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

**EMRO/RC62/DJ/4
8 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 items | 09:00–12:30 | |
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|------|---|--------------------|
| 5(c) | Global vaccine action plan | EM/RC62/6 |
| 9 | Place and date of future sessions of the Regional Committee | EM/RC62/INF.DOC.13 |
| 11 | Closing session | |
| | Adoption of the report, resolutions and decisions | |

2. Report of meetings Wednesday, 7 October 2015

Agenda item Regular session

Chair: Dr Ali Saad Al-Obaidi (Kuwait)

4(a) **Review of medical education in the Eastern Mediterranean Region: challenges, priorities and a framework for action**

The Director, Health System Development, presented the technical paper on review of medical education: challenges, priorities and a framework for action. He observed that health system strengthening for universal health coverage was one of the five regional strategic priorities, and that human resource development and quality medical education was the backbone of any health system. Based on a review of medical education in the Region a regional framework for action was proposed identifying strategic priorities and actions for countries and for WHO support towards the reform of medical education.

Dr Charles Boelen, International Consultant in Health System and Personnel, emphasized the importance of integrating social accountability into medical education in order to assure greater impact on health. He pointed out that excellence in medical education did not necessarily translate into positive health outcomes, and it was therefore essential to consider the mission of medical schools and to include social accountability in accreditation standards.

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

The Director, Health System Development, confirmed that similar work to the review of undergraduate medical education was being conducted on post-graduate, continuing education and allied health workers' education, as well as work to align with the ongoing work on production of family physicians.

The Regional Director noted that there was consensus on the importance of accreditation and he encouraged Member States to include accreditation of medical education in their programme of collaborative work with WHO for 2016-2017. He noted the gaps between current curricula compared with the regional strategic priorities identified by ministers of health for all countries and emphasized the need to address curriculum reform to ensure medical education was meeting the needs of countries. He noted that WHO needs to work on guidance for Member States on how to include relevant aspects of global and regional strategies into curricula. He emphasized the importance of standards and criteria for all medical schools, of updating existing standards in collaboration with relevant international bodies, of revisiting the WHO Code of Practice for International Recruitment of Health Personnel and of national health policies on health professions education.

5(d) **WHO financing dialogue**

The Director, Partnerships and Non-State Actors, WHO headquarters, informed the Regional Committee about the WHO Financing Dialogue 2015 which would take place in Geneva on 5–6 November. The event aimed to discuss the financing of WHO in light of its role in contributing to the SDGs, examine future plans in key priority areas and review progress towards full funding of the 2016–2017 programme budget. He reviewed several ways in which countries could contribute to public health funding in the Region and globally and introduced a new web portal that provides transparent information on WHO's budget, funding and financial flows: extranet.who.int/programmebudget/.

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

The Director, Partnerships and Non-State Actors pointed out that an increase in assessed contributions would not preclude the need for voluntary contributions. He noted the importance of coordination within the United Nations system in order to ensure optimal use of resources.

The Regional Director noted growing momentum from Member States globally in support of an increase in assessed contributions. He urged Member States to ensure that key national development and philanthropic agencies were aware of the upcoming Financing Dialogue and to become more engaged in discussions on WHO's budget and on the financing of global health as a whole.

Chair: Dr Ali Hyasat (Jordan)

3(b) **From the Millennium Development Goals to sustainable development goals in the post-2015 development agenda**

The Director, Health Protection and Promotion, presented this technical paper. She noted that while Member States in the Region had made substantial progress towards achievement of the health-related MDGs, progress had been variable both across and within countries. The United Nations General Assembly adopted a new development agenda for 2016–2030, including 17 sustainable development goals (SDGs) supported by the three pillars of sustainability: economic development, environmental protection and social equity. While health cut across the majority of the SDGs, Goal 3 is specifically aimed to “Ensure healthy lives and promote well-being for all at all ages”.

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

The Regional Director said that intensive work would be needed to start implementing the sustainable development goals. He noted that the health goal is focused and includes priorities that WHO had already identified, including universal health coverage, noncommunicable diseases and injuries. Work has already started on the nine targets of the health goal and there is a clear vision for some of them. It will be important to ensure that the indicators developed for the goals are consistent with WHO's indicators. Among the targets that the Region should focus on, he highlighted reduction of road traffic injuries, and safe water and sanitation.

Chair: Dr Ahmed Al-Saidi (Oman)

2(b) **Update on polio eradication in the Region**

The Manager, Polio Eradication and Emergency Support updated Member States on the status of polio eradication in the Region. The Eastern Mediterranean was currently the only region in the world reporting wild poliovirus. In 2015, only Pakistan and Afghanistan had reported cases. The priorities for the next six months were to stop transmission, consolidate improvements to immunization coverage and surveillance, and for all countries to enhance preparedness and prepare for the switch from tOPV to bOPV. He said that the world was well placed to eradicate polio globally within 6 to 9 months. To achieve this goal, national emergency action plans for polio eradication in Afghanistan and Pakistan should be fully implemented. The actions of other Member States were also crucial in these final stages of global eradication to support Pakistan and Afghanistan and keep the Region polio-free.

