

Report of

# **The Regional Committee for the Eastern Mediterranean**

Sixtieth Session

Muscat, Oman  
27–30 October 2013



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

**Report of**  
  
**The Regional Committee**  
**for the**  
**Eastern Mediterranean**  
  
**Sixtieth session**

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## 1. Introduction

The Sixtieth Session of the Regional Committee for the Eastern Mediterranean was held in Muscat, Oman from 27 to 30 October 2013.

The following Members were represented at the Session:

Afghanistan	Pakistan
Bahrain	Palestine
Djibouti	Qatar
Egypt	Saudi Arabia
Iran, Islamic Republic of	Somalia
Iraq	Sudan
Jordan	Syrian Arab Republic
Kuwait	Tunisia
Lebanon	United Arab Emirates
Libya	Yemen
Morocco	
Oman	

In addition, observers from South Sudan, International Atomic Energy Agency (IAEA), United Nations Children's Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Food and Agriculture Organization of the United Nations (FAO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), GAVI Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank and a number of intergovernmental, nongovernmental and national organizations attended the Session.

## **2. Opening session and procedural matters**

### **2.1 Opening of the Session**

#### *Agenda item 1*

The opening session of the Sixtieth Session of the Regional Committee for the Eastern Mediterranean was held on the evening of Sunday 27 October 2013 in the Majan Hall of Al-Bustan Hotel, Muscat, Oman.

### **2.2 Formal opening of the Session by H.E. Dr Abdellatif Mekki, Minister of Health of Tunisia and Vice-Chair of the Fifty-ninth Session of the Regional Committee**

H.E. Dr Abdellatif Mekki, Minister of Health of Tunisia, and Vice-Chair of the Fifty-ninth Session of the WHO Regional Committee for the Eastern Mediterranean, opened the session. He recalled the previous year's session in which the Committee had endorsed a new vision and set of health priorities for the Region and said he looked forward to hearing about the progress made during the year on these and other issues. He commended the new approach of organizing a technical meeting the day before the Regional Committee, which had been decided during the previous year's session. He added that the past year had witnessed a number of important health events, such as the Dubai high-level meeting on saving the lives of mothers and children, whose positive outcomes were now being seen. He noted the need for concerted efforts to avert, and to mitigate the effects of, health emergencies in the Region. He expressed concern at the risks to the global polio eradication programme posed by the outbreak in Somalia and underscored the need to report all cases that occur in any country. He acknowledged the proposed pooled procurement system for vaccines and medicines, which would help reduce costs and provide more comprehensive coverage against infectious diseases. He paid tribute to the Regional Director for his leadership in facing the challenges of the past year, including the appearance of a new coronavirus in the Region, and for his efforts to align WHO's work with real regional needs.

### **2.3 Address by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean**

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, thanked the patron of the meeting, His Highness Haitham Bin Tarik Al Said, Minister of Heritage and Culture, and paid tribute to the Government of Oman for Oman's impressive achievements in health made through its sustained commitment to health development and planning. He expressed his appreciation to Her Royal Highness Princess Muna Al-Hussein for her continued support to WHO programmes and initiatives and for her dedication to the cause of the health workforce, in particular in nursing and midwifery.

Referring to the strategic priorities for the Region, the Regional Director noted that he was keen to reflect the work of WHO in the Region. In each of the strategic priority areas, the secretariat had implemented a full agenda, particularly in the area of health systems strengthening which concerned each and every Member State.

There was a growing global momentum around the concept of universal health coverage as a way of ensuring that everyone could get the health care they need, at an acceptable standard of quality, when they needed it and without incurring financial hardship. Although there were many paths to achieving universal health coverage, he said, there could be no doubt that a commitment to universal health coverage was the main goal for all health systems. This was particularly clear for the health of mothers and children. Despite the considerable progress that many countries had made, there were still a number of countries with a high burden of maternal and child mortality. He expressed his appreciation for the excellent work that had been achieved by these countries in developing acceleration plans to achieve Millennium Development Goals 4 and 5.

He noted that the International Health Regulations (2005) were an important tool for the protection of health security around the world. It was therefore vital that all the concerned sectors in every country

were able to comply with the requirements for implementation by the final deadline. The emergence of the new coronavirus, Middle East respiratory syndrome (MERS-CoV), was a clear example of why the International Health Regulations were needed. WHO was working closely with Member States and partners on that issue and would continue to keep countries informed.

Polio remained a serious issue. The continued existence of the virus and its recent transmission to new countries was creating a huge challenge. WHO would continue to operate on the basis that it was facing an emergency that threatened all countries of the world, and all Member States must remain on high alert.

Turning to the issue of noncommunicable diseases, he said that not enough was being done from the angle of prevention and awareness-raising. The previous year the Regional Committee had endorsed a regional framework for action on the commitments of Member States to implement the United Nations Political Declaration. A series of activities had taken place during the past year on the development of technical guidance. A few countries had already started to implement this guidance, he said, but much more needed to be done. In the area of health and the environment, he said that related challenges were hindering achievement of the Millennium Development Goals, and would continue to hinder achievement of long-term health and sustainable development. He hoped the Region would move forward in this area.

Referring to the protracted conflicts and crises in the Region, the Regional Director noted the long-term consequences for health, with public health gains accumulated from decades of hard work and investment wiped away in just a few months. The side-effects of embargoes and economic sanctions deprived patients of vital medicines and services. It was crucial that humanitarian staff be allowed to do their work without threat of personal danger, in accordance with international humanitarian law, and that health care services, medicines and other critical life-saving supplies be given free passage in order to reach those who needed them.

The major humanitarian situation within the Syrian Arab Republic and its neighbours was having severe consequences for the health services of all the countries concerned. He urged health ministers to maintain the solidarity pledged the previous year to support health care for Syrians inside and outside Syria and acknowledged the generous contributions from many donors to the relief efforts, in particular Kuwait whose support to WHO had enabled it to implement effective health assistance. He saluted the heroism and the dedication of the health workers who were providing humanitarian services, sometimes at the risk of their own lives.

He closed by saying that the future of the Organization continued to be reshaped for the demands and requirements of a changing world. He urged Member States to continue to be engaged with this process so that the Organization could respond to their needs.

## **2.4 Message from Dr Margaret Chan, WHO Director-General**

In a video message to the Regional Committee, Dr Margaret Chan, WHO Director-General, thanked the Government of Oman for hosting the session. She noted that many visitors to Oman came to learn about the country's health system and the remarkable results it had produced. One of the most encouraging trends in public health today was the growing number of countries that had made universal health coverage their goal. This was a strong endorsement of the need for fairness in access to quality health care. Universal health coverage also stressed the need for a comprehensive range of services, including prevention. This emphasis on prevention was critically important as the Region addressed its growing burden of noncommunicable diseases. The UN Political Declaration on Noncommunicable Diseases clearly stated that prevention must be the cornerstone of the global response to these diseases.

She highlighted other important issues to be discussed during the session, including the unfinished MDG agenda and the place of health in the post-2015 development agenda, progress in implementing



the International Health Regulations, and polio eradication. Referring to the health situation in Syria, she noted that earlier in the month the UN Security Council had unanimously and urgently called on all parties to allow humanitarian access to all areas of the country to deliver desperately needed humanitarian assistance. WHO stood ready to do its part in providing health assistance.

## **2.5 Keynote speech by H.R.H. Princess Muna Al-Hussein, WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region**

Her Royal Highness Princess Muna Al-Hussein opened her address by thanking the Government of Oman for its kind welcome and generous hospitality. The advances that Oman had made in health and social development over the past four decades stood as a model for the world, she said. She drew attention to a recent report from the United Nations Sustainable Development Solutions Network, *The World Happiness Report 2013*. The report had a number of valuable and insightful things to say from a health perspective. It found that healthy life expectancy was one of the key variables affecting country scores. It also found that mental disorders were the single most important cause of unhappiness, but were largely ignored by policy-makers. And the report showed that happy people lived longer, were more productive, earned more and were better citizens. These were important observations for national development and for policy-makers across all sectors.

The WHO Constitution defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Health policy-makers needed to consider how much focus was put on health, rather than disease, and on practical solutions to promote health. Health leaders in the Region were in a unique position to lead change, both in the approach governments took towards health and in the way different sectors interacted to bring about healthier happier communities and citizens.

With regard to the initiative on saving the lives of mothers and children, nothing could be more important. The success of this initiative, she said, depended on how much we supported each other. Solidarity among countries of the Region was essential to achieve the goal for others and for the Region as a whole. Efforts needed to be targeted where they could do most good. This meant seeking out and reaching mothers and children in the poorest districts and in the rural districts. It meant reaching out to mothers who had not had the opportunity to complete their education. It was well known that the longer girls were able to stay in school, the more healthy and happy they would be as women and as mothers, and the more healthy and happy their children, and other family members, would be.

She referred to the issue of noncommunicable diseases as a growing tragedy in the Region. The tragedy lay not only in the numbers affected but also in the state of unpreparedness of countries and in the lack of a common agenda of work with other parts of government. The real change needed was concerned with promoting health, including addressing tobacco use and encouraging healthy lifestyles. Healthy habits and behaviours were learnt at a very early age. Change was also needed in how these conditions were managed. For the millions of people who already had high blood pressure, heart disease or cancer, the change needed was to ensure that quality health care was accessible to them at the primary health care level. In this respect, it was heartening to see the political momentum that was gathering behind the concept of universal health coverage.

She said that as WHO Patron for Nursing and Midwifery in the Eastern Mediterranean, the health workforce remained a primary interest, and universal health coverage could not be achieved without an effective workforce. And there was a real health workforce crisis in the Region. In all cases the heart of the matter was in planning and in coordination between the health and higher education sectors. But at the level of society it was also about encouraging young people to make a career in the service of health and in making such a career attractive and possible. Also needed was to ensure that career structures provided incentives to retain skilled professionals and enable mobility so that good health professionals were accessible to everyone, in the poorest remotest areas, and not just in the capital cities.

Partnerships in all work were essential. In particular, civil society needed to be encouraged. At a time when nongovernmental organizations were under pressure in the Region, it was up to health leaders to strengthen these partnerships and to promote the many great contributions that civil society could make to health development. She concluded her address by urging the Committee, in the face of the many challenges in the Region, to remain positive, focus on dialogue and continue to make health an opportunity for diplomacy and a bridge for peace.

## **2.6 Welcome address by the Government of Oman**

H.E. Dr Ahmed Bin Mohamed Bin Obaid Al Saidi, Minister of Health of Oman, said that the challenges faced by the Region and the changes recently witnessed had simultaneously highlighted strengths, unearthed some weaknesses and identified disparities in the capacity of health systems to respond. He spoke of the need for alignment between the requirements of health development and increasing health expenditure and said that unconventional strategies were needed to finance health expenditure. Strengthening health systems and enhancing health equity were essential to advance comprehensive development, as was sound planning based on scientific evidence.

Oman understood the importance of planning and this had motivated the Government to develop a clear vision and draw up a roadmap of which activities should be undertaken up until 2050. He talked of the need to strengthen health systems in the face of health emergencies and integrate universal health coverage into the development agenda of all countries. An approach based on primary health care was needed and work with partners across all sectors should be intensified. He said that this Regional Committee session represented a good opportunity to discuss the implications of addressing priority health issues on the effectiveness of health systems and to identify ways to draw upon the strengths in the Region. He praised His Majesty Sultan Qaboos bin Said for his contribution of US\$ 5 million to polio eradication efforts and thanked him for his generous gesture.

