



# JOURNAL

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**65h Session of the WHO Regional Committee for the Eastern Mediterranean,  
15–18 October 2018  
Khartoum, Sudan**

**EMRO/RC65/DJ/3  
17 October 2018**

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### Documents

Documents will be distributed through the website <http://www.emro.who.int/about-who/rc65/index.html> and the Regional Committee mobile app. The Daily Journal will be distributed to participants each morning.

**Note:** There will be no return service for documents to Member States.

### Internet access

Wireless internet access is available in all meeting areas.

**For participants residing in Al Salam Rotana Hotel:** Please use the same WIFI credentials used in the hotel.

**For participants not residing in Al Salam Rotana hotel:** Please use these credentials: WIFI: SSID Al Salam Rotana; open the browser, sign up, type first name, family name and email, then submit.

### WHO publications

Publications related to the agenda of the Regional Committee will be on display outside the Nile Ballroom 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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### 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, 17 October 2018**

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**Agenda item**    **09:30–10:00 Special session** (Al Salam Rotana Hotel – Nile Ballroom)

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**6**                      Nomination of a Member State to the Joint Coordinating Board on the Special Programme for Research and Training in Tropical Diseases    [EM/RC65/13](#)

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**Agenda item**    **10:00–12:00 Regular session** (Al Salam Rotana Hotel – Nile Ballroom)

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**5(a)**                      Resolutions and decisions of regional interest adopted by the Seventy-first World Health Assembly and the Executive Board at its 142nd and 143rd Sessions    [EM/RC65/9](#)

**5(b)**                      Review of the draft provisional agenda of the 144th Session of the WHO Executive Board    [EM/RC65/9-Annex 1](#)

Adoption of the report, resolutions and decisions

Closing session

**14:00–17:30 Informal technical meetings** (Al Salam Rotana Hotel – Nile Ballroom)

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Improving the quality and coverage of mortality statistics in the Region

Optimizing the use of caesarean section to improve maternal and newborn health in the Region

Development of a regional strategic framework for action for the hospital sector in the Region

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## 2. Report of meetings Tuesday, 16 October 2018

### Agenda item Regular sessions

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**Chair: H.E. Professor Mohamed Abu Zaid Mustafa (Sudan)**

#### **2 Programme Budget 2020–2021**

The Chief, Budget and Resource Coordination, WHO headquarters, presented the proposed high-level programme budget 2020–2021. The proposed budget, which would fully articulate GPW 13, amounted to US\$ 4.7 billion. Country offices saw the biggest increases in the proposed budget, with an increase in share of nearly 5%. She said that further increases would be needed in future bienniums in order to achieve the targets of GPW 13.

The Acting Director, Programme Management, presented the outcome of the prioritization exercise. The approach used for prioritization was based on outcomes, rather than programmes, and was informed by strategic consultation with Member States on country level priorities. He invited the Committee to discuss and advise on further development of the proposed budget for the Executive Board in January 2019.

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

The Regional Director thanked the countries for their input. He noted that the national priorities identified during the consultative process had resulted in clear consensus on regional needs.

The Acting Director, Programme Management, said all suggestions would be taken into account during the next steps in development of the proposed programme budget. The strategic consultations that had informed the prioritization exercise had all taken place at country level, but the process had varied by country. He said that the consultations would continue.

The Chief, Budget and Resource Coordination, acknowledged the need for a holistic view of priorities across regions and said that the full programme budget 2020–2021 was under development based on regional and country priorities.

#### **4(a) Advancing universal health coverage**

The Director, Department of Information, Evidence and Research, noted that the 2030 Agenda for Sustainable Development and GPW 13 had both identified universal health coverage as a top priority. It was estimated using a universal health coverage service index that 53% of people in the Region had access to basic health services – below the global average of 64%. However, projections showed that a regional population-weighted average of 60% could be achieved by 2023 and disparities between countries could be reduced if interventions from the WHO regional framework for advancing universal health coverage in the Region were implemented. This suggested that the Region was in a good position to realize its proportional share of the global GPW target of 1 billion more people benefiting from universal health coverage by 2023. Key actions were recommended to help countries advance towards universal health coverage. While some depended on a country's income level, all countries needed to define a national essential package of health services to ensure effective and equitable coverage of all population groups, including refugees and displaced populations.

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

Djibouti, Qatar, Palestine, Morocco, Iraq, Oman, Tunisia, Lebanon, Sudan, Bahrain, Saudi Arabia.

The Regional Director emphasized the need for effective health information to measure progress. He noted that while universal health coverage was not cheap, it was a very cost-effective investment in the longer term. He argued that engaging the private sector was crucial to advancing coverage, but required careful regulation. He pointed out that quality and patient safety were recognized as priorities in the new regional strategy.

The Director, Information, Evidence and Research, explained that the universal health coverage service coverage index was an imperfect tool. Potential refinements were under discussion, but it was challenging to capture coverage across very diverse countries.

