

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

**EMRO/RC64/DJ/4 Rev.1  
5 December 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; password: Serena-LSB
- 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.
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Conference room: Ms Nada Zahra, mobile +92 302 855 6268
- 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

**Agenda  
items**      **10:00–12:00**

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Adoption of the report, resolutions and decisions

Closing session

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## 2. Report of meetings Wednesday, 11 October 2017

Agenda item	Regular session
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| 6    | <p><b>Chair: Mrs Saira Afzal Tarar (Pakistan)</b></p> <p><b>First report of the Programme Subcommittee of the Regional Committee</b></p> <p>The Vice-Chair (Bahrain) of the Programme Subcommittee of the Regional Committee presented the first and second reports of the Programme Subcommittee, which had met on 5-6 April and 9 October 2017, respectively.</p> <p><b>Regional suggestions for elective posts for WHA71 and Executive Board membership</b></p> <p>The Director, Programme Management, outlined the processes adopted by the Regional Committee at its 63rd session (EM/RC63/R.6) for the nomination of Executive Board members and elected officials of the World Health Assembly. He presented regional suggestions for the elective posts for the Seventy-first World Health Assembly and for new members of the Executive Board.</p> <p>The Regional Director highlighted the role of the Executive Board in the decision-making process of the governing bodies of WHO and its advisory role with regard to the World Health Assembly. He noted that it was therefore important that members of the Executive Board nominated by Member States were well informed of the responsibility they would be undertaking in representing the Region, including regular attendance and familiarity with the Rules of Procedure, and had appropriate experience to be able to undertake the functions expected of them. He reminded the Committee that non-Members could also attend and participate without vote and that this was in itself a very good experience. He proposed that regional members of the Executive Board meet with the WHO regional secretariat one day before meetings for a full briefing.</p> <p>Interventions were made by representatives of the following Members of the Committee (in order): Oman, Libya, Iraq.</p> |
| 3(a) | <p><b>Regional framework for action on cancer prevention and control</b></p> <p>The acting Director, Noncommunicable Diseases and Mental Health, noted that cancer was the second leading cause of death worldwide and modelled estimates indicated that by 2030 the Region would have the highest increase in cancer burden among all six WHO regions. Cancer prevention and control remained at an early stage of development, with limited strategic direction in the Region. A regional framework for action on cancer prevention and control was proposed to scale up guidance to Member States in support of international commitments and to guide country decision-making on policy options and priority interventions for cancer prevention and control according to national contexts.</p> <p>Interventions were made by representatives of the following Members of the Committee (in order): Bahrain, Iraq, Yemen, Qatar, Morocco, Saudi Arabia, United Arab Emirates, Islamic Republic of Iran, Kuwait, Oman, Pakistan, Somalia, Libya.</p> <p>The acting Director, Noncommunicable Diseases, expressed his appreciation for the commitment of Member States to the common agenda of prevention and control of cancer. He noted their firm support for the regional framework for action, and for extending collaboration at all levels.</p>  |

**3(b) Climate change and health: a framework for action**

The Director, Regional Centre for Environmental Health Activities, highlighted climate change as among the biggest global health threats of the 21st century posing serious, yet preventable, effects on human health and exacerbating morbidity and mortality, especially among vulnerable populations. A framework for action on climate change and health was proposed to guide the health sector response to climate change in Member States, in collaboration with other health-determining sectors, and build the resilience of health systems. He said that WHO could offer support in facilitating partnerships and accessing financial resources and funding mechanisms to support the health sector response to climate change.

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

The Regional Director thanked the participants for their comprehensive interventions, and noted the request by representatives for guidance from WHO on implementing the proposed framework. To this end, he expressed his intention to hold a meeting in early 2018 on climate change and health at the WHO Regional Office in Cairo, Egypt, and asked Member States to nominate representatives to attend.