## **2.7 Election of officers**

### *Agenda item 1(a), Decision 1*

- The Regional Committee elected the following officers:
- Chairperson: H.E. Dr Ahmed Al-Saidi (Oman)
- First Vice-Chairperson: H.E. Dr Seyed Hassan Ghazizadeh Hashemi (Islamic Republic of Iran)
- Second Vice-Chairperson: H.E. Dr Ahmed Qassim Al-Ansi (Yemen)
- Dr Badereddin Annajar (Libya) was elected Chairperson of the Technical Discussions.

## **2.8 Adoption of the agenda**

### *Agenda item 1(b), Document EM/RC60/1-Rev.5, Decision 2*

The Regional Committee adopted the agenda of its Sixtieth Session with the addition of an item on poliomyelitis.

## **2.9 Decision on establishment of the Drafting Committee**

### *Agenda item 1(a), Decision 1*

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

- Dr Mariam Al Jalahma (Bahrain)
- Dr Bijan Sadrizadeh (Islamic Republic of Iran)
- Dr Qais Saleh Al Doweiry (Kuwait)
- Mr Jilali Hazim (Morocco)
- Dr Said bin Hareb Al-Lamki (Oman)
- Dr Mohamad Yahya Saeedi (Saudi Arabia)
- Dr Emad Ezzat (Egypt)
- Dr Samir Ben Yahmed (Eastern Mediterranean Regional Office)
- Mr Raul Thomas (Eastern Mediterranean Regional Office)
- Dr Jaouad Mahjour (Eastern Mediterranean Regional Office)
- Dr Sameen Siddiqi (Eastern Mediterranean Regional Office)
- Ms Jane Nicholson (Eastern Mediterranean Regional Office)

### 3. Reports and statements

#### 3.1 The work of the World Health Organization in the Eastern Mediterranean Region—Annual Report of the Regional Director for 2012

*Agenda item 2, Document EM/RC60/2*

**Progress reports on eradication of poliomyelitis: regional implications of the endgame strategy; Tobacco-Free Initiative; achievement of the health-related Millennium Development Goals and global health goals after 2015; health systems strengthening: challenges, priorities and options for future action; implementing the International Health Regulations (2005); update on emergencies and impact of the Syrian crisis on health systems in the neighbouring countries; and road safety**

*Agenda item 3 (a,b,c,d,e,f,g), Documents EM/RC60/INF.DOC.1–7, Resolution EM/RC60/R.1*

In his report, Dr Alwan highlighted the process of review that had taken place the previous year to arrive at consensus on the five strategic priorities for continued health development in the Region. In 2012 the Regional Committee had endorsed seven priorities for health systems development. An assessment of the civil registration and vital statistics systems in the Region during the year had shown that only 26% (6 countries) could be considered functioning. This was a challenge for health ministers as they could not plan accurately for the future. He noted that universal health coverage as a concept was gathering momentum worldwide. To reach universal health coverage, Member State would need a comprehensive vision, evidence-based strategy and a well laid out roadmap. It should be considered a challenge for all Member States as gaps existed in all the three groups of countries. Strengthening health systems was a top priority for all, he said, and would continue to be the primary focus of work.

Referring to communicable diseases, he said that progress towards immunization coverage targets continued to be affected by the security situation, while managerial capacity and commitment to routine immunization remained visible challenges in some countries. Allocation of government resources and the support of partners were needed to scale up the response. Since 2010 there had been a decrease in the regional MCV1 coverage and increase in outbreaks and reported measles cases. WHO was working closely with affected countries to implement synchronized measles campaigns. It was in the interests of all Member States, including those that do not currently have a high burden, to coordinate efforts to ensure the Region achieves measles elimination not later than 2015. Introduction of new life-saving vaccines had made further progress. The main challenge remained the unaffordability of the new vaccines for middle-income countries. The Member States should make use of the opportunity to join the regional pooled vaccine procurement. The Regional Director urged the GAVI Alliance to come up with strategies to help Member States in overcoming the barrier of high prices for introduction of new vaccines.

In response to World Health Assembly resolution WHA65.5, he noted that the regional polio eradication programme had moved into emergency operating mode in order to be able to provide more effective support to the endemic countries, as well as other priority countries. An advocacy hub was being established at the Regional Office to resolve issues related to misconceptions about polio vaccination which were hampering safe passage of vaccination teams, and in some areas had even led to an outright ban on vaccination and attacks on staff and polio health workers. WHO had brought together senior Islamic scholars to establish an Islamic Advisory Group for polio eradication to support efforts, and address community concerns and challenges. This solidarity would be crucial for ending polio. Many polio-free countries are at high risk of importing polio and having serious outbreaks, he said.

There had been an unprecedented rise in the incidence of emerging and re-emerging communicable diseases, posing constant threats to regional health security. The ongoing conflicts and chronic

humanitarian emergencies prevailing in many countries are among the major risk factors for the spread of new diseases, he said. Early detection and rapid response to contain epidemic threats from emerging diseases remained the biggest challenge for WHO and Member States alike. The emergence of Middle East Respiratory Syndrome coronavirus (MERS-CoV) with a high case fatality rate had underscored the vulnerability of the Region to the repeated threats of emerging diseases and the gaps in Member States' core surveillance and response capacities required by the International Health Regulations. Early reporting and notification to WHO of these novel diseases was a prime responsibility of Member States under the Regulations. The Regional Director expressed his confidence that Member States would continue to give that international legal agreement their most considered attention.

With regard to HIV, he pointed out that although the number of cases in the Region is lower than other regions, the rate of increase in new HIV infections is the highest globally. Estimated regional HIV treatment coverage is less than 20%, the lowest coverage of all regions. WHO had launched a regional initiative to end the HIV treatment crisis. Several countries had succeeded in eliminating malaria, but it was still a priority health problem in some. Out of more than 7 million reported malaria cases, less than a fifth were parasitologically confirmed. Malaria-endemic countries need to scale up their efforts to ensure universal access to malaria diagnostic testing, as well as effective treatment and malaria surveillance. The estimated number of deaths due to tuberculosis is still high and the Region is missing an estimated 37% of cases, mainly due to under-diagnosis or under-reporting of cases by private or public health facilities that are not affiliated to the national programmes. Strong legislation is needed in all Member States to ensure obligatory notification of cases by all providers, to limit the sale of anti-tuberculosis drugs in private pharmacies and to scale up the diagnosis and care of drug-resistant tuberculosis.

A regional multi-agency initiative to accelerate progress towards MDGs 4 and 5 had been launched in a high-level meeting held in Dubai, United Arab Emirates, under the banner "Saving lives of mothers and children". The initiative focused on the 10 countries with a high burden of maternal and child mortality. The meeting had concluded with the Dubai Declaration, which provided a guide to the way forward for all Member States. He called on countries where mortality is low to maintain focus on sustaining achievements, ensuring high quality of care and tailoring the interventions to address specific needs.

With regard to noncommunicable diseases, he said that WHO had worked with countries to determine how to move forward in implementing the regional framework for action. A survey of Member States capacities had indicated enormous challenges and all countries had gaps in response. WHO and Member States had collaborated to build capacity and implement priority interventions. Not enough was being done in the area of prevention of the four main risk factors for noncommunicable disease, where the focus is on implementing key cost-effective and high impact interventions, or 'best buys'. With regard to tobacco control, he urged Member States to sign the first protocol on illicit tobacco trade.

With regard to emergency preparedness and response, the Regional Director said that approximately 42 million people in 13 countries of the Region were currently affected by emergencies and crises, seven of them facing protracted emergencies, while the Region had experienced a number of acute emergencies caused by natural disasters. These events had caused a wide range of serious public health threats and, in many areas, had swept away years of hard work and investment in public health. The collective regional management of these crises remained less than optimal. Relying on international and external action, including funding, posed major risks in the long run.

With regard to WHO's managerial processes, the main challenges, he said, were in the areas of planning, financing, human resources and the existence of a robust control environment. Significant advances had been made but gaps and challenges remained. For 2014-2015, the Regional Office had completely changed the planning processes through a more focused approach on priorities, identified

through a much improved bottom-up approach. Financing continued to be a major challenge with regional contributions still considerably lower than for other regional offices. Challenges in the area of human resources continued, particularly in reducing recruitment time and attracting the most competent candidates; more outreach was envisaged, particularly with Member States. In the area of governance a Technical Advisory Committee had been constituted to advise on policy options for WHO collaboration with Member States and had held its first meeting in April.

Finally, the Regional Director requested the views of the Committee on the use of national languages and the global Arabic programme. The Regional Office would be commencing an evaluation of the current Arabic programme with a view to ensuring it meets Member States needs in future.

### *Discussions*

The Representative of Bahrain commended the Regional Office for the significant developments undertaken and the recent restructuring which had enabled the Member States to focus on the regional priorities. He also commended the developments in the work of the Regional Committee and the successful technical sessions held the previous day and said that they should continue in future committees. He noted that these sessions represented a good opportunity to review technical issues and expert opinions. He also commended the highly professional film that was presented the day before and said he looked forward to future paperless meetings. He added that his country had hosted a number of successful regional workshops, and had established a network for monitoring the health of mothers and children. He said that his country was committed to fulfilling the requirements of the International Health Regulations by 2014. He noted that despite all the achievements, there were a number of challenges facing the countries of the Region that called for giving attention in the coming session to the most important priorities highlighted in the Regional Committee agenda, including moving towards universal health coverage.

H.E. the Minister of Health of Somalia drew attention to the challenges faced by her country as it emerged from 22 years of conflict and civil war. Among other consequences of the conflict, the health system had completely collapsed. She noted that the international community had recently signed an agreement in Brussels pledging support for improving security, governance and the justice system, among others. Now that Somalia was in transition to stability, its main priorities were to build the capacity of government institutions to provide leadership and services to the population. She acknowledged the support received from WHO in important areas such as policy development and planning, maternal and child health and polio eradication, and appealed for support from other countries of the Region during this critical transition phase.

The Representative of Morocco drew attention to the efforts his country had undertaken to lay down a new roadmap for this critical juncture and to develop a national charter with a view to promoting health throughout the life course. He referred to the achievements that had been made in the area of pooled vaccine procurement. He added that his country was reaffirming its commitment to participate in this process and removing all legal obstacles to be able to join by the end of the year. He also asked the Regional Director to obtain a written statement of commitment from countries, including the financial cost and how countries might participate in a joint fund to support the said initiative. As for tobacco control, he said that they would give a push, this year, to the efforts exerted to ratify the Framework Convention on Tobacco Control. He added that a meeting would be held on 13 November 2013 to promote ratification, which was a clear indication of their commitment to accelerate progress in tobacco control. As well, the country was finalizing a multisectoral action plan to control the risk factors for noncommunicable diseases.

The Representative of Lebanon noted that her country was complying with all efforts to synchronize polio eradication activities with neighbouring countries. A national polio immunization campaign had recently been announced. This was in addition to a joint polio and measles immunization campaign that had been conducted at the beginning of the year. She noted that Lebanon had been polio free for 12 years.

