expressed Kuwait's commitment to working with WHO and all partners to advance the health agenda, not only in Kuwait but in the Region as a whole.

Regional Director presents EMRO annual report today

Dr. Ala Alwan, WHO Regional Director for the Eastern Mediterranean, will present the EMRO annual report to the Members of the RC highlighting the collaborative work of the regional office and member states throughout 2014 and the first half of 2015. Points of discussion include:

- WHO operations continued to be dominated by emergencies over the last 18 months. .
- The magnitude of the crises in the region has become unprecedented with more than 58 million affected, including 16 million refugees or internally displaced persons. WHO's work in the region has been focused on meeting the escalating emergency and humanitarian needs in several countries. A major challenge to maintaining an adequate response has been the lack of sustained funding. The regional emergency solidarity fund was established to overcome this challenge. It will be funded at US\$ 4.9 million for the biennium 2016–2017.
- The regional office has achieved significant reductions in maternal and child mortality since 1990. At the regional level, the under-5 mortality rate fell 46% between 1990 and 2013 with an average annual reduction of 2.6%. However, this is below the 67% reduction required to achieve the Millennium Development Goal (MDG) 4 target by 2015.
- The prevalence of undernourishment in the region has declined from 22.6% in 1991 to 13.6% in 2012. Since 1990, 13 countries in the region, more than half, have achieved the MDG 1 target of halving the number of people who suffer from hunger.
- With regards to MDG 6, while there has been substantial progress in control and prevention of HIV, malaria and tuberculosis, this has not been enough to achieve the targets.
- The situation with regards to polio eradication continued to be of concern in 2014, with the region remaining endemic and accounting for 99% of all cases reported globally in the second half of the year. However, in 2014 the groundwork was laid for progress in polio eradication in the region by 2015. The report highlights the containment of the 2013 outbreak when WHO and partners vaccinated more than 25 million children in eight countries several times and managed to contain the outbreak within 36 weeks.
- With regard to Ebola preparedness, WHO urgently undertook a comprehensive assessment of member states' capacity to deal with a potential importation of the virus. Between November 2014 and February 2015, technical teams conducted rapid assessments of preparedness and readiness measures in 20 countries.



Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean

Accordingly, WHO formulated and implemented a 90-day capacity building action plan.

- The report highlights the work undertaken with regard to antimicrobial resistance; a rapid country assessment of the situation in the region was conducted. The results showed significant gaps in the systems and actions needed at country

level to address the threat. A high-level multispectral ministerial meeting is planned for early 2016.

- Non-communicable diseases are still a big concern. Member States have acknowledged the serious magnitude of cardiovascular disease, cancers, diabetes and chronic lung disease and have approved a regional framework of action based on the United Nations Political Declaration of 2011. WHO's work in 2014 resulted in the development of technical guidance for implementing the most cost-effective prevention measures or what's called "best buys." However the actions taken are still much lower than what is needed.
- The report also addresses work undertaken in the fields of medical education, public health, health information, health diplomacy and WHO reform.



Pre RC technical discussions held Yesterday.

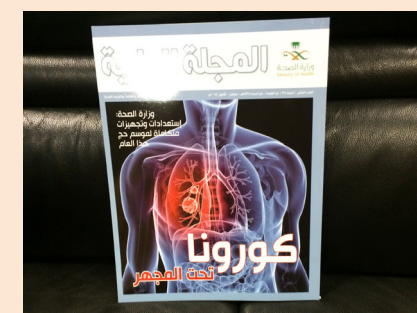


Prior to the opening of the 62nd regional committee session, participants held technical discussions about food safety; nursing and midwifery; a Malaria action plan; social health insurance for universal health coverage and health technology assessment. Discussions on these issues aimed at briefing member states on the current regional situations and the remaining regional challenges and key priority actions needed from policy makers.

Member States were briefed by WHO on the global technical malaria strategy and the roll back malaria partnership, with participants agreeing on the necessity to sustain a political commitment for malaria control and elimination in the endemic countries, and identifying feasible and appropriate solutions to address obstacles. Participants also stressed on the role of the health sector in leading and engaging in multi-sectoral initiatives to improve food safety in the region.

MERS-CoV the battle continues

Countries affected by MERS-CoV in the region have made significant efforts to strengthen public health through enhanced surveillance, infection prevention and control measures. These efforts have resulted in containing transmission since the last major spike observed in April-May 2014.



However, cases continue to appear sporadically across the affected countries and health care associated transmission continues to occur, although in small clusters. The surge in MERS-CoV cases is a stark reminder that there is an urgent need to monitor the evolution of transmission risk of the virus and to exert more efforts to contain it.

Participants will discuss a list of recommendations that WHO has provided to strengthen preparedness, detection and response to MERS-CoV such as strengthening infection prevention and control programmes and bridging the critical gaps in knowledge about MERS-CoV.

Avian influenza A (H5N1) renews attacks

Participants will be discussing influenza A (H5N1) cases in Egypt after the North African state reported a major rise in the number of human cases of avian influenza A (H5N1) infection between November 2014 and February 2015. The discussions are part of the global health security and will explore ways to avoid and mitigate any potential health crisis related to influenza A (H5N1) that might become a regional or global threat.



The number of cases reported in this four month period exceeded the number of cases ever found in any country since the re-emergence of this virus in 2004; Egypt represents 30% total human infections reported globally from this pathogenic avian influenza.

Reports indicate that the influenza A (H5N1) virus is circulating in all sectors of poultry production and across Egypt. The transmission pattern in Egypt, however, appears to remain predominantly the same despite the upsurge.