Interventions were made by representatives of the following Members of the Committee (in order): Pakistan, Kuwait, Bahrain, Egypt, Afghanistan, Lebanon, Sudan, Islamic Republic of Iran, Djibouti, Libya, Qatar, Iraq, Somalia.

The Manager, Polio Eradication and Emergency Support, reassured representatives that WHO would work with each country to ensure the availability of bOPV. This was a global responsibility in line with the polio eradication and end-game strategic plan. Global certification of eradication could only be declared when national certification committees in the Region could demonstrate the absence of wild poliovirus transmission for at least three consecutive years in the presence of certification standard surveillance.

Chair: Dr Ali Saad Al-Obaidi (Kuwait)

7 **Prevention and control of viral hepatitis**

The Regional Adviser, AIDS and Sexually Transmitted Diseases, said that viral hepatitis was a leading cause of chronic disease and mortality. In the Eastern Mediterranean Region, it was estimated that 170 million people were infected with HBV and 17 million with HCV. Responding to the call of the World Health Assembly resolution on hepatitis in May 2014 (WHA67.6), the WHO Global Hepatitis Programme was currently developing a global strategy on the prevention and control of viral hepatitis infection. The strategy positioned the health sector response to viral hepatitis within the context of universal health coverage and the post-2015 health and development agenda. The draft strategy set out an ambitious set of targets for 2030 that paved the way for the elimination of viral hepatitis as a public health problem and identified the national action required to reach those targets. The global strategy on hepatitis would be presented to the 69th World Health Assembly in May 2016 for endorsement.

The Representative of Egypt made a presentation on the current situation and progress in her country.

Interventions were made by representatives of the following Members of the Committee (in order): Saudi Arabia, Pakistan, Tunisia, Morocco, Qatar, Sudan, Islamic Republic of Iran, Lebanon, Iraq, Djibouti.

The Regional Adviser acknowledged representatives' concerns over the affordability of treatment. Emerging competition between companies producing generic medicines would lower prices over time, she said. WHO would provide support to countries in negotiating lower prices, but this process would likely prove more difficult for higher income countries and those with lower prevalence of infection among their populations. She highlighted the importance of preventing transmission and raising community awareness of unsafe practices.

Chair: Dr Ali Saad Al-Obaidi (Kuwait)

4(b) **Scaling up mental health care: a framework for action**

The Director a.i., Noncommunicable Diseases and Mental Health, presented the technical paper on scaling up mental health care: a framework for action. He noted the high rates of mental disorder and low treatment rates globally and regionally, particularly in less developed countries. To address this, the Sixty-sixth World Health Assembly had adopted a comprehensive mental health action plan 2013–2020, setting out a vision and roadmap for mental health for countries. In order to operationalize this plan, a regional framework for scaling up action on mental health was proposed that identified high impact, cost-effective, affordable and feasible strategic interventions across the domains of governance, health services, promotion and prevention, and surveillance, monitoring and research, as well as a set of indicators to monitor progress in implementing the interventions.

The Regional Director highlighted that the proposed best buys were intended for all countries, irrespective of development status, and were evidence-based, effective and affordable.

Interventions were made by representatives of the following Members of the Committee (in order): Kuwait, Islamic Republic of Iran, Tunisia, Morocco, Sudan,

Djibouti, Iraq, Somalia, Jordan, Oman, United Arab Emirates, Lebanon and Bahrain

The Director a.i., Noncommunicable Diseases and Mental Health, noted that interventions and tools to reduce stigma and address mental health in emergencies had been developed. He said that mental health should be a part of the training of all health professionals and that child psychiatry was a priority for integration into primary health care. He clarified that substance abuse was an important issue, but was being addressed through a separate regional framework currently being developed.

The Regional Director called on all countries to take action to implement the framework.

5(a) **Resolutions and decisions of regional interest adopted by the Sixty-eighth World Health Assembly and the Executive Board at its 136th and 137th Sessions**

5(b) **Review of the draft provisional agenda of the 138th Session of the WHO Executive Board**

The Director, Programme Management drew attention to the resolutions adopted by the Sixty-eighth World Health Assembly and the 136th and 137th sessions of the WHO Executive Board. He urged Member States to review the actions to be undertaken by the Regional Office and to report their own responses. He then presented the draft provisional agenda of the 138th session of the Executive Board and requested comments thereon.