The Representative of Sudan stressed the commitment of Sudan to move forward in promoting its people's health by concentrating on the priorities highlighted in the Regional Director's report and which were reflected in the five-year strategic directions for 2012–2016. He added that Sudan gave high priority to universal health coverage, establishing a national plan to strengthen the health of mothers and children and combatting malaria and HIV. He said that Sudan had maintained its polio free status thanks to national campaigns for immunization which were carried all over the country, even in the areas of conflict through the ceasefire agreements during immunization.

H.E. the Minister of Health of Djibouti said that he hoped WHO would give more attention to the difficulties of Group 3 countries. He said that although security was not a major issue in Djibouti, it shared borders with a number of countries in conflict. His country was currently hosting a considerable number of political and economic refugees from Somalia, Ethiopia and Eritrea, which he said was affecting its efforts towards achieving the MDGs. He sought assistance from WHO and partners in this regard.

The Representative of Iraq highlighted the experience of Iraq in cost sharing with international organizations with a view to improve the health situation in the Region. He said that they had drawn clear national policies in cooperation with the organization. He stressed the importance of selecting experts for the organization's offices in accordance with the country's requirements. He added that Iraq had pioneering experience in that field and affirmed its willingness to share it with Member States. He also referred to the polio cases that had appeared in the Syrian Arab Republic which would require concerted efforts to address.

H.E. the Minister of Health and Medical Education of the Islamic Republic of Iran noted that the persistence of polio transmission called for urgent efforts to complete eradication as soon as possible. This was the collective responsibility of all countries of the Region, he said. He noted that within the Region, the so-called "G5" countries – of which his country was a member – had played an important role in supporting polio eradication and health system strengthening efforts and as well as other subregional initiatives. His country stood ready to support others. He said that the global financial crisis, noncommunicable diseases and social determinants of health should have a high priority on the post-2015 agenda. He noted with concern the high number of people with HIV in the Region in need of antiretroviral treatment and expressed his support for the regional initiative to end the HIV treatment crisis. He said that universal health coverage would be required to achieve the next generation of global health goals.

The Representative of Palestine said that his country was willing to share its experience in eliminating measles with those Member States facing similar situations. The previous month, Palestine had carried out a campaign to give two doses of measles–mumps–rubella vaccine to one million children between the ages of 12 and 18 months. He added that they were taking into consideration vaccine sensitivity to heat and light. He also noted the fact that the immunological coverage may not be parallel to vaccination coverage, especially in the remote areas. He referred to the results of a study that had been carried out on the coverage rate among children who had received the vaccine in the period from 2003 and 2010. The study had revealed that the immunological coverage stood at just 72%, especially in the remote areas.

The Representative of Kuwait commended the technical meetings that preceded the official opening as they provided a great opportunity to carry out diverse technical discussions. He also noted that Kuwait had hosted the regional advisory meeting on the control of noncommunicable diseases and stressed the willingness of his country to host meetings at the regional level.

The Representative of Pakistan said that his country had made good progress in the five regional strategic priority areas. With regard to polio eradication, the past year had seen significant milestones. The national emergency action plan launched in 2012, under direct oversight of the Prime Minister, had focused efforts on improving accountability, management and oversight at all levels. He said that a total of 58 cases had been reported in 2012, which was a 70% reduction in numbers compared with

previous years. In 2013 only 53 cases had been reported and were localized in two security-affected areas where polio campaigns had been suspended since June 2012. He noted that polio eradication was a collective responsibility of all countries and expressed thanks for the support of WHO and countries of the Region.

The Representative of Jordan mentioned that his country had facilitated several workshops and technical meetings in cooperation with WHO in Amman on nutrition, prevention of the main noncommunicable disease risk factors, and prevention and control of epidemic diseases. He said that WHO had supported and was still supporting the provision of essential medicines to the most vulnerable Syrian refugees. He also said that many Syrians were still flocking daily to Jordan, thus constituting a heavy burden on the health services. He added that in cooperation with WHO and other international organizations, Jordan was in the process of launching a vaccination campaign for 3.5 million Jordanians and Syrians under the age of 18 against polio and measles that threatened the Region.

H.E. the Minister of Public Health of Qatar raised the issue of funding and enquired what type of financial support was expected for WHO's long-term strategies.

H.E. the Minister of Health of Saudi Arabia said that he would like to relay a message from the crown prince that he would like to participate in the campaign to eliminate polio from Pakistan, and that the Kingdom would provide direct support through the Ministry of Health to work together to eliminate polio from the Region.

The Regional Director thanked Bahrain for its support and for providing information on its needs up to 2014, noting that several other countries had also provided such information. In Somalia, he said, building the capacity of the Ministry of Health was one of the priorities of WHO, and concrete action had been initiated in this regard. He noted that rebuilding Somalia's health infrastructure would be important for all countries in the area. With regard to Djibouti, he invited all Member States to support health development in the country. He praised Morocco for the preparations being made to ratify the Framework Convention on Tobacco Control. He drew attention to WHO's new approach to planning, which was country-based and would benefit all countries of the Region. The structure and technical capacity of country offices were also being reviewed and strengthened, he noted. Activities were already under way for the country offices in Egypt and Iraq, and would eventually be conducted in all countries. He highlighted the importance of subregional cooperation, noting that WHO would continue to support G5 and GCC initiatives. It was hoped that similar initiatives would be activated in other countries. He commended Palestine for its excellent vaccination programme. With regard to polio eradication efforts in Pakistan, he acknowledged the support of the United Arab Emirates, through the initiative of Sheikh Mohamed Bin Zayed, Crown Prince of Abu Dhabi, and the efforts of Prime Minister Nawaz Sharif of Pakistan. The Regional Director noted that a regional strategy for resource mobilization was under development and would be discussed in a meeting planned for January 2014. A draft would be shared with Member States in the coming weeks. The strategy focused on how WHO could serve the particular needs of countries in the Region.



## 4. Technical discussions

### 4.1 Regional strategy on health and the environment

*Agenda item 4(a), Document EM/RC60/Tech.Disc.1, Resolution EM/RC60/R.5*

Dr Basel Al-Yousfi, Director, Centre for Environmental Health Action, presented the technical paper on the regional strategy on health and the environment. He said that the key objective of the regional strategy on health and the environment and plan of action in the Eastern Mediterranean Region 2014–19 was to support countries of the Region in their concerted multisectoral efforts to reduce the toll of morbidity and premature mortality caused by environmental risks. The regional strategy was based on: rigorous review of evidence and the consensus outcome of two regional consultations in 2011 and 2012 concerning the magnitude of environmental risks and the related burden of disease; expressed demand from countries for technical support; WHO country cooperation strategies; and the WHO General Programme of Work (GPW) 2014–19.

The strategy provided a framework of action in the period 2014–19, illustrating the roles and responsibilities of the Member States and WHO in terms of: enhancing the capacity of the public health sector to evaluate, monitor, regulate and manage environmental risks; strengthening the advocacy, partnership building and leadership roles of the health sector for mobilizing resources and bringing synergy to the actions of pertinent sectors and of providers of environmental health services; and equipping the health sector with environmental norms and standards, guidelines and assessment tools in order to support stakeholders in integrating health protection measures into their development processes.

He noted that environmental hazards were responsible for about 24% of the total burden of disease (including more than 1 million deaths and 38 million DALYs lost each year) in the Eastern Mediterranean Region. The health impact of environmental risks was reflected in terms of both communicable diseases and noncommunicable diseases in all three groups of countries in the Region. These groups were defined based on public health indicators and outcomes, and health system performance and expenditure. The grouping was also applicable to the burden of environmental disease and was therefore also appropriate to this regional strategy.

The strategy outlined seven environmental health priorities in the following areas: water, sanitation and health; air pollution; chemical safety; wastes management and environmental health services; environmental health emergency management; climate change and health; and sustainable development and health. Dr Al-Yousfi concluded by saying that in order to address these priorities and undertake proper actions to mitigate the impact of environmental risks, the ministries of health in the Region would need to assume the roles of stewarding broker and interlocutor in partnership with other actors within their respective governments. It was essential that a collaborative multi-agency approach was adopted, emphasizing the leadership of the public health sector in terms of governance and surveillance responsibilities, as well as advocacy and motivation of other specialized environmental health service agencies. WHO would provide technical support to Member States in support of these actions.

### *Discussions*

The Representative of Bahrain highlighted the importance of mainstreaming environmental health dimensions into any development plan. She said environment protection was one of the main pillars of public health protection. Physically and mentally sound citizens were the backbone of development plans. She said that these considerations should be integrated into all stages of planning, and environmental planning should be part and parcel of the overall planning for development in all economic, social and urban areas in order to avoid the problems created by overlooking environmental factors. She added that the regional strategy was consistent with the constant efforts of Bahrain to develop policies that struck a balance between sustainable development and other issues. She noted that the Supreme Council for Environment would pay due attention to the regional strategy.

Various partners including the relevant governmental bodies, civil society and nongovernmental organizations were represented in the Council.

The Representative of Jordan said that Jordan had hosted the regional Centre for Environmental Health Action (CEHA) since its establishment in 1985. He acknowledged the continuous achievements of CEHA in providing support to the coordinated and multisectoral efforts by the countries in the Region to reduce rates of morbidity and premature deaths due to environmental risks. He said that Jordan endorsed the framework and the regional strategy. He acknowledged the decision of the Regional Director to consolidate all WHO programmes related to environmental health under the mandate of CEHA. He asked the Regional Office to maintain support to CEHA and regional partners in order to synergize efforts at the national and regional levels to implement the action plan of the regional strategy. He proposed increasing financial resources and developing human resources to enhance the capacity of the health sector to monitor and manage environmental risks. He called for building partnerships with relevant sectors and providing these sectors with standards, guidance and necessary tools for assessment.

The Representative of Morocco said that Morocco strongly supported the adoption and implementation of the regional strategy on health and environment. He noted that environment-related health risks revolved around three main issues: lack of sanitation infrastructure and public health facilities; modern lifestyles; and climate change. He stated that the Ministry of Health had developed a number of strategies and action plans in the area of health and environment. He said that measures and priorities included in the regional strategy provided appropriate answers that could help address health risks related to environmental degradation. He suggested a number of changes to the text of the strategy. He highlighted the need for cooperation between sectors and other relevant agencies and building strategic alliances between ministries of health and environment.

The Representative of the Gulf Federation for Cancer Control (GFCC) emphasized that nongovernmental organizations were able to participate in environmental surveillance activities. He noted that the regional strategy was in alignment with the Stockholm Conference of the Parties. He said nongovernmental organizations for cancer control in the Region were ready to participate in any committees and willing to assist the governments by providing them with scientific studies that could contribute to reducing harmful substances, especially those that caused chronic diseases.

The Representative of Qatar acknowledged the short video and the presentation by Dr Al-Yousfy. He noted that Qatar was currently pursuing an environmental strategy. In the past year, Qatar had worked with the International Agency for Research on Cancer to assess the environmental risks that cause cancer. The full report had been submitted last week. He asked the Regional Office and Member States to consider the best buys that would help to improve the environment or to prevent environmental degradation in the near future. He wondered if the development of a framework agreement could help the governments operationalize decisions to the benefit of the people.

