

**62nd Session of the WHO Regional Committee for the Eastern Mediterranean,
5–8 October 2015
Kuwait City, Kuwait**

**EMRO/RC62/DJ/3
7 October 2015**

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- Documents** Documents will be distributed through the website <http://www.emro.who.int/about-who/rc62/home.html>, the Regional Committee mobile App and Member States delegation folders. The daily journal will be distributed to participants each day. Extra copies can be obtained from the Secretariat.
Note: There will be no return service for documents to Member States this year. Delegations are, therefore, kindly requested to make their own arrangements for carrying documents back to their home countries.
- Internet access** Wireless Internet access is available in all meeting areas. The Network name is Sheraton-Complex, password: MOHRC62
- WHO publications** Publications related to the agenda of the Regional Committee will be on display outside the conference room. An e-compendium of recent publications and EMHJ will be available.
- Security** Please ensure your ID card is displayed at all times while inside the premises.
- Departure** Participants should ensure they keep their stamped visa certificate as they will be required to present it on departure.
- Interventions** To help in drafting the report of this session of the Regional Committee, delegations may provide the text of remarks on paper to a member of the WHO Secretariat or send directly by email to emrgorcrep@who.int. NGOs statements may also be submitted for posting on the website.
- Contact information** Logistics: Mr Jaffar Jaffal, mobile 94012594
Conference room: Ms Mervat Habib, mobile 94012526
- Note** WHO has a no-smoking policy for all WHO meetings and related functions. Likewise, smoking is prohibited in all areas related to the Regional Committee sessions.

1. Programme of work

Agenda item 09:00–13:30 Regular session (Diamond Ballroom)

4(a)	Review of medical education in the Eastern Mediterranean Region: challenges, priorities and a framework for action	EM/RC62/3
5(d)	WHO financing dialogue	
7	Prevention and control of viral hepatitis	EM/RC62/7
2(b)	Update on polio eradication in the Region	

Agenda item 15:00–17:00 Regular session (Diamond Ballroom)

4(b)	Scaling up mental health care: a framework for action	EM/RC62/4
3(b)	From the Millennium Development Goals to sustainable development goals in the post-2015 development agenda	EM/RC62/Tech.Disc.2

2. Report of meetings Tuesday, 6 October 2015

Agenda item Regular session

Chair: Dr Ali Saad Al-Obaidi (Kuwait)

1 The Regional Committee elected the following officers:

Chair: Dr Ali Saad Al-Obaidi (Kuwait)

Vice-Chair: Dr Ahmed Al-Saidi (Oman)

Vice-Chair: Dr Bahar Idris Abu Garda (Sudan)

Chair of technical discussions: Dr Ali Hyasat (Jordan).

Based on the suggestion of the Chairman of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

Dr Safaa Abdelgelil (Egypt), Dr Magda Mohamed Al-Qatan (Kuwait), Dr Mohammad Mehdi Gouya (Islamic Republic of Iran), Dr El Fatih Mohamed Malik (Sudan), Dr Sihem Bellalouna (Tunisia), Dr Saif bin Salem Al-Abri (Oman).

Secretariat: Dr Jaouad Mahjour, Dr Haifa Madi, Dr Sameen Siddiqi, Dr Arash Rashidian, Dr Hoda Atta, Dr Khalid Saeed, Ms Jane Nicholson.

The Regional Committee adopted the provisional agenda and provisional daily timetable.

2 **Annual report of the Regional Director for the year 2014 and progress reports**

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2014 and early 2015. He focused on the progress and challenges in the five strategic priorities for the Region, highlighting health systems strengthening towards universal health coverage; maternal and child health; health security and control of communicable diseases; control of noncommunicable diseases; and emergency preparedness and response, including polio eradication. He also described recent progress in WHO reform and in building public health capacity in the Region. He said that despite the crises prevailing in many countries, the Organization had continued to deliver on its mandate and the strategic priorities.

Interventions were made by the representatives of the following Members of the Committee (in order): Saudi Arabia, Egypt, Iraq, Islamic Republic of Iran, Bahrain, Sudan, Somalia, Libya, Pakistan, Afghanistan, Morocco, Palestine, Jordan.

Responding, the Regional Director thanked Member States for their support and joint work with WHO over the past year in the implementing actions on the strategic priorities. He appreciated the input of representatives and noted several areas where additional focus was requested from WHO. He highlighted the structural changes he had put in place in the area of emergency preparedness and response to improve the Organization's effectiveness in the Region. He appreciated the increasing support of regional donors in this area, but noted the serious funding constraints faced by the Organization in its response to the current situation. He reiterated the vital importance of strengthening the health information systems.

Agenda item Special session

Chair: Dr Ali Saad Al-Obaidi (Kuwait)

A special session was held highlighting progress in three of the regional strategic priorities: control of noncommunicable diseases, health security and emergency preparedness and response.

