

**64th Session of the WHO Regional Committee for the Eastern Mediterranean,  
9–12 October 2017  
Islamabad, Pakistan**

**EMRO/RC64/DJ/3  
11 October 2017**

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### Documents

Documents will be distributed through the website <http://www.emro.who.int/about-who/rc64/index.html> and the Regional Committee mobile app. The daily journal will be distributed to participants each morning.

**Note:** There will be return service for documents to Member States.

### Internet access

Wireless internet access is available in all meeting areas.

**For participants residing in Serena hotel:** Please use the same WIFI credentials used in the hotel.

**For participants not residing in Serena hotel:** Please use these credentials: WIFI SSID: Serena-ISB; Voucher: mnh7

### WHO publications

Publications related to the agenda of the Regional Committee will be on display outside the Sheesh Mahal conference room. Other recent publications and the EMHJ will be available.

### Security

Please ensure your ID badge is displayed at all times while inside the premises.

### 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](mailto:emrgorcrep@who.int). NGOs statements may also be submitted for posting on the website.

### Contact information

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### Note

WHO has a no-smoking policy for all WHO meetings and related functions. Smoking is prohibited in all areas related to the Regional Committee sessions.

**1. Programme of work**  
**Wednesday, 11 October 2017**

<b>Agenda item</b>	<b>08:30–10:30 Regular session</b> (Sheesh Mahal Hall)	
6	First report of the Programme Subcommittee of the Regional Committee	<a href="#">EM/RC64/9</a>
	Regional Suggestions for Elective Posts for WHA71 and Executive Board Members	
3(a)	Regional framework for action on cancer prevention and control	<a href="#">EM/RC64/3</a>
3(b)	Climate change and health: a framework for action	<a href="#">EM/RC64/4</a>
<b>Agenda item</b>	<b>11:00–12:00 Regular session</b> (Sheesh Mahal Hall)	
3(c)	Operationalization of the adolescent health component of the global strategy for women's, children's and adolescents' health, 2016–2030	<a href="#">EM/RC64/5</a>
3(d)	Antimicrobial resistance in the Eastern Mediterranean Region	<a href="#">EM/RC64/6</a>
	<b>14:30-15:30 Plenary Discussion</b>	
	Sustainable Development Goals – Globally and in the Region	
<b>Agenda item</b>	<b>15:30–16:00 Regular session</b> (Sheesh Mahal Hall)	
4(a)	Resolutions and decisions of regional interest adopted by the Seventieth World Health Assembly and the Executive Board at its 140th and 141st Sessions	<a href="#">EM/RC64/7</a>
4(b)	Review of the draft provisional agenda of the 142 <sup>nd</sup> Session of the WHO Executive Board	<a href="#">EM/RC64/7-Annex 1</a>
5(a)	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction	<a href="#">EM/RC64/8</a>

**2. Report of meetings  
Tuesday, 10 October 2017**

**Agenda item Regular session**

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**Chair: Dr Firozuddin Feroz (Afghanistan)**

1 The Regional Committee elected the following officers:

Chair: Mrs Saira Afzal Tarar (Pakistan)

Vice-Chair: Dr Ahmed Al Saidi (Oman)

Vice-Chair: Dr Jawad Awwad (Palestine)

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

Dr Wahid Majrooh (Afghanistan), Dr Mariam Al-Hajeri (Bahrain), Dr Mohamed Jaber Hwoal (Iraq), Dr Mohsen Asadi-Lari (Islamic Republic of Iran), Dr Badereddin Al Najjar (Libya), Dr Muhammad Safi Malik (Pakistan)

Secretariat: Dr Jaouad Mahjour, Dr A. Basel Al-Yousfi, Dr Maha ElAdawy, Dr Rana Hajjeh, Dr Asmus Hammerich and Ms Catherine Foster

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

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**Chair: Mrs Saira Afzal Tarar (Pakistan)**

2(a) **Annual report of the Regional Director for the year 2016 and progress reports**

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2016 and early 2017. He focused on important milestones achieved in response to the five strategic priorities and outlined WHO support to health systems strengthening to achieve universal health coverage. He highlighted maternal, child and adolescent health; environmental health; noncommunicable diseases; and communicable disease control, including antimicrobial resistance. He also drew attention to the new WHO health emergencies programme, which was expected to bolster WHO's ability to respond to emergencies and outbreaks. He then focused on the regional roadmap that translated his vision into a set of strategic actions to guide WHO's work with Member States for 2017–2021. He said that the identified priorities were consistent with global priorities to ensure that WHO continued to deliver and provide support to countries as one strong WHO and he looked forward to working with them to realize this vision.

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

The Director-General stressed the close coordination between WHO headquarters and the Regional Office and referred to country visits as the best approach for aligning WHO support to the challenges faced at country level. Referring to the major challenge of noncommunicable diseases in the Region, he urged Ministers to attend the global conference on this issue planned for 17–19 October in Montevideo, Uruguay, which would lay the foundation for next year's third high-level meeting of the United Nations General Assembly on noncommunicable diseases. He noted that tobacco use was increasing in the Region and emphasized the need for countries to scale up implementation of the FCTC and related tobacco control measures, particularly taxation. With regard to communicable diseases, aggressive efforts were needed by all partners in the final push for polio eradication. There was need for a focus on hepatitis in the Region and for greater attention to prevention. He highlighted the importance of the Health in all Policies initiative in supporting the

development and implementation of strategic solutions to health challenges. He noted the need for scaling up health security in the Region in the face of increased vulnerability due to conflicts and emergencies.