The Representative of the World Meteorological Organization said that climate variability and change was causing significant impacts on climate-sensitive sectors such as health. Understanding the relationship between climate and health was therefore fundamental as a basis for developing related information, services and tools to support decision-making in the health sector. To address this imperative, he said, the Global Framework for Climate Services (GFCS) was established in 2009 as an international initiative led by the World Meteorological Organization and partners including WHO. The framework aimed to bridge the gap between the needs for climate services and their current provision and foster the development of tools to predict time-frames to support health preparedness planning. WHO had led the development of the implementation plan for the GFCS which was approved by the Intergovernmental Board on Climate Services in July this year. Now that the implementation phase of the GFCS had started, he said, it was critical that the regional structures of WHO facilitate its implementation by integrating the identified health priorities into appropriate work plans. He noted that under the GFCS, the two agencies had jointly produced an atlas of health and

climate change as a tool for health services to take protective action against health risks related to climate. He closed by emphasizing the need for partnerships and collaboration between the health authorities and the meteorological and climate community in each country.

The Regional Director Emeritus stated that at one time the Region was used by industrialized countries as a dump for their waste, including nuclear and chemical waste. He added that the Region had been bestowed with enormous resources in the field of conventional energy such as oil, and in clean energy such as solar energy. However the utilization of clean energy sources was very limited. He referred to the concept of the Green Building in Amman, which focused on conservation of the environment through measures such as utilization of solar energy and reducing use of electricity. He said he recognized that this topic was not part of the mandate of ministries of health, however ministries of health should spearhead the efforts to bring this very important issue to the attention of institutions to minimize risks and maximize the utilization of resources and address the problem of water scarcity.

The Representative of Oman said that Oman agreed with the seven priorities identified by the regional strategy, especially in relation to the roles and responsibilities to be taken up by Member States and WHO in order to achieve the expected outcomes. He stressed that Ministries of Health assumed the role of stewardship and coordination with other sectors in the government. He highlighted the importance of waste management, especially management of chemical and nuclear waste in addition to management of medical waste in health facilities.

The Director, Programme Management, said that the Regional Office was giving the highest priority to the area of health and the environment. The Regional Director had taken the step of grouping all services related to health and environment together at the Centre for Environmental Health Action, including the food and chemical safety programmes. With regard to the six areas of expertise in the strategy, he said that this expertise was not only available from WHO, there was also a network of experts for each area that could be called upon for technical support. He pointed out that the Centre had a dual mandate: implementing WHO programmes related to health and the environment; and serving as a regional hub for environmental expertise and services for Member States and other agencies. He emphasized that ministries of health should maintain a leading role in efforts to protect health and the environment.

Dr Al-Yousfy thanked the delegates for endorsing the regional strategy and for their valuable and insightful proposals. He assured the delegates that the strategy took account of all the points raised in the interventions, especially those about waste management and utilization of clean and renewable energy. He emphasized the leading role of ministries of health, although many environmental health services were concentrated under other sectors. He acknowledged the proposal of the representative of the World Meteorological Organization to activate the partnership in terms of a framework to address health implications of climate change. He concurred that water scarcity was a chronic problem and wondered how the most water-poor countries were the greatest consumers of water. Finally, he drew attention to a report issued last week by the International Agency for Research on Cancer which designated air pollutants as Group 1 carcinogens.

The Regional Director emphasized the priority being given to environmental health. He noted that the development of the strategy had been an intensive yearlong effort involving a range of international and regional experts. The strategy clearly spelled out the actions needed and the next steps. Now that the strategy had been endorsed, he said, he looked forward to full collaboration with Member States and other partners to move forward. He closed by highlighting efforts being made to strengthen the technical, human and financial resources of the Centre, despite ongoing challenges.

## 4.2 Towards universal health coverage: challenges, opportunities and roadmap

*Agenda item 4(b), Document EM/RC60/Tech.Disc.2, Resolution EM/RC60/R.2*

Dr Sameen Siddiqi, Director, Health Systems Development, presented the technical paper on universal health coverage: challenges, opportunities and roadmap. He said that universal health coverage had never been higher on the international health agenda than now. The aspiration to move towards universal health coverage was not new. It was articulated in WHO's constitution of 1948 and was integral to the Alma-Ata declaration of 1978, and more recently in the World Health Report 2010 "Health systems financing: the path to universal coverage". In 2012, the Regional Committee had endorsed a resolution which emphasized the key role of health system strengthening in enabling countries to move towards universal health coverage. The World Health Report 2010 referred to universal health coverage as providing all people with access to needed health services (including prevention, promotion, treatment and rehabilitation) that was of sufficient quality, while ensuring that the use of these services did not expose the user to financial hardship. Hence universal health coverage encompassed three dimensions, represented by the proportions of costs, services and population that were covered. The key elements of WHO's comprehensive approach to universal health coverage embraced that concept, he said. The approach was fully aligned with the values and principles of primary health care; it was the basis of the Twelfth General Programme of Work and the five categories of work for 2014–2019; it recognized the importance of strengthening all elements of the health system; it emphasized the importance of building partnerships; and it stressed the robust monitoring of progress towards its realization. WHO was currently developing a framework for monitoring progress towards universal health coverage, working in collaboration with all partners including the World Bank.

In 2012 the countries of the Region had been categorized into three groups based on population health outcomes, health system performance and the level of health expenditure. The progress towards universal health coverage among the countries had been assessed based on the three dimensions across the three groups. He noted that several challenges as well as opportunities could influence progress towards universal health coverage in the Region. The key challenges included: the need for sustained commitment, clear vision and a well laid out roadmap for universal health coverage; lack of financial risk protection arrangement for large segments of population groups; inadequate provision of needed health services; and weak health information systems that are not prepared to monitor universal health coverage. There were opportunities that needed to be seized for accelerating progress, such as the global movement in support of universal health coverage with high commitment of development partners, increasing commitment of national policymakers in low-income and middle-income countries, and the greater availability of well-tested strategies and robust tools for supporting universal health coverage than had ever been the case in the past.

Dr Siddiqi concluded by saying that a set of strategies and a roadmap of actions were proposed for Member States, WHO and partners to accelerate progress towards universal health coverage. The principle of equity and fairness was at the heart of this approach. The purpose was to help countries develop national roadmaps aligned with their own priorities and level of progress. The strategies were to: develop a vision and strategy for advancing progress towards universal health coverage; establish a multisectoral national taskforce to steer the agenda; advocate for commitment and update legislation; strengthen the unit in the Ministry of Health responsible for coordinating universal health coverage; generate local evidence and share international experiences; monitor progress; and establish a regional taskforce of development partners with Member States.

Dr Marie-Paule Kieny, Assistant Director-General, Health Systems and Innovation, said that research was important to achieve universal health coverage and to guide policy-makers when developing systems and services for universal coverage. Most research was currently invested in new technologies rather than in making better use of existing knowledge. There was a need for more operational research that turned existing knowledge into practical application. Local solutions were required. In addition to the need for closer collaboration between researchers and policy-makers,

research capacity in countries needed strengthening, and codes of good research practice and networking for research established at global and national levels.

### *Discussions*

The Representative of Yemen said that conflicting strategies and initiatives were causing confusion and there was a need to work together in a more comprehensive way, with one agenda needed for work with the Regional Office and donors. Expanding health services to a greater number of people required a clearer definition of universal health coverage and greater consideration of national contexts. The definition could be revised for those low-income countries unable to finance expansion of services. One of the greatest challenges was operationalizing multisectoral cooperation.

The Representative of Somalia said that Somalia was now implementing a joint health and nutrition programme in nine areas of the 18 regions in the country providing a basic package of health services ensuring free coverage to possible health interventions, which included communicable and noncommunicable diseases, maternal and child health, the Expanded Programme on Immunization, treatment of common illnesses, health promotion, food safety, sanitation, emergency preparedness and health system strengthening. While Somalia was facing challenges in implementing universal health coverage in terms of disruptions to the health system, high out-of-pocket health expenditure, low government budget, quality of services, health workforce and health infrastructure, opportunities existed in the development of a health strategy and action plans, implementation of a basic package of health services, community support and political commitment and reduced levels of conflict.

The Representative of Djibouti made reference to an important medical insurance bill that was awaiting approval in parliament. He talked about the possibility of Djibouti holding a forum to discuss universal health coverage and disparities in regards to the three groups of countries in the Region. He said that it was important that Djibouti learn from the experiences of other countries in terms of how to expand health coverage to an increasing number of immigrants, currently accounting for 100 000 people in the country, and fund the increasing level of government expenditure on health.

The Representative of Afghanistan noted that despite impressive gains made by the country in the past decade in reducing maternal and child mortality with support from the international community, the maternal mortality rate was still one of the highest in the world. More than 60% of the population did have access to a basic package of health services but the remaining 40% were unable to access critical health services as a result of poverty, poor infrastructure, remoteness, insecurity and a lack of female health care providers. About 4% of the government's budget was allocated to health, with the country dependent on donor funding to make up the shortfall. According to the latest national health account, out-of-pocket expenditure accounted for 73% of health expenditure. The Representative drew attention to the fact that Afghanistan was in a phase of transition with the planned withdrawal of international security forces in 2014, with resultant economic consequences also for the country. Afghanistan's commitment to universal health coverage was reflected in its national health policy for 2012–2020. The Government had also developed a health financing policy to achieve sustainability and improve the quality of, and access to, services. This would be achieved through the introduction of risk pooling, earmarked taxation, "sin" taxes and cost sharing.

The Representative of Palestine cited cost as the main challenge to achieving universal health coverage in Palestine, in addition to physical barriers to access as a result of the political situation. He said that 80% of health problems in the territory were related to noncommunicable diseases. He stressed the need to reduce the number of vertical health programmes dealing with diseases such as cancer. He said that an insurance law was needed and cited the example of Egypt and the steps the Government of Egypt had taken to address the problem of viral hepatitis in the country. He made reference to the challenges of achieving universal coverage posed by the number of immigrants and populations of refugee camps and said that coverage under emergencies should be ensured with or without health insurance.

The Representative of Egypt highlighted seven crucial points to improve universal coverage. These included: guaranteeing a continuum of care at all three levels of the health care system – primary, secondary and tertiary; focusing on human resource development and retention; ensuring monitoring and evaluation of the process of expanding coverage and supportive supervision for quality care; maximizing the role of the private sector and civil society; providing financial protection for poor and vulnerable groups; developing effective outreach programmes for “unreached” settlement populations; and ensuring integrated efforts of donors and development partners.

H.E. the Minister of Health of Oman said that universal health coverage could only be achieved through the retention of skilled, qualified health workers necessary for the implementation of development plans and the adoption of effective family practice programmes, which took into account the importance of family physicians in providing primary health care services. He highlighted the need to increase the share of expenditure on health from total national expenditure to meet regional requirements and achieve universal coverage encompassing the three dimensions of universal health coverage – direct costs (proportion of the costs covered), services (which services are covered?) and population (who is covered?).

The Representative of Iraq said that Iraq had adopted a primary health care approach based on family medicine as an evidence-based approach to ensuring universal health coverage for its population and that modernizing national health policy was a prerequisite to achieving this. Through this approach health programmes in catchment areas were more clearly delineated and effective intersectoral collaboration more easily achieved. The need for the establishment of health houses and mobile teams could be taken at the local level. Integration between local public and private health services could also reduce the levels of catastrophic out-of-pocket expenditure. It was also important to build trust in primary health care services at the local level as an essential prerequisite to ensure the satisfaction of beneficiaries of health services.