2(d)

Implementation of the United Nations Political Declaration on the Prevention and Control of Noncommunicable diseases, followed by a session on tobacco consumption

The Director, Prevention of Noncommunicable Diseases, WHO headquarters, introduced the WHO Noncommunicable Diseases Progress Monitor 2015. He explained that the Monitor tracks the extent to which countries are implementing their commitments to develop national responses to the global burden of noncommunicable diseases. It includes 10 indicators on which WHO will base its report on progress at the 2018 High-level Meeting on Non-Communicable Diseases at the UN General Assembly. He noted the progress made by countries but said that more needed to be done to scale up action on noncommunicable diseases in the Region.

The Director a.i, Noncommunicable Diseases and Mental Health, presented on implementation of the UN Political Declaration on the Prevention and Control of Non-communicable Diseases. He noted that despite the progress made in the Region, more still needed to be done in the areas of governance, surveillance, health care and prevention of risk factors for noncommunicable diseases. In particular, more still needed to be done in tobacco control, physical activity and diet.

Dr Judith Mackay, Senior Policy Adviser, WHO, presented on tobacco control in the Region. She noted that tobacco prevalence was increasing, particularly among young people, which would have serious health and economic costs for countries. She said that tobacco control was a “best buy” in cost-effectiveness, but that tobacco industry interference in tobacco control needed to be guarded against. She observed that it was necessary for countries to implement the MPOWER policies to the highest level if they were to reach the agreed targets.

Interventions were made by representatives of the following Members of the Committee (in order): Egypt, Qatar, Palestine, Iraq, Sudan, Islamic Republic of Iran, Morocco, Tunisia, Pakistan, Bahrain, Saudi Arabia, Djibouti, Libya, Kuwait and Jordan.

The Director, Department for Prevention of Noncommunicable Diseases, WHO headquarters, pointed out that a multisectoral whole-of-government approach was required to combat noncommunicable diseases. The Director a.i, Noncommunicable Diseases and Mental Health, highlighted the need to involve civil society, patients and their families in noncommunicable disease control and to build capacity in WHO and countries. He said that surveillance mechanisms were needed as part of well-functioning health information systems. Dr Judith Mackay noted that although the WHO Framework Convention on Tobacco Control took a whole-of-government approach, ministries of trade and finance did not view health as part of their remit.

The Regional Director said that WHO had increased its capacity, including financial and human resources, for noncommunicable disease control at the global and regional level in order to meet the needs of countries. He emphasized the need to include noncommunicable disease control in medical and other health professional education, to integrate noncommunicable disease control in primary health care and to address the huge gap in access to cancer diagnosis and treatment. He confirmed the need to engage with civil society and to work with UN agencies and international organizations now that noncommunicable diseases were included in the Sustainable Development Goal on health.

4(c) **Assessment and monitoring of the implementation of the International Health Regulations (2005): meeting the 2016 target**

The Director, Programme Management, presented the technical paper on assessing and monitoring the implementation of the International Health Regulations (IHR) (2005): meeting the 2016 target. He noted that while countries in the Region were progressing in the implementation of IHR core capacities, the Ebola preparedness assessment missions to countries, conducted towards the end of 2014, had raised concerns on the reliability of the self-assessments conducted by Member States. In response to those concerns, a new approach was proposed for the assessment and monitoring of the development and maintenance of the required capacities. This would involve the creation of an independent body, the IHR Regional Assessment Commission, to oversee IHR implementation in the Region.

Interventions were made by representatives of the following Members of the Committee (in order): Afghanistan, Islamic Republic of Iran, Kuwait and Somalia.

The Assistant Director-General, Health Security, said that WHO was examining ways in which to improve support to countries in conducting assessments and to collaborate in bilateral and multilateral initiatives. The Organization was developing an information portal to collect information in order to facilitate this collaboration.

The Regional Director expressed concern at the magnitude of discrepancies exposed by the findings of the Ebola assessment missions, compared with the results of the earlier self-assessment questionnaires. He noted that the recently conducted food safety assessment and profiling missions had revealed similar findings. More objective assessments were needed for a clear and accurate picture of the regional level of implementation of core capacities and IHR preparedness.

Chair: Dr Ali Hyasat (Jordan)

2(c) **Emergency preparedness and response**

The Director, Programme Management, reviewed progress on emergency preparedness and response. He said that the Region was facing humanitarian crises on an unprecedented scale. Lack of funding was a challenge impeding the health response. To ensure organizational capacity and flexibility to respond in an evolving environment, WHO was reviewing the way it worked. Following adoption of resolution EM/RC61/R.1, it had established a regional emergency solidarity fund and advisory group, expanded the roster of trained experts and established a dedicated humanitarian logistics hub to support a timely response to emergency events in the Region.