## **Agenda item Regular sessions**

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**Chair: H.E. Dr Fawziya Abikar Nur (Somalia)**

### **4(c) Promoting health and well-being**

The Director, Noncommunicable Diseases and Mental Health, addressed the strategic priority of promoting healthier populations and its related goal of 1 billion more people enjoying better health and well-being. He said that WHO would work closely with countries to improve the health and well-being of their populations, with a focus on the vulnerable, through improving human capital across the life course, accelerating action on preventing noncommunicable diseases and promoting mental health, and addressing the health effects of climate change. He noted the need to address the social, economic and environmental determinants of health and to adopt a multisectoral approach. Four new regional frameworks for action were proposed for the consideration of Member States, addressing obesity prevention, tobacco control, health and the environment, and preconception care.

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

The Regional Director thanked representatives for their contributions. He noted that despite huge challenges, there were opportunities to be grasped in the Region. He said that mobilizing sectors beyond health was needed, including through the establishment of national multisectoral committees. He noted that striking successes were possible, and gave examples from different countries to illustrate this. He observed that the ingredients for success existed within the Region, including the human resources, and promised WHO support to countries in their efforts.

The Director, Noncommunicable Diseases and Mental Health, welcomed the contributions of representatives and progress made in countries. He noted that there were challenges in adopting a multisectoral approach and called for the sharing of lessons learned. He said that WHO was working with partners, including other United Nations agencies, on ways to develop multisectoral approaches and that there was a need to adapt approaches within countries, including at the subnational level. He said that WHO looked forward to working with countries on these issues.

### **4(b) Protecting people from the impact of health emergencies**

The Director, WHO Health Emergencies Programme, said that addressing health emergencies was one of WHO's three strategic priorities, with the related goal of 1 billion more people better protected from health emergencies by 2023. He noted that the Region had a heavy burden of emergencies, including conflict and natural disasters, and faced many challenges including attacks on health facilities and staff.

He pointed out that compliance with the International Health Regulations (IHR 2005) was needed, including notification of events. He observed that a collective effort was needed, across sectors, and called on countries to develop national action plans for health security as part of health system strengthening. He said that WHO would work to ensure that countries were equipped to mitigate risk from high-threat infectious hazards and that populations affected by health emergencies had access to essential life-saving health services and public health interventions.

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

The Regional Director observed that a prompt response, well-planned recovery and comprehensive approach were required to protect the populations of the Region from the health impact of emergencies. He urged countries to adhere to the IHR and said that WHO would support countries in the development of national emergency plans. He noted that WHO was currently reviewing its emergencies programme in the Region in consultation with countries.

The Director, WHO Health Emergencies Programme, congratulated countries on their efforts in coping with emergencies. He pointed out that lessons learned and best practices from the Region should be shared globally, including on linking emergency management with health system development, and in the provision of trauma and primary health care, and the use of mobile clinics, for internally displaced populations. He praised countries for adhering to the IHR and completing joint external evaluations, and noted that the Region exhibited laudable transparency in this area. The Director, Country Health Emergency Preparedness and IHR, WHO headquarters, updated representatives on the Ebola outbreak in North Kivu in the Democratic Republic of the Congo. He noted that WHO was holding a meeting on 17 October 2018 to decide whether to declare the outbreak a Public Health Emergency of International Concern.

#### **Agenda item Regular sessions**

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**Chair: H.E. Professor Mohamed Abu Zaid Mustafa (Sudan)**

#### **4(d) Optimizing WHO's performance: countries at the centre**

The Manager, Planning and Country Support, pointed out that achievement of the "triple billion" goals of GPW 13 by 2023 required scaled-up efforts by Member States and WHO, focused in particular on maximizing impact at country level. To strengthen its support to countries, WHO had embarked on a major transformation process whose goal was to fundamentally reposition, reconfigure and recapacitate the Organization so that its normative and technical work focused more sharply on making a measurable difference in people's health. To effect this transformation in the Region, WHO was undertaking systematic reviews of its functions in each country. The needs and priorities of each country would be identified, and WHO staffing and operations at country level would then be adapted to meet them. The review would take account of the areas of comparative advantage in which WHO could add most value, and would seek to strengthen effective collaboration and partnership with United Nations agencies and other partners.

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

The Manager, Planning and Country Support, thanked representatives for their critical engagement with the paper. She noted that the transformation required by GPW 13 could not be carried out by WHO on its own, but required active participation from countries. The review process was a new venture, and representatives' comments would be carefully considered.

The Director, Finance and Administration, noted that effective delegation of authority depended on each country's circumstances and capacity. He emphasized that optimizing WHO's country performance was not a one-off exercise, and that while each country would have a stable resource to meet its core needs, there would be flexibility to accommodate changes in demand. He noted that active country support was needed regarding day-to-day practical issues such as visas and transport of supplies.