The Representative of Lebanon said that Lebanon had started the process towards achieving universal health coverage through implementation of a comprehensive plan. The Lebanese plan was based on the concepts that no one should be denied access to health services based on his/her financial or social position; all types of services should be encompassed under universal health coverage; infrastructure for health services, including hospitals, pharmacies and health facilities, should be developed whether in the private or public sector. He stressed the importance of the health workforce in all fields and the need for adequate financial resources. He made reference to the importance of research and provision of data from referral systems which would only be effective if based on comprehensive geographical coverage of health services.

The Representative of Islamic Republic of Iran said that the attainment of universal health coverage should become a top priority for policy-makers and be placed at the top of the development agenda of all Member States at a time when many people were being financially crippled by rising health care costs. He highlighted the key role of inclusive policy dialogue in establishing efficient and equitable health financing systems for universal health coverage. He said that WHO and development partners needed to support countries in assessing their current situations, addressing bottlenecks to universal coverage and developing health financing policies and strategies. He listed essential components to achieving universal coverage, which included the development of health care benefit packages based on scientific evidence; identifying vulnerable groups; expanding referral systems from rural to urban areas; setting health care standards; using health technology assessment and cost effective analyses; developing systems for financial protection in health care systems and cost-sharing models. He cited the need for priority to be given at high levels of government to achieve qualitative and quantitative expansion of universal coverage by reducing people’s share in contribution to health care costs and reforming financing structures and resource management.

Another member of the delegation of Islamic Republic of Iran made reference to the need to define coverage and referred to progress towards universal health coverage as a dynamic process which

differed among the three identified groups of countries. He said it was also related to the demands of the community. He stressed the importance of the role of the community and also that of health workers. He suggested formation of a committee comprising a range of stakeholders to define universal health coverage. He emphasized the importance of research to identify the needs of the community in terms of coverage and also to change attitudes of researchers through community-based participatory research.

The Representative of Bahrain said that Bahrain, as other Member States, faced several challenges to sustain health services with consistent quality and efficiency. She explained that in spite of the fact that all the Bahrainis enjoy good health coverage the country was facing a big challenge in respect of the rising costs of health care. She also referred to the establishment of the Higher Council of Health, that is responsible for developing a system for financing universal health coverage. She added that Bahrain had hosted a workshop on health coverage, which discussed the best methods of ensuring universal coverage. Bahrain was currently cooperating with the Regional Office to finalize the national health account.

The Representative of Jordan said that his country had adopted several measures to achieve progress towards universal health coverage. He said that in addition to groups covered by the compulsory medical insurance, such as civil servants and the armed forces, other companies were also providing health insurance to employees. Also, children under 5 years of age, low-income individuals and vulnerable groups had full coverage through what was known as a health security network. He added that older people and pregnant women were provided with health services at a very low cost. Individuals without health insurance cover could apply to have the costs of their treatment covered and there was an insurance scheme for infectious and communicable diseases, which are compulsory reported.

The Representative of Morocco said that Morocco had begun implementation of a wide-ranging reform programme in 2002 with a view to achieving universal health coverage. The country had initiated the development of a basic universal health coverage law in 2005 to provide health services to all people without them having to incur catastrophic out-of-pocket expenditure. He said that the Government of Morocco had put in place a plan to allocate sufficient resources with a view to reducing the burden of health expenditure on individuals by increasing health funding by more than 50% from 2008 to 2013. This is in addition to promoting the funding flow from the compulsory health insurance system. He added that a fund had been established dependent on a solidarity tax imposed on companies with profits exceeding a certain ceiling. He said that in spite of all these efforts, funds were not sufficient to meet the population's needs for health services. He explained that the Government was reviewing the priorities of the national budget. He said that Morocco's success in reducing out-of-pocket expenditure on health lay in the 2012–2016 strategy which aimed to reduce expenditure from 53% to 25%. This could be attributed to numerous methods, including the development of the health system and partnerships between the private and the public sector.

The Representative of Kuwait said that her country had made progress towards achieving universal health coverage by ensuring fair distribution of health services among all geographical areas of the country and strengthening the infrastructure of primary health care. She cited the 95 health facilities in Kuwait which provided curative, therapeutic and preventive services, in addition to the conducting of home visits for older people. She said that each health facility served up to 45 000 individuals but in 2017 this number would fall to 25 000. Kuwait had developed effective indicators and conducted monitoring and evaluation to assess progress towards the achievement of universal health coverage among the various governorates. She highlighted the need to train a greater number of general practitioners and family doctors.

The Representative of Tunisia said that to achieve sustainable universal health coverage required the promotion of research in health economics, particularly to evaluate the economic burden of noncommunicable diseases. He cited the need for further study on the interface and coordination of

services between the three levels of the health care system to ensure an optimal use of resources. It was also important to strengthen quality assurance systems in health care delivery and conduct training for supervision and continuous evaluation.

The Representative of Sudan stressed the importance of universal health coverage and said that many measures had been taken to develop a policy which had been ratified up until 2016. He said that the Sudan was in the last phase of studying cost accounting. He also stressed the importance of equitable provision of services as currently they were concentrated in urban areas and access was limited in rural areas.

The Representative of Libya stressed the importance of providing free universal health services to all people. He added that this could not be achieved in light of the high cost of services and the spread of the private sector as a service provider obliging individuals to pay out-of-pocket on health expenditure. He called on WHO to prepare a list of essential health services to enable countries to work towards universal coverage and identify areas for research.

The Representative of the Health Ministers' Council for the Cooperation Council States encouraged all countries to closely examine the universal health coverage paper and participate in the upcoming Dubai conference. Three age groups require attention in regard to the provision of universal health coverage. These groups are children under the age of 5, adolescents and older people. There are more than 85 000 older people in Saudi Arabia and this compelled the Ministry of Health of Saudi Arabia to develop an elderly care programme. Research is crucial to identify neglected areas and groups and improved networking and sharing of experiences could contribute to identifying these gaps.

The Representative of the Medical Women's International Association (MWIA) said that universal health coverage must be enshrined in health policies to ensure equitable care, not only at the level of primary health care but at all levels. She cited the need for family medicine to be upgraded, research in health system research, increased financing for health to reduce out-of-pocket expenditure and improved health governance.

The Representative of the GAVI Alliance reminded participants that GAVI had been established to address gaps in access to immunization between low- and high-income countries, and that this gap had begun to close. The introduction of hepatitis B and *Haemophilus influenza* B in national immunization programmes in all but one low-income country by 2012 had saved many lives. GAVI focused on immunization to prevent vaccine-preventable diseases. The introduction of successful vaccines could sustain equitable immunization coverage but was reliant on robust health systems. Efforts to ensure universal health coverage must include scaling up access to quality health services, including promotion and prevention, not only curative and rehabilitative medicine. Since 2000, GAVI had approved more than US\$ 1.1 billion to the Eastern Mediterranean Region and US\$ 191million had already been dispersed to countries for vaccines and health system strengthening.

The Representative of the International Alliance of Patients' Organizations (IAPO) said that expanding universal health coverage represented an opportunity to ensure health for all, tackle poverty and encourage sustainable development. The Alliance urged strategies and actions to highlight the importance of ensuring strong civil society engagement and particularly the involvement of patients' organizations in the implementation of the road map. It also called on WHO to more clearly define universal health coverage and to scale up support for Member States to implement it. The Representative said, in addition, that the definition of universal health coverage must reference patient-centred health care and acknowledge its key principles of respect for the patient, choice and empowerment, patient involvement in health policy, access to safe quality and appropriate services and treatments and support for patients' needs and information. Only under this approach could the goals of universal health coverage be achieved.

The Representative of the International Federation of Medical Students' Associations said that the Federation recognized the importance of strengthening all elements of the health system to achieve



universal health coverage as set out in the twelfth general programme of work and urged Member States to take accountable next-step measures following the seven priorities set in the paper presented to the 59<sup>th</sup> Session of the WHO Regional Committee to move towards universal health coverage. He said that strong national health research systems were needed to set the most urgent priorities and affirmed the necessity of setting up mechanisms to share experiences among countries in achieving universal health coverage and supporting cooperation in that area. Finally, he reaffirmed the need for quantifiable, time-bound, comprehensive approaches to promote universal health coverage and access.

The Representative of the World Organization of Family Doctors (WONCA) underlined the role of family medicine in availing universal health coverage, as well as coverage of basic services. She noted the role that the family doctor plays in providing primary health care and stressed the need to support family medicine programmes and focus attention on primary health care system services to provide comprehensive health services packages.

## 5. Technical matters

### 5.1 Poliomyelitis

*Agenda item 3, Document EM/RC60/11, Resolution EM/RC60/R.3*

Dr Bruce Aylward, Assistant Director-General, Polio and Emergencies, gave an overview of the escalating emergency situation in the Region with regard to poliomyelitis. Following the tremendous progress between 1988 and 1999, including the eradication of type 2 poliovirus, he noted that progress had stalled at a low level as cases persisted in a number of countries. With the introduction of bivalent oral poliovaccine in 2009, progress had accelerated again, with type 3 poliovirus having been interrupted in the Region and the number of new cases having fallen steeply. In 2012, there had been a historic low in the number of new cases and infected countries in the Region. However, since polio continued to spread internationally, particularly within and into the Eastern Mediterranean Region, in 2013 the Region accounted for 75% of all cases. The primary challenge to completing eradication in the Region remained the persistent endemic transmission in Pakistan and the intimidation and attacks on health workers in that country. An outbreak in Somalia in 2013 year appeared to have peaked in July and was now on the decline following strong government action to implement rapid rounds of mass vaccination with the bivalent OPV (bOPV). Nevertheless, more than half a million children could not be reached for immunization in the south/central districts of the country. In the past week a cluster of suspected cases had appeared in the Syrian Arab Republic, which had today been confirmed as wild poliovirus, potentially of Pakistan origin. Neighbouring countries are at very high risk of importation. The programme also faced the challenge of financing the polio endgame 2013-18, endorsed by the Health Assembly in 2013. He urged Member States: to enhance surveillance; establish access to all children where this was not the case (especially in Pakistan, eastern Afghanistan, and south/central Somalia); synchronize immunization campaigns; vaccinate travellers to and from infected areas; introduce one dose of IPV into the routine immunization programmes; engage Islamic institutions and leaders to ensure all parents could get their children vaccinated; and provide financial and technical assistance to each other.

#### *Discussions*

H.E. the Minister of Public Health and Population of Yemen said that eradication of poliomyelitis was the most critical issue in this decade especially after the re-emergence of the wild poliovirus in Somalia, South Sudan and some countries of the Horn of Africa due to deteriorating security situations, instability and crises that affected a number of countries in the Region as well as increasingly widening immunization gaps. He stated that failure to take urgent and crucial measures would aggravate the problem and that scarce resources at the regional and international levels adversely impacted the process of decision-making. He drew attention to the fact that measures adopted by countries to combat this disease were not aligned. He proposed the setting up of a high-level committee composed of health leaders in the Member States and other relevant stakeholders to monitor the situation and take proactive decisions. This committee would be supplemented by a specialized technical team. He said that necessary resources needed to be mobilized at the local, regional and international levels. He highlighted the need for harmonization and alignment of measures to respond to this disease, including immunization campaigns and strengthening of surveillance. He emphasized that, despite the increasing numbers of displaced persons from the Horn of Africa and Syrian Arab Republic, Yemen was free from poliomyelitis, and he acknowledged the support provided by WHO in this regard. He called for continued achievements in order to keep Yemen and other countries in the Region free from poliomyelitis.