Interventions were made by representatives of the following Members of the Committee (in order): Afghanistan, Pakistan, Jordan, Egypt, Islamic Republic of Iran, Djibouti, Somalia and Morocco.

The Director, Programme Management, said that the focus of the previous year's Regional Committee had been on response. Much work had been done in preparedness in relation to implementation of IHR core capacities.

The Regional Adviser, Emergency Response and Operations, reassured representatives that WHO only deployed multicultural and multidisciplinary teams. She said that multisectoral approaches were essential in addressing health and WHO would strengthen collaboration with all sectors, including food and water and sanitation.

The Assistant Director-General, Polio and Emergencies, said that in the past 12 months major lessons had been learnt, which had underpinned the reform and restructuring process. He emphasized the centrality of emergency preparedness and response and said that adoption of an all hazards approach was essential. Preparedness had to be embedded in health system strengthening to sustain gains, and planning processes had to address protracted crises. It was also essential that

disaster management fully integrated infectious disease threats. He praised the extraordinary vision of the Regional Director in the reform and restructuring process and the engagement of Member States and said that changes were aligned with the larger emergency reform agenda of the Organization.

The Regional Director stressed the importance of integrating work on the other four regional strategic priorities into emergency preparedness and response efforts. He highlighted the importance of providing people with life-saving interventions for noncommunicable diseases in crisis situations. He emphasized that strengthening capacity in emergency preparedness and response relied on strengthening collaboration with other organizations.

Agenda item Regular session: Technical discussions

Chair: Dr Ali Hyasat (Jordan)

3(a) Global health security, with special emphasis on MERS-CoV and H5N1

The Regional Adviser, Surveillance, Forecasting and Response, presented the technical paper on global health security, with special emphasis on MERS-CoV and AH5N1. He stated that the recent example of the international spread of MERS-CoV had highlighted the urgent need to monitor the evolution of transmission risk of the MERS-CoV and A(H5N1) virus, both of which had pandemic risk potential which remained unpredictable. Countries currently affected by these two global health threats needed to contain the transmission and ensure that another global health emergency was averted. The recent cholera outbreak in Iraq also called for vigilance in neighbouring countries. In order to be better prepared, all countries in the Region needed to build, strengthen and maintain their public health systems for prevention, detection and response to any emerging health threats, as part of their shared responsibility and collective accountability to protect global health in accordance with the IHR 2005.

The Assistant Director-General, Health Security and Environment, noted that among the many infectious diseases in the Region, the presentation had highlighted four with the potential for worldwide spread. The Ebola virus disease outbreak was an example of what could happen in countries with weak health systems. The outbreak of MERS in the Republic of Korea highlighted the importance of preparedness even in countries with strong health systems.

Interventions were made by representatives of the following Members of the Committee (in order): Palestine, Qatar, Egypt, Saudi Arabia, Islamic Republic of Iran, Jordan, Tunisia, Sudan, United Arab Emirates and Iraq.

The Regional Adviser, Surveillance, Forecasting and Response, responded to comments and questions raised by representatives in regard to the current outbreak of cholera in Iraq. In regard to MERS, he emphasized the importance of consistent and systematic implementation of all components of infection control in order to prevent nosocomial infection and protect health care workers. He acknowledged there were many knowledge gaps and noted that different countries followed different control measures. With regard to H5N1, it was important to maintain vigilance.

The Assistant Director-General, Health Security and Environment, pointed out that changes in the H5N1 virus could not be predicted and therefore preparedness was vital. He emphasized the role of communication and negotiation, both in helping to overcome public resistance to control measures for zoonoses and in reducing anxiety among health care workers. He said that WHO was supporting efforts to identify timely and appropriate studies and to disseminate the results quickly.

Panel session

Moderator: Ms Christine Feig, Director, Department of Communications, WHO headquarters

A panel discussion was held on the subject of emergency response. The panelists were Dr Hawa Hassan Mohamed (Somalia), Dr Basheer Al-Qaseer (Jordan), Dr Magda Mohamed Al-Qatan (Kuwait) and Dr Keiji Fukuda (WHO headquarters). The panel discussed the challenges of delivering public health interventions and health care services in emergency situations, and responded to comments and questions from the floor.

3. Other meetings Wednesday, 7 October 2015

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| 17:30–18:30 | Dr A.T. Shousha Foundation, Down Syndrome, and State of Kuwait Prize selection (closed meeting) |
| 17:30–18:30 | Meeting for updating on the support of the GAVI Alliance – The GAVI eligible countries are Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen. |
| 17:45–19:00 | Meeting of the Drafting Committee |
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4. Other events

Wednesday 7 October, 5 pm, visit to the Islamic Museum. Register at the RC62 Secretariat desk inside the main conference room. Departure from the main lobby.