The Director, Centre for Environmental Health Activities, thanked the participants for their interventions. In response to the request for greater consistency and integrity of data, he highlighted that WHO coordinates various streams of environmental data collection that is shared. In response to the request for support for framework implementation, he brought to participants' attention the Training Manual on Climate Change Adaptation currently being produced in conjunction with ESCWA.

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**Chair: Dr Ahmed Al Saidi (Oman)**

**3(c) Operationalization of the adolescent health component of the Global strategy for women's, children's and adolescents' health, 2016–2030**

The Director, Health Protection and Promotion, noted that adolescent health and development demanded special attention in national development policies, programmes and plans as it was an integral part of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and central to the success of the SDGs. She said that many adolescent diseases and injuries were preventable or treatable but often neglected. Member States were urged to translate the commitments made in the Global Strategy into action by implementing national multisectoral strategic plans for adolescent health through use of the Global Accelerated Action for the Health of Adolescents (AAHA!): Guidance to Support Country Implementation.

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

The Director, Health Protection and Promotion, said that the health of adolescents had for too long been neglected but as central to achievement of the SDGs its importance was now being recognized. She expressed appreciation and support for all of the interventions made by representatives.

The Regional Director expressed appreciation of the Health-in-all-Policies model. He described the global school-based student health survey, designed to help countries measure and assess the behavioural risk factors and protective factors of young people as an important policy-making tool.

3(d)

### **Antimicrobial resistance in the Eastern Mediterranean Region**

The Director, Communicable Disease Control, presented the technical paper on antimicrobial resistance which described the current status of the response to antimicrobial resistance in the WHO Eastern Mediterranean Region and outlined the high-impact interventions needed for a comprehensive response at the national level. She said that the Global Action Plan on Antimicrobial Resistance, which was endorsed by the Sixty-eighth World Health Assembly in May 2015 and served as a blueprint for a response to the threat, urged Member States to develop and implement national action plans for antimicrobial resistance. She noted that in spite of political commitment demonstrated by endorsement of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, significant work was still needed at country level to respond to the threats posed by antimicrobial resistance.

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

The Special Representative of the Director-General on Antimicrobial Resistance said that the Regional Committee for the Eastern Mediterranean was the only WHO regional committee that was addressing the issue of antimicrobial resistance. He said that the threat of antimicrobial resistance was no longer just an issue of the life of patients but whether we could continue with the medicines and health systems used today. He highlighted the high level of political commitment and said it was now time to utilize this political commitment and turn it into action.

The Director, Communicable Diseases, said that new resistant strains were emerging, especially in conflict-affected countries, and spreading globally, threatening the ability to treat common infectious diseases. WHO was providing support to countries through the Global Antimicrobial Resistance Surveillance System (GLASS) and the development of national reference laboratories to improve surveillance.

The Regional Director said he had requested the development of a working paper on antimicrobial resistance to identify regional strengths and weaknesses to address the issue. He noted the need for electronic surveillance systems to be strengthened to monitor resistance and made reference to increasing levels of multidrug-resistant tuberculosis in the Region. Member States and WHO had a responsibility to operationalize the Global Action Plan on Antimicrobial Resistance.

<b>Agenda item</b>	<b>Regular session</b>
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4(a)	<b>Resolutions and decisions of regional interest adopted by the Seventieth World Health Assembly and the Executive Board at its 140th and 141st Sessions</b>
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4(b)	<b>Review of the draft provisional agenda of the 142nd Session of the WHO Executive Board</b>
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The Director, Programme Management, drew attention to the resolutions adopted by the Seventieth World Health Assembly and the 140th and 141st sessions of the 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 142nd session of the WHO Executive Board and requested comments thereon.

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

The Director, Programme Management, thanked the representatives for their engagement and acknowledged the areas highlighted by representatives for additional focus.

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**

The Regional Committee nominated the Islamic Republic of Iran to serve on the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction for a three-year period from 1 January 2018 to 31 December 2020.