H.E. the Minister of Health of Somalia emphasized that the transmission of indigenous wild poliovirus in Somalia had been stopped in 2000. The outbreaks in 2005-2007 and 2013 had resulted from importation to which Somalia was susceptible. With reference to the current outbreak, all WHO recommendations had been, or were being, implemented. Eight campaigns had targeted 3.5 million people, with good results in the gradual decline in cases, but around 600 000 children remained inaccessible due to insecurity in some areas. She noted that the outbreak in Somalia had both regional

and global consequences, and global solidarity had to be sustained to address the situation. Countries such as Somalia would remain at high risk of importation until eradication was achieved. Regional and sub-regional cooperation between countries was highly needed for information exchange and synchronization of campaigns. She requested continued support to Somalia to maintain outbreak response activities and to increase routine vaccination coverage.

H.E. the Minister of Health of Djibouti noted that the biggest problem for polio in his country lay in the number of migrants coming into and passing through the country. A mechanism for regional cooperation to address this had been agreed with Yemen and this would undoubtedly require support.

The Representative of the Islamic Republic of Iran emphasized that polio was becoming an emergency and that the outbreaks in the Region were a wake-up call for all the countries. He warned that they would all face serious problems if action was not taken by all. Global and regional commitment was necessary and his country was ready to help in any way it could.

The Representative of Afghanistan stated that his country was on the verge of eradication with an 80% reduction in the number of confirmed polio cases reported so far in 2013 compared with 2012. It was important to capitalize on this opportunity through improved vaccination campaigns and routine immunization. It was estimated that more than 90% of the population live in areas without evidence of poliovirus circulation. National and subnational immunization days had been conducted in southern and eastern parts of the country, and the eradication programme had maintained neutrality with all the various parties concerned. He said that risks to the programme include the cross-border population movement with Pakistan, pockets of low immunization coverage in the southern region, insecurity which had increased the number of inaccessible children in two eastern provinces, and uncertainty surrounding the transition phase and the forthcoming elections which had led to an increased funding gap for 2014-2018. Measures had been put in place to improve oversight and programme management at district level, and further programme improvements were planned.

H.E. the Minister of Health of Bahrain thanked the Regional Director and polio eradication working group and paid tribute to the responsiveness of the Session by allocating this meeting to address this very important health issue. He said that Bahrain had taken pioneering steps to control vaccine-preventable infectious diseases and had been free from poliomyelitis since 1994 due to robust epidemiological surveillance and continuous assessment, among other things. He referred to the emergency meeting of the national certification committee to discuss the measures to be taken in response to the request by the Regional Director concerning the situation in the Syrian Arab Republic. He affirmed Bahrain's preparedness to implement WHO recommendations and to coordinate with the Regional Office in this respect, since coordination and consultation were essential.

H.E. the Minister of Health of Iraq referred to the situation of poliomyelitis in Iraq and mentioned that 28 cases were reported in 2000. He stressed that Iraq was committed to implementing routine immunization and additional immunization campaigns which had access to Iraqis and expatriates alike. 217 000 refugees had been vaccinated in the camps. He said that a massive immunization campaign had been launched on 27 October 2013. He proposed that countries should be grouped by extent of vulnerability, risk factors and proximity to infected areas. He recommended that new plans should be developed or existing plans be updated in view of the requirements of the current situation. He underlined the research and scientific aspects in relation to typing of poliovirus strains and identification of its symptoms. He proposed to form an ad hoc committee with the Regional Office to monitor the situation and provide the logistics necessary for its work. He stated that the circumstances of the refugee camps should be adjusted as much as possible so that a single strategy of polio eradication could readily be implemented in all places.

H.E. the Minister of Health of the Syrian Arab Republic expressed his confidence that the best solutions would be found to the pressing health issues the Region was experiencing in these very critical conditions, in order to maintain regional and global health security. He said that a health dialogue was the shared responsibility of countries and international organizations, first and foremost

WHO. He recalled that as far as health was concerned, Syria had been among the leading countries in the Region, but that many hospitals, health centres and clinics and pharmaceutical companies had now been destroyed. Currently, Syria suffered from shortages in human resources, including doctors, nurses and paramedics. He called upon WHO to adopt appropriate regional initiatives and provide the support necessary to implement synchronized immunization campaigns in the neighbouring and other countries. He said that the national immunization programme had been initiated in 1978 and that vaccine coverage was at least 95%. New vaccines had been introduced and 11 vaccines were now administered to prevent 11 diseases. He noted that 16 suspected cases of polio had been detected in the governorate of Deir al Zur, of which 9 had been confirmed so far, and noted that a central emergency committee had been established at the Ministry of Health. A massive immunization campaign had been conducted on 24 October 2013 and targeted all under 5 children.

The Representative of Pakistan said that Pakistan had achieved significant milestones in polio eradication over the past year. A national emergency action plan had been launched and considerable progress had been made in improving accountability, management and oversight at all levels. There had been a reduction of more than 70% in the number of cases in 2011 compared with 2012, and so far only 53 cases had been reported in 2013, mostly in security-compromised areas. Special strategies are being implemented in such areas to vaccinate children who are being missed and the government is working with the communities concerned to involve them in vaccination campaigns. The funding requirement of US\$ 300 million for 2013-2014 was being met from both internal and external resources, and he acknowledged the pledges of support from Saudi Arabia and United Arab Emirates. The campaign was facing a number of challenges. These included insecurity in some areas, with 22 polio workers and security escorts killed since mid 2012, and lack of understanding and awareness which had led to a local ban on immunization in North and South Waziristan. The 2012 floods and weakening of the routine immunization programme in the past decade were also contributing factors. Despite this, he assured the Committee that the government remained fully committed, politically and financially, to polio eradication. The support and advice received through the Islamic forum had proved most helpful and he hoped that Saudi Arabia would be able to help further in this regard. Some factors were beyond the scope of the national authorities, having a global and regional context, which all countries should address together.

H.E. the Minister of Health of Tunisia reiterated that Tunisia was committed to maintaining the gains of the national immunization programme, eradicating poliomyelitis and enhancing the quality of the services provided by the programme. He said that a technical committee of experts provided guidance to the national programme on its options with regard to immunization policies. The first priority of the Ministry of Health was to strengthen epidemiological surveillance through a network of competent laboratories that would identify the types of poliovirus. He stated that children who missed the first dose of oral polio vaccine (OPV) would be given polio vaccine by injection which is very expensive. He highlighted continuous training of vaccinators and health workers and called upon WHO to put in place appropriate mechanisms to facilitate the pooled procurement of vaccines as soon as possible. He noted that field research was essential.

H.E. the Minister of Public Health of Lebanon stressed the shared responsibility for polio eradication which is no longer a sole responsibility of ministries of health. He presented the Lebanese experience in engaging a number of relevant ministries and civil society, under the leadership of the Ministry of Health. The increasing numbers of displaced persons posed another serious challenge to Lebanon and required support from the Regional Office as well as other organizations. He affirmed the responsibility of Lebanon for its citizens and expatriates as well. In this context, 730 000 Lebanese and foreign children had been vaccinated. Coverage with 1 dose and 3 doses of the OPV was 98% and 96%, respectively. He referred to a decision by the Ministry of Health to vaccinate children at border points and fixed points designated by the Ministry, in addition to the use of mobile units for camps and gatherings of displaced persons. A massive door-to-door immunization campaign had been launched and the implementation plan of this campaign had been developed in full partnership with WHO and UNICEF. He called upon WHO to continue its support and establish an operational hub for

the purpose of continuous coordination. He said countries should be brave and declare detected or suspected cases of polio and make better use of the media for advocacy.

The Representative of Kuwait said that Kuwait had achieved the target of polio eradication in 1986 and it had continued to implement the global polio eradication initiative and WHO recommendations through the national immunization programme. Coverage was as high as 98%, even higher than the target set by WHO. Kuwait had enhanced the capacities of the public health laboratory within the Ministry of Health which is now accredited as a WHO polio reference lab. He noted that surveillance of acute flaccid paralysis (AFP) was in line with WHO protocols. Kuwait had participated in the advocacy campaigns and activities of World Immunization Day. He noted that immunization policies and programmes should be continually developed, health system capacities enhanced in the areas of surveillance and early diagnosis, and precautionary measures adopted under the International Health Regulations. He added that one of the challenges was to track people coming from countries with known or suspected transmission of the virus or where outbreaks were expected. He called upon countries to make better use of health information technologies for the purposes of surveillance and monitoring, and to implement the International Health Regulations in regard to immediate notification of public health events.

The Representative of Egypt commended the 60th Session for including the issue of poliomyelitis on its agenda. WHO had declared Egypt free of polio in 2006 as the last case was detected in 2004. He stated that these achievements were primarily the result of a set of perfect strategies, policies and activities which were initiated in 2000, high-level political commitment, community participation, media campaigns and strong surveillance of AFP cases. He noted that prevention of the re-establishment of the poliovirus was the top priority of the Ministry. He highlighted the national immunization days and door-to-door campaigns as well as activities targeting rural and remote areas. There was increased risk of new cases of polio with the increasing numbers of Syrians travelling to Egypt. He called upon WHO and UNICEF to support an immunization campaign due to launch in the last week of December 2013 and targeting 12 million children.

The Representative of Oman attributed success in eradicating polio to concerted efforts in three main areas: finance, creation of appropriate mechanisms and coordination. Due to the emergence of polio pockets in some countries in the Region, existing mechanisms needed to be reviewed, especially with the increasing movement across borders. He highlighted epidemiological surveillance and reassessment of immunization campaigns, in addition to routine immunization activities.

The Representative of Palestine underlined the performance of the Palestinian government in controlling polio. He said that no case had been reported in Palestine and no virus had been isolated in any of the areas under the control of the Palestinian Authority. On the contrary, virus had been isolated in Israeli-controlled areas. Coverage with all vaccines was 100%. All Palestinian children were administered 7 doses against polio (5 doses of OPV and 2 doses of inactivated polio vaccine "IPV"). He noted that surveillance of AFP cases met all health standards. Samples of waste water were collected on a monthly basis to make sure it was free of poliovirus. The Ministry of Health had administered an additional dose in both Rafah and Gaza and 2 doses in around 60 000 children below 5 years. It had decided to implement a national campaign the following month which the Ministry hoped would be in synchronization with another campaign in Jordan.

H.E. the Minister of Health of Libya stated that Libya, in collaboration with WHO experts, had exerted enormous efforts to eradicate polio, and had done so, having been declared polio-free by the certification committee in 2002. He said Libya was committed to maintaining its polio-free status. To this end, the national immunization programme should be enhanced, vaccines provided and extra immunization campaigns implemented in order to fill gaps that might occur as a result of illegal migration to Libya from some infected countries. He called upon WHO to give high priority to countries at high risk and, at the same time, pay due attention to polio-free countries and to providing

all countries with the technical support needed. He encouraged the establishment of a monitoring and surveillance network that would ensure that polio could not spread to other countries.

