

**63rd Session of the WHO Regional Committee for the Eastern Mediterranean,
3–6 October 2016
Cairo, Egypt**

**EMRO/RC63/DJ/4 Rev.1
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Documents Documents will be distributed through the website <http://www.emro.who.int/about-who/rc63/index.html>, the Regional Committee mobile App and Member State delegation folders. The daily journal will be distributed to participants each day. Extra copies can be obtained from the Secretariat.

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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.

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Note WHO has a no-smoking policy for all WHO meetings and related functions. Smoking is prohibited in all areas.

1. Programme of work

Agenda items	09:00–12:00	
6(a)	Resolutions and decisions of regional interest adopted by the Sixty-ninth World Health Assembly and the Executive Board at its 138th and 139th Sessions	EM/RC63/7
6(b)	Review of the draft provisional agenda of the 140th Session of the WHO Executive Board	EM/RC63/7-Annex 1
10	Place and date of future sessions of the Regional Committee	EM/RC63/INF.DOC.10
	Closing session	
	Adoption of the report, resolutions and decisions	

2. Report of meetings

Wednesday, 5 October 2016

Agenda item Special session (continued)

Chair: Dr Omar Basheer Altaher Mohamed (Libya)

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

Responding, the Regional Director thanked the representatives of the NCD Alliance and World Heart Federation for their support for the regional framework for action to implement the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases, and emphasized the importance of an effective civil society movement in support of Member State action on noncommunicable diseases. He noted that rheumatic heart disease was an important problem, especially in certain countries of the Region, and that WHO had done work in this area but needed to do more. He suggested that an assessment of the situation in the Region was needed to identify the magnitude and characteristics of the problem, noting the importance of stakeholder involvement and financial risk protection. He referred to possibility of including rheumatic heart disease in the package of essential interventions.

Agenda item Regular session

Chair: Dr Omar Basheer Altaher Mohamed (Libya)

4(a)

Scaling up family practice: progressing towards universal health coverage

The Director, Health System Development, presented the technical paper on scaling up family practice: progressing towards universal health coverage. He noted that countries of the Region were generally at a low level of family practice development, and comprehensive and sustainable national policies and programmes were required to establish and strengthen it. An updated framework for action for Member States and WHO for advancing family practice towards universal health coverage in the Region was proposed. The framework indicated transitional and long-term strategies to overcome the acute shortage of family physicians and strengthen health systems to support family practice.

Interventions were made by representatives of the following Members of the Committee (in order): Iraq, Pakistan, Bahrain, Palestine, Egypt, Libya, Oman, Tunisia, Sudan, Morocco, United Arab Emirates, Islamic Republic of Iran and Kuwait.

The Coordinator, Integrated Service Delivery, noted the acknowledgement among Member States of the need to incorporate family practice into national health policies and plans as an overarching strategy for service provision within the framework of universal health coverage. In response to countries' concerns regarding lack of standardization of family practice in national health policies and plans, he said that socioeconomic status and other factors would dictate the development of national plans according to each country's context. He said that an integrated service delivery website would facilitate an exchange of experience between countries as greater bilateral and multilateral cooperation was needed, and that an operational guide had been developed to support countries in implementing programmes. He noted that countries would need to address accreditation of online courses. He said that WHO was proposing establishment of a regional advisory committee to support countries in scaling up a family practice model.

Chair: Dr Ferozuddin Feroz (Afghanistan)

5(a)

Improving access to assistive technology

The Technical Officer, Violence, Injuries and Disability, explained that assistive products compensated for impairment or a loss of intrinsic capacity, reduced the consequences of gradual functional decline, reduced the need for caregivers, prevented further progression, and helped rationalize health and welfare costs. Signatories to the United Nations Convention on the Rights of Persons with Disabilities were obliged to ensure access to assistive technology at an affordable cost. It was also a component of universal health coverage and needed to be integrated into efforts to attain target 3.8 of the Sustainable Development Goals (SDGs). The Global Cooperation on Assistive Technology had been established by WHO to improve access to assistive products. Action was needed to increase access to assistive technology and ensure its integration in universal health coverage.

Interventions were made by the representatives of the following Members (in order): Pakistan, Islamic Republic of Iran, Bahrain, Iraq and Morocco.

The Technical Officer, Violence, Injuries and Disability, pointed out that assistive technology does not only cater for the needs of people with disabilities, but also other important groups including ageing populations, whose share of the regional population is expected to double by 2050. Ensuring access to assistive technology to people in need will help countries to fulfil their commitments in a number of areas. She emphasized the need for legislative frameworks, capacity-building and data collection. She noted that a situation analysis was needed as a first step in each country.

The Regional Adviser, Health and Biomedical Devices, emphasized the scarcity of data and suggested that the collection of more precise information be considered a priority action by countries. He also highlighted the importance of estimating the financial implications that assistive technology programmes may have on existing national health systems.