**4(e) Private sector engagement for advancing universal health coverage**

The Regional Adviser, Primary and Community Health Care, highlighted the importance of engaging the private sector – defined as formal, for-profit health service providers – in advancing UHC in WHO's Eastern Mediterranean Region. He said that the private health sector was very active in the Region, providing both ambulatory and hospital services, and was also heavily involved in infrastructure development and the production and supply of medicines and health technologies. Engaging the private sector was particularly important in countries where government spending on health was low, and in countries experiencing emergencies. The private health sector had grown with little public policy direction and was not part of government health sector planning in many countries and was thus an untapped resource in the context of UHC. He proposed a framework for action for effective engagement with the private health sector which identified strategies and actions for Member States to facilitate efforts to enhance equity and financial accessibility, improve the quality of services provided by the private health sector and harness its capacity.

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

The Regional Adviser, Primary and Community Health Care, noted the need for capacity-building of ministries of health in creating more effective partnerships with the private health sector to expand health service provision and reiterated the importance of social health insurance to expand coverage for vulnerable groups. Development of quality and performance indicators was important for both the public and private health sector, and contracting with family practitioners represented an excellent platform for public-private sector collaboration.

**5(e) Development of a draft global action plan on the health of refugees and migrants**

In resolution WHA70.15, the World Health Assembly requested the Director-General to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region, in order to contribute to the development of a draft global action plan on the health of refugees and migrants to be considered for adoption by the Seventy-second World Health Assembly following consultation with Member States for discussion at the sessions of the regional committees in 2018. The draft global action plan will be submitted for consideration by the Seventy-second World Health Assembly in 2019 through the Executive Board at its 144th session.

The Programme Area Manager, Country Health Emergency Preparedness and IHR, said that the management of the health of migrants and refugees was a priority and informed representatives that a one-week consultation process would take place at the end of October/beginning of December. The plan would then be "regionalized" and best practices documented. WHO would provide support through country assessments. Multisectoral responses and essential packages of services were needed. She reminded participants that outbreaks did not discriminate and that national planning and financing to address the health needs of migrants and refugees were essential.

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

The Assistant Director-General, Strategic Initiatives, said that the web-based consultation had not provided enough opportunity for Member States' input but the consultation would be reopened and the latest version of the document uploaded in the next few days. A translated version of the document would be available from 13 December 2018. Almost 50 United Nations agencies were collaborating to establish a permanent secretariat comprised of thematic area working groups by the beginning of December 2018, with IOM as the head of the secretariat. The large-scale movements of migrants and refugees had created special and urgent challenges in ensuring access to health services and continuity of care for affected people crossing borders, in particular for persons with HIV/AIDS and tuberculosis, and other chronic conditions. An information system which protected human rights and confidentiality needed to be established as documentation detailing accurate information was essential in countering misinformation. He reminded Member States that the draft global action plan for health of refugees and migrants was not a legally binding plan but represented a dynamic framework and solid plan focusing on public health issues and providing support in developing a standardized approach. He thanked students represented by the various organizations who delivered interventions at the session, describing them as the future and a 'benchmark' for all.

**5(c) Draft WHO global strategy on health, environment and climate change**

The Director, Centre for Environmental Health Action, presented the draft global strategy on health, environment and climate change. He said that the 142nd Executive Board had requested the Secretariat to develop a draft global strategy on health, environment and climate change. Regional Committees were being requested to provide inputs on the draft strategy, which would be considered by the Executive Board at its 144th session in January 2019.

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

The Director, Centre for Environmental Health Action thanked the representatives for their comments and said that further input on the draft strategy could be submitted in writing up to November 2018. He noted that the first global conference on air pollution and health would be held in Geneva at the end of October, in collaboration with the World Bank and other partners, and urged robust participation from the Region.

**5(d) Development of the road map on access to medicines and vaccines**

The acting Director, Programme Management, detailed the process of development of the road map on access to medicines and vaccines, which the Seventy-first World Health Assembly in May 2018 had requested the Director-General to develop, in consultation with Member States. The road map outlines the programming of WHO's work on access to medicines and vaccines for the period 2019–2023, including activities, actions and deliverables.

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

The Acting Director, Programme Management, thanked the representatives for their suggestions, which would be taken into account by the Secretariat. He acknowledged the need to seek more alignment between the interests of the pharmaceutical industry and public health policy. He referred to the low regional response to surveys conducted for the development of the draft road map, and urged countries to enhance their engagement in this and similar initiatives.

**3. Other meetings**  
**Wednesday, 17 October 2018**

<b>18:00</b>	Improving access to health information and knowledge resources	Almas 1 Meeting Room B (lower ground floor)
<b>18:00</b>	Launch of a new Health Financing Atlas to Strengthen Health Financing Systems in the EMR to achieve Universal Health Coverage	Almas 2 Meeting Room C (lower ground floor)