Dr Aylward said that the discussion reaffirmed both the commitments of Member States to polio eradication and the risks to the Region. Within the past two hours, the presence of wild poliovirus type 1 had been confirmed in the Syrian Arab Republic and this in turn confirmed that the entire region was at risk of epidemic polio. Most concerning, this risk had arisen largely because one district in one country had stopped vaccination the previous year; just a handful of people were preventing the achievement of a polio-free region. WHO would enhance its support to the Region by strengthening the emergency support team based in Jordan, and would continue its coordination with UNHCR in refugee camps. He emphasized that Member States would now need new plans of action, and the first task would be enhanced surveillance and virus detection since it might well exist in more countries. He acknowledged the valuable progress made in advocacy through religious leaders and institutions, which would be of great help. With regard to the need for more resources, he expressed the hope that Member States of the Region would help and acknowledged with thanks the pledges from Saudi Arabia, United Arab Emirates, Oman and the Islamic Development Bank. He emphasized also that this situation must be treated as an emergency, just as MERS-Cov was being treated. The immediate priority would be Syria where a high quality vaccination campaign would be needed and which would need support from all sides. Such campaigns would also be needed in neighbouring countries to protect the populations there. Strong efforts must be made to reach all districts in Pakistan, or to stop movement out of these districts if needed. The best, and perhaps last, chance to rid the Region of polio would be in the first 6 months of 2014 when the virus would be weakest in the low transmission season; an emergency consultation of ministers might be needed in late 2013 to ensure plans for the low season are in place and that all children were being accessed for vaccination by that time.

The Regional Director agreed that this was an emergency and pointed out that the Member States had already endorsed this in the World Health Assembly in 2012. Therefore it should be treated as such. There was clearly a need for stronger coordination between countries, and perhaps a need for a high level mechanism, and for synchronized vaccination campaigns. A special meeting had been arranged for the following day with UNICEF and he hoped that the outline of an emergency action plan would be available to share with the Committee before the close of the session. Member States had also highlighted the need for technical support, and this would be provided. In particular, the emergency support team based in Jordan would be provided with additional staff to address the polio crisis. With regard to financial resources, he acknowledged that the available resources would not be sufficient to deal with this situation and additional resources would need to be mobilized from within the Region. He acknowledged with thanks the response of the Representative of Pakistan and advised a strategy of negotiation in order to protect vaccination campaigns, and making use of the Imams from Makkah and Madinah whose support had been pledged through the good offices of Saudi Arabia. It was important to achieve a lifting of the ban on vaccination in the areas concerned within the next 6 months.

## 5.2 Saving the lives of mothers and children

*Agenda item 5(a), Document EM/RC60/3, Resolution EM/RC60/R.6*

Dr Haifa Madi, Director, Health Protection and Promotion, presented the technical paper on saving the lives of mothers and children. She said that maternal and child mortality remained one of the main public health concerns in the Eastern Mediterranean Region. Although the Region had made considerable efforts to reduce maternal and child deaths over the past 22 years, around 899 000 children under five years of age and 39 000 women of childbearing age still die every year as a result of common childhood diseases and pregnancy-related complications, respectively. The Region was unlikely to achieve the targets set for MDGs 4 and 5 by 2015 unless intensive and accelerated progress was made, especially in those countries contributing to the bulk of under-five and maternal deaths.

She noted that several overarching factors contributed to the high magnitude of maternal and child mortality in some countries of the Region. These included lack of sustained commitment to child and maternal health; low government expenditure on health, especially maternal and child health programmes; weak alignment between the interests of national authorities and donor agencies; disasters and political instability; weak management of maternal and child health programmes; and ineffective use of already limited human and financial resources. Most countries with a high burden of maternal and child mortality had major gaps in their health systems particularly for disadvantaged and underserved populations. Insufficient numbers of health workforce and their unbalanced distribution, inadequate training and high turnover at all levels continued to be a major challenge in countries with high child and maternal mortality. Other major challenges to maternal and child health care delivery were non-functioning referral systems and the lack or poor quality of emergency care for mothers and children at the referral hospitals. Linked to the quality of services was low availability of essential medicines for maternal and child health care. Health information systems were generally weak in most countries. As well, changes in maternal and child survival over time reflected the outcome of investments made across a range of critical social determinants such as female education, women's empowerment, poverty alleviation, investments in health systems and good governance. These were clearly important in the context of the range of social sector policies and human development agenda of Member States.

Recognizing the need to scale up efforts of governments, partners and donors to respond to maternal and child health needs in the Region, WHO, UNICEF and UNFPA in collaboration with countries and other partners had jointly embarked on a regional initiative to accelerate progress towards MDGs 4 and 5 under the theme of saving the lives of mothers and children. The initiative focused on the 10 countries with a high burden of maternal and child mortality. It had been launched in a high-level meeting in Dubai, United Arab Emirates, in January 2013 which concluded with the Dubai Declaration, providing a guide to the way forward for all Member States. Dr Madi ended by listing priority actions, which included: implementation of acceleration plans in the 10 countries with a high burden of maternal and child mortality; establishment of sustainable financing mechanisms; strengthening of regional solidarity and collaboration among all stakeholders and alignment of partners and donors around the acceleration plans; and taking of measurable steps to strengthen health systems and vital statistics through improving information systems and civil registration, building a skilled workforce and improving the availability of safe and effective life-saving commodities.

### *Discussions*

The Representative of Egypt said that Egypt had made a great achievement in reaching the target of MDG 4 seven years ago through their national acceleration plan to reduce maternal and child mortality. A programme had been implemented for perinatal health, in cooperation with UNICEF, and a study prepared to monitor perinatal period deaths. The country had prepared a cadre of skilled midwives, and implemented a breastfeeding programme and a nutrition monitoring programme.

The Representative of Morocco said that his country had exerted great effort in achieving the targets of the MDGs, reducing maternal mortality by 60% from 112 per 100 000 live births to less than 50. He made reference to a five-year plan which aimed to provide free treatment in cases of emergency births and neonatal care, and to improve the quality of services to overcome complications resulting from pregnancy and delivery, and to monitor births. He said that Morocco was able with the support of partners to materialize a workplan which aimed to reduce under-5 mortality by 23% and lower neonatal deaths which required budget allocations.

The Representative of Jordan highlighted the country's major achievements in reducing under-5 mortality rates to 17 per 1000 live births and maternal mortality to 19 per 100 000 live births. He stated that the Ministry of Health was working to improve maternal and child health services through implementation of a reproductive health and childhood strategy. In addition, it had conducted a national survey to identify the causes of child and maternal mortality, and to monitor and follow up with a view to identify the causes of these deaths.

The Representative of the Islamic Republic of Iran said that health should be considered a high priority for both WHO and Member States. It was regrettable to note that several countries of the Region would not reach the targets of Millennium Development Goals (MDGs) 4 and 5 by 2015 unless intensive efforts were made by government, partners and donors. This was particularly important for those countries in which under-5 mortality was high and pace of progress slow. Priority should be given to the strengthening of health systems, which are weak in many countries, with particular emphasis on functioning referral systems linked to quality of services, including availability of essential medicines for maternal and child care. In the Islamic Republic of Iran, as a result of sanctions, availability of essential medicines and life-saving medical supplies had been seriously affected and hence, the lives of thousands of mothers and children were being endangered. The Representative said that the Government was determined to minimize the consequences of the sanctions while making use of the country's well-functioning primary health care services which were accessible to more than 90% of the population.

H.E. the Minister of Health of Oman said that Oman was one of the six countries in the Region, with the lowest under-5 mortality rates, as it was 11.5 per 1000 live births in 2012. He stated that Oman had recognised that the absence of ongoing commitment to the health of mothers and children, as well as the absence of referral systems and the low quality of emergency care were some of the most important challenges facing the country. In 2001, Oman had adopted the strategy for the Integrated Management of Childhood Health. He stressed the need to monitor progress made in the implementation of the regional initiative to save the lives of mothers and children.

The Representative of Djibouti said that Djibouti would not be able to reach the targets of MDGs 4 and 5 by 2015 although the country had achieved reductions in child mortality through the introduction of new vaccines. He expressed the country's commitment to pursuing the targets and translating commitment into improved health services.

The Representative of Somalia said that maternal and child mortality remained exceptionally high in Somalia attributed to a range of factors, including inadequate access to quality maternal and child health and nutrition services, low skilled birth attendance and inadequate emergency obstetrics and newborn care. In line with the Dubai Declaration Somalia had adopted an acceleration plan to reduce maternal and child mortality and was currently implementing this plan. A joint five-year health and nutrition programme to reduce maternal and child mortality had also been implemented in partnership with WHO, UNICEF and UNFPA and donors. The programme focused on governance, human resources for health, provision of a basic package of services and health information. Child health days and the conducting of baseline surveys would also contribute to a reduction in mortality.

The Representative of Pakistan noted that while maternal and child mortality had been reduced Pakistan would not be able to achieve the targets of the MDGs by 2015. The Integrated Management of Neonatal and Childhood Illness (IMCI) strategy had been implemented to address the high infant



mortality rate. The introduction of new vaccines, supported by GAVI, and nutrition interventions were also planned. The high maternal mortality rate was being addressed through the introduction of a new cadre of 8000 community midwives, and the lady health workers programme had also helped to reduce maternal and child mortality. The devolution of health services in Pakistan had had a positive impact on service delivery. Recommended best practices were being incorporated into service delivery packages at every level, including provision of essential medicines. The Representative also said that inclusion of a regulated private sector may be a key factor in reducing infant and maternal mortality.

The Representative of Bahrain said that he fully agreed with the Regional Director in his concerns of not having achieved the regional objectives envisaged in the targets of MDGs 4 and 5. He said that achievement of such an aim required intensified efforts and the provision of support to countries that suffered from the double burden of high child and maternal mortality. He made reference to the Dubai Declaration and its recommendations for progress in reducing maternal and child mortality. He stressed the need to support those countries in the Region most in need of assistance to accelerate the pace of progress in implementing effective interventions.

The Representative of Sudan said that despite a reduction of under-5 and maternal mortality in Sudan the country is unlikely to reach the targets of the MDGs by 2015. About one third of the population has no access to primary health care and only 24% of available primary health care centres provide the essential maternal and child health care package. This is coupled with inequitable distribution of the health workforce and a high turnover of medical staff. Despite a target of 15% for health funding agreed by African ministers in Abuja, less than 8.7% of funding is allocated to health. Out-of-pocket expenditure is 64% of total health expenditure. The health management information system is fragmented and weak. There is a lack of community awareness regarding best practices to improve maternal and child health and low levels of literacy among women. In response Sudan has developed a maternal and child health acceleration plan which aims to reduce maternal mortality from 216 per 100 000 to 152 and under-5 mortality from 83 to 53 per 1000 live births through implementation of cost-effective interventions delivered through a basic and comprehensive package of services targeting 63% of the population.

The Representative of Tunisia stated that Tunisia would not be able to meet the targets of the MDGs by 2015 but its strategy to reduce maternal mortality would rely on interventions, such as auditing in real time maternal deaths through the establishment of a committee to conduct monitoring on causes of death. He said that research on social determinants of health was needed to determine root causes of maternal mortality and to identify best practices in providing quality care to pregnant women, transfer of high-risk pregnancies, access to safe delivery and surveillance of postpartum deaths. In terms of reducing infant mortality he cited the need for improved case management of neonates through the enhancement of core capacity at regional level and the promotion of exclusive breastfeeding for the first six months of life.