5(b)

Strategic frameworks for strengthening health laboratories and blood transfusion services

The Director, Division of Communicable Disease Control, presented the technical paper on the strategic frameworks for strengthening health laboratory services and blood safety and availability (2016–2025). She noted that based on an in-depth situation analysis and extensive consultation with national programmes and other stakeholders, strategic frameworks for strengthening health laboratories and blood transfusion services had been developed. The frameworks had clearly defined goals and objectives, with priority interventions to address identified gaps, and targets and indicators for monitoring progress in implementation. The Regional Committee was invited to endorse the two strategic frameworks. If fully implemented these would guide countries to ensure that their national laboratory systems were sustainable, accessible and able to generate safe, reliable and timely results, and to develop and strengthen their national blood systems to ensure blood safety and availability.

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

Responding, the Director, Division of Communicable Disease Control, thanked Member States for feedback on the frameworks and said that WHO was ready to support countries in their implementation, for instance, in preparing for laboratory accreditation and in procurement of test kits. She acknowledged the many challenges in establishing laboratory and blood transfusion systems in countries,

noting that WHO was looking into the development of regional reference laboratories and a system to address blood supply during emergencies. The Director applauded the progress that had taken place in the Region, encouraged countries to learn from each other's experiences and the available models of good practice, and welcomed further feedback on the two frameworks.

6(c)

Governance reform

The Director, Programme Management presented on governance reform. He noted that WHO had embarked on a governance reform programme as part of a comprehensive reform agenda. The Executive Board and World Health Assembly had made a series of recommendations for strengthening and harmonizing the procedures and processes of the governing bodies across the Organization. The Regional Committee was invited to discuss and adopt proposed amendments to the Rules of Procedure of the WHO Regional Committee for the Eastern Mediterranean, including a code of conduct for nomination of the Regional Director, and proposed reforms to regional processes for nomination of countries to the Executive Board and World Health Assembly, along with other governance issues.

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

The Director, Programme Management, agreed that regular review of reforms would be beneficial. With regard to country groups, he noted that the groups were agreed in 2002 after a long consultative process with countries. The system had been used successfully for 15 years. The terms of reference of the programme subcommittee would focus specifically on the work of the Regional Committee. He agreed that timely information should be provided to countries about nomination processes for membership of the Executive Board and elected offices of the Health Assembly, including country eligibility. He noted that the proposed reforms were the result of a comparative analysis across regions and were in line with the Health Assembly resolution on harmonization of practices.

The Legal Counsel, WHO headquarters, noted that the rules on reappointment of a Regional Director were contained in the Rules of Procedure of the Executive Board and that any questions arising were a matter for decision by the Executive Board.

2(a)

Proposed Programme budget 2018–2019

The Director, Planning Resource Coordination and Performance Monitoring, WHO headquarters, presented the proposed programme budget 2018–2019. He noted that as in the current programme budget, the proposed budget for 2018–2019 was developed through a bottom-up process with the active engagement of Member States in setting priorities. The proposed budget incorporates full implementation of the health emergencies programme and is aligned programmatically with the SDGs. With regard to financing the budget, a financing dialogue is planned for 31 October in Geneva and again during the January meeting of the Programme, Budget and Administration Committee. The Director-General has proposed an increase in the assessed contributions for 2018–2019, the first in more than a decade. Such an increase will enable the Organization to use its resources more strategically and improve its flexibility to respond to health emergencies. Refinements to the proposed programme budget will be made based on the feedback of the Regional Committee on the overall directions and priorities. An updated draft will be presented to the 140th session of the Executive Board in January 2017, and a final draft to the Seventieth World Health Assembly in May.

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

The Director, Planning Resource Coordination and Performance Monitoring, acknowledged that while WHO is employing several approaches to ensure optimum use of resources among partners, such as the health cluster approach in emergencies, more work could be done to improve the way WHO works with other

organizations. Coordinated use of resources was more successful in some countries than in others. The Organization was making continuous improvements in efficiency, but these were difficult to communicate in the budget. He noted that although WHO's budget planning process requires considerable advance time, robust flexibility is built in to ensure that budget can be reallocated to address emerging priorities. Reflecting the SDGs in the budget was still a work in progress. With regard to the budget for emergencies, it was important to be realistic from a funding perspective. There was need to explore ways to increase donations, especially unearmarked donations; in this regard all countries were encouraged to attend the financing dialogue at the end of October.

The Director, Programme Management noted that there had been a 40% increase in funds for the Region between 2010–11 and 2014–15. In terms of country allocations, the budget share for country offices had risen to over 80% in 2016. Since 2012 WHO had recommended that countries focus on a few priorities within each budget category, however there was flexibility to reallocate budget within each category. He urged countries to attend the upcoming financing dialogue.