The Regional Director thanked the Committee Members for their contributions, which would be taken into consideration by the Secretariat. He called on all countries to report their progress in prevention and control of noncommunicable diseases in preparation for the third high-level meeting of the United Nations General Assembly in September 2018.

## **Agenda item Special session**

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### **Chair: Mrs Saira Afzal Tarar (Pakistan)**

A special session was held highlighting progress in three areas: poliomyelitis eradication programme in Pakistan and Afghanistan, Humanitarian emergencies in the Eastern Mediterranean Region and public health preparedness and response: meeting the IHR obligations.

### **Update on the polio eradication programme in Pakistan and Afghanistan**

The Manager, regional Polio Eradication Initiative, presented an update on polio eradication in Pakistan and Afghanistan and progress in the Region noting the success of polio supplementary immunization activities in 2017 in restricting transmission. Key indicators for surveillance met certification standards in all but two countries, and polio outbreak simulation exercises had been conducted in a majority of countries. In spite of more than US\$ 451 million being mobilized to support polio eradication in 2016–2017, measures were now needed to redress a global decrease in resources. Ensuring an end to WPV transmission in Pakistan and Afghanistan in the coming low season and cVDPV2 transmission in Syrian Arab Republic remained a challenge. Member States were requested to mobilize regional resources, maintain basic immunization services, allocate adequate resources for surveillance, prepare for certification and containment, and engage in transition planning.

### **Humanitarian emergencies in the Eastern Mediterranean Region**

The Emergency Operation Manager presented an update on humanitarian emergencies in the Eastern Mediterranean Region. She said the Region was experiencing an unprecedented increase in the magnitude and scale of emergencies; more than 50% of global Grade 3 emergencies were in the Region with other countries experiencing a mix of chronic and acute emergencies. Refugees in the Region now totalled 15.7 million and 18 million people were internally displaced. Population movement was overwhelming health systems of host communities and neighbouring countries, and in some cases, reversing health gains. The high incidence of emerging and re-emerging infectious diseases was impacting global and regional health security. In response, the WHO Health Emergency Programme had mobilized US\$ 293 million and delivered 920 tons of health supplies but the funding gap remained at US\$ 200 million (41%). WHO was continuing to build national capacity to confront the magnitude of humanitarian emergencies in the Region.

### **Public health preparedness and response: meeting the IHR obligations**

The Director, regional Health Emergencies Programme, presented on public health preparedness and response: meeting the obligations of the International Health Regulations. Resolution (EM/RC62/R.3) urged WHO to establish an independent regional assessment commission to assess implementation of the International Health Regulations in the Region and advise Member States on issues relating to implementation of the national core capacities required under the Regulations. At the Sixty-third session of the Regional Committee for the Eastern Mediterranean, resolution (EM/RC63/R.1) noted progress in relation to regional strategic priorities,

and in particular, progress made by Member States in undertaking evaluations for implementation of the IHR. As of May 2017, 14 countries in the Region had conducted JEEs. WHO support had been extended to Member States to develop and cost national plans of action, based on priority actions identified from the JEEs, and in consultation, finalize the 5-year Global strategic plan to submit to the 142nd Executive Board for endorsement by the Seventy-first World Health Assembly.

#### **Agenda item Regular session**

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#### **4(c) Towards WHO's 13th General Programme of Work 2019–2023 "Keep the World Safe, Improve Health, Serve the Vulnerable"**

The Deputy Executive Director, WHO Emergencies Programme, outlined the proposed process leading up to the adoption of the thirteenth General Programme of Work which would then provide WHO's strategic vision for 2019–2023. The draft concept note shared with Member States proposed a general programme of work that would be shaped by the SDGs, the Director-General's vision and a strategic review of ongoing global and regional commitments. He highlighted the proposed new "mission" for WHO (Keep the world safe, improve health, serve the vulnerable), as well as the key shifts proposed in WHO's approach and a set of evolving strategic priorities. He invited Member States to comment on the proposed accelerated timeline and process for development of a final draft in time for the 71st World Health Assembly in May 2018. He also invited them to comment on the content of the draft concept note, including the key strategic priorities and major shifts in approach.

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

The Regional Director emphasized that the regional roadmap was based on regional priorities, while the General Programme of Work would be a strategic approach for WHO as a whole.

The Director-General said that performance measurement and progress monitoring were being included in the development of the General Programme of Work. WHO would become more operational, but not at the expense of its normative functions, which would be strengthened and support increased policy dialogue. He emphasized the need for WHO and Member States to work together to achieve the global health agenda, which would require a different model of resource mobilization than that currently followed. He emphasized the need for a new approach to climate change with a focus on mitigation and not only adaptation. Referring to universal health coverage as a strategic priority, he emphasized the need to return to the basics of disease prevention by investing in primary health care.

#### **8 Place and date of future sessions of the Regional Committee**

The Regional Committee decided to hold its Sixty-fifth Session in Khartoum, Sudan, from 1 to 4 October 2018.

**3. Other meetings**  
**Wednesday, 11 October 2017**

<b>16:00–17:00</b>	Improving access to assistive technology (AT)	Faisalabad Meeting Room Ground Floor
<b>16:00–17:00</b>	Global Network for Health in All Policies (GNHiAP)	Quetta Meeting Room Ground Floor
<b>17:00–18:00</b>	Update on polio transition planning and postcertification strategy	Quetta Meeting Room Ground Floor
<b>17:00-18:00</b>	Update on the Support of GAVI, the Vaccine Alliance	Faisalabad Meeting Room Ground Floor
<b>18:00</b>	Daily meeting of the Drafting Committee	Baltit Meeting Room Ground Floor

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