The Representative of Afghanistan acknowledged that despite a 65% reduction in maternal mortality between 1990 and 2010 and a reduction in infant mortality from 257 per 1000 live births in 2002 to 97 in 2010, Afghanistan still had one of the highest maternal mortality rates and child mortality rates in the Region. Following the high-level meeting in Dubai, Afghanistan had developed a costed accelerated implementation plan for reproductive, maternal and newborn health for 2013–2015. Maternal death review committees had been established and all maternal deaths were now reported to the Ministry of Public Health. An action plan for implementation of the recommendations of the Accountability Commission for the health of women and children had been developed and implementation was in progress. There was also a plan to integrate accelerated reproductive, maternal, neonatal and child health into current health services. Afghanistan requested greater support in implementation of plans from WHO and development partners.

The Representative of Iraq said that the country's national development strategy focused on reduction of child and maternal mortality but neonatal mortality was of particular concern following anecdotal reports of geographical regions with unusually high prevalence of congenital birth defects. The Ministry of Health conducted a study to assess the prevalence of congenital birth defects in the country which revealed no increase in prevalence according to standards in the Region. He said that poverty reduction strategies had targeted 360 000 families in Iraq and results were currently being reviewed. There was a need to integrate services to reduce maternal and child mortality within primary health care with greater focus on family health based on evidence-based practices.

The Representative of Palestine said that they have conducted a questionnaire to determine the causes of maternal deaths, whether pregnant or postpartum. He pointed to the need to review the definition of maternal mortality, as the Eastern Mediterranean Region ranked second in terms of the highest rates of road traffic crashes and hence some maternal deaths may be related to this cause. This was in addition to other causes of death, such as murder. For this reason some deaths should not be taken into consideration in statistics relating to health services.

The Representative of Lebanon made reference to the progress in Lebanon that had occurred over recent years, whereby 96% of births took place in hospitals, and 35% of pregnant women visited neonatal centres. The maternal mortality rate had been reduced to 21 per 100 000 live births, and under-5 child mortality rates had been reduced by 10%. He pointed to the dramatic rise in the rate of caesarian deliveries which were up to 53% and said that this required an investigation as it came at great financial cost to the state.

The Representative of Kuwait said that a holistic integrated approach was needed for maternal and child health care services as the current approach was fragmented. Although various interventions existed there was a lack of sustained commitment to improving the health of mothers and children.

The Representative of the International Federation of Medical Students' Associations stated that the Federation supported the UN global strategy to meet MDGs 4 and 5 and believed they had a role to play in implementing commitments related to the strategy. Improvements in maternal and child health required a broad approach and they urged Member States to: view the empowerment of women as a tool to improve health; integrate maternal and child health services; improve access to essential health services; ensure that the girl child is able to complete secondary education; and recognize the importance of adolescent health in the achievement of reaching MDGs 4 and 5. Investing more in maternal and child health would not only save many lives but would contribute to poverty reduction and progress towards all MDGs. In the end it would lead to more stable, peaceful and productive societies.

The Representative of the World Hepatitis Alliance highlighted the importance of the community in raising women's awareness of danger signs during pregnancy, labour, the postpartum period and in first aid emergency management in order to seek help at the earliest possible opportunity when danger signs first appear. A programme implemented in 24 villages in four governorates of Egypt led to the production of a set of evidence-based community awareness indicators that have proven instrumental in reducing maternal mortality rates in those areas.

The Representative of the Medical Women's International Association said that the Association was concentrating on strategic plans towards the training of female physicians on gender, adolescent health, reproductive health, and maternal and child health to attain the best standards of health for mothers and children. She said that the Association wanted to see a more important role played by nongovernmental organizations to help each country reach their health goals. Well-trained birth attendants could save a great number of women who die needlessly every year. Saving lives was not only the responsibility of the Ministry of Health; nongovernmental organizations could contribute to raising health awareness and providing health education and social support.

The Representative of the Health Ministers' Council for the Cooperation Council States said that in Saudi Arabia they were in the process of maintaining and reviewing achievements reached so far. He asked for the WHO definition of antenatal care in clinics, and said that this was difficult and the Regional Office could play a leading role in defining the essential actions that should be taken to prepare a comprehensive plan to improve the quality of care for mothers and children. He pointed out that the quality of care and the referral system needed to be improved which would reflect positively on hospitals and therefore the services they offered for maternal and child care. He said that the Kingdom had a good computer system and conducted high-quality research.

The Representative of the World Organization of Family Physicians said that the Organization had hundreds of doctors, and was cooperating with WHO to provide maternal and child services with a view to reducing maternal and infant mortality rates, and he stressed the need to preserve what had been achieved as some countries had managed to reduce mortality and child death rates and he stressed the need to focus on countries that were suffering from high morbidity and mortality.

The Regional Director described the process that had led to the development of national acceleration plans to reduce maternal and child mortality, and said that for those countries that already had their plans in place it was important to consider how progress could be sustained. WHO was working closely with countries in the development of plans but as countries were only at the stage of implementation, identifying ways to move the process forward were needed. He said that commitment at the highest level was needed and champions to lead the initiative were essential. The biggest challenge was funding, countries could not rely only on funding from donors, local resources were also needed and low-cost effective interventions existed to move the process forward though he urged development partners to provide support to countries. He reminded committee members of the need for accountability and said that the global Independent Expert Review Group were monitoring and assessing progress. He said that while WHO was not a funding agency, some seed funding to implement selected effective interventions could be provided to low-income countries.

### **5.3 Regional strategy for the improvement of civil registration and vital statistics systems**

*Agenda item 5(b), Document EM/RC60/10, Resolution EM/RC60/R.7*

Dr Mohamed Ali, Coordinator, Health Information and Statistics, presented the technical paper on the regional strategy for the improvement of civil registration and vital statistics systems. He said that the policy environment for civil registration and vital statistics was currently characterized by a sense of urgency and of gathering momentum at national regional and global levels. This momentum was driven by the recognition of the importance of legal identity by the international development and human rights communities, the need to monitor progress towards the Millennium Development Goals and to better understand emerging epidemiological transitions, and the heightened need for legal identity for global and national security. The spread of internet and mobile technologies offered opportunities for designing better integrated, and more efficient, cost-effective and convenient means of registering and monitoring vital events. Advances in biometrics and the possibility of unique identifiers for entire populations, had the potential to enable further efficiencies in civil registration and vital statistics systems.

The challenges facing civil registration and vital statistics systems in the Region could be summarized as follows: lack of awareness of the importance of civil registration and vital statistics and the consequent lack of high-level political support; inadequacy of the legal framework under which civil registration and vital statistics operates; weakness of registration infrastructure and capacities and unavailability of resources to support them; inadequate governance, coordination and organization, associated with the multi-stakeholder nature of the civil registration and vital statistics systems; inadequate quality of the registration process and its legal and statistical products; incompleteness and poor quality of death certificates.

Dr Ali concluded by noting that the goal of the regional strategy for the improvement of civil registration and vital statistics systems is, through improved civil registration and the increased availability and use of reliable vital statistics, to contribute to the improvement of evidence-based policymaking, efficiency in resource allocation and good governance, as well as the progressive realization of the basic rights of all individuals. The strategy was intended to guide and support the improvement of civil registration and vital statistics systems in the Region over the period 2014–2019. It was built around seven strategic domains and comprised a menu of interventions from which Member States could draw based on the level of development of their civil registration and vital statistics systems, country contexts, resources and capacities. A strategic plan outlined both country actions and supportive activities at regional level. A monitoring and evaluation framework was also outlined including country and regional indicators.

Dr Alan Lopez said that a good civil registration and vital statistic systems required the data to be complete, of good quality, timely and available. Incomplete data leads to bias and inaccurate data is of limited value for policy-making, while outdated data is of no use. He noted that common problems for cause of mortality data were: ill-defined causes; confusion between immediate and underlying causes; and lack of awareness of the importance of accurate recording. The health sector is uniquely responsible for ensuring accurate and reliable data are provided to the health information system. A well performing system requires: high level commitment; organizational effort and strategic leadership; a prioritized and realistic country plan; and appropriate technical support and use of available new methods.

### *Discussions*

The Representative of the Islamic Republic of Iran commended the initiative which would result in the strengthening of civil registration and vital statistics systems and help to achieve health goals. He encouraged countries to assume their role of stewardship in this regard.

The Representative of Libya said that there was a problem with the assessments of civil registration and vital statistics, noting that the agencies responsible for conducting the assessments were not aware of the real situation in Member States, including Libya. He called for development of a better mechanism that involved reviewing the civil registration data of each country before the next review. He added that, in order to achieve better results, it was necessary to reclassify the countries based on the required technical support and compliance with the International Classification of Diseases. He also requested separation between the evaluation of birth certificates and that of the death certificates, noting that parents are legally obliged to register their children.

The Representative of Djibouti said that his country was aware of the importance of civil registration and vital statistics. The challenges lay, not in political commitment, but in technical, logistic and behavioural constraints. This was particularly evident in certification of death, since families often did not report deaths. Analysis of the system, with participation of the different sectors concerned, had revealed a number of gaps which the country was addressing.

H.E. the Minister of Health of Bahrain said that his country paid attention to its civil registration and vital statistics system, which had been established in the 1970s. He expressed his appreciation for the regional strategy and support to WHO efforts in this area, hoping that his country would take advantage of WHO technical support to develop its national health statistics.

The Representative of Sudan praised WHO's approach to giving more attention to improved information and civil registration and vital statistics systems and expressed full support for the regional strategy. He noted with appreciation the WHO technical support received by Sudan for conducting an analysis of the weaknesses and strengths of its system, pointing out that work is under way, in collaboration with partners, to develop a robust plan to improve the system.

The Representative of Pakistan noted that a recent national conference had produced a number of recommendations to improve the civil registration and vital statistics system. These included: review of current legislation; technology upgrade; maintaining free registration; a centralized body for oversight; strengthening of local government systems; and inclusion in death certificates of specific cause of death.

The Representative of Kuwait emphasized the importance of awareness-raising and training among doctors, especially junior doctors working in general practice and casualty departments, and those making home visits.

Dr Lopez concluded by emphasizing the importance of being prepared for the future. It was well known that the epidemiological transition occurring in the Region would result in new patterns of mortality. The only way to be prepared for this was to ensure a fully functional registration system with correct cause of death data. He acknowledged that estimates provided by UN agencies were often uninformed by data in the countries. However, the key challenge is to strengthen the systems to reduce inaccuracy and improve planning.

The Regional Director said that all countries clearly felt the urgency of this issue. This was evidenced in the fact that a rapid assessment of the civil registration and vital statistics systems had been completed quickly in all countries. Progress was being made in conducting more comprehensive assessments, and a regional plan was now developed. The next step would be to develop individual country action plans. Ministries of health must take the lead in this and work also with other stakeholders.

#### **5.4 International Health Regulations (2005): criteria for additional extensions**

*Agenda item 6(e), Document EM/RC60/8*

Dr Jaouad Mahjour, Director, Communicable Diseases Prevention and Control, presented this item. He said that the International Health Regulations (2005) (IHR) were an international agreement legally binding on 194 State Parties, including all WHO Member States. States Parties were obligated by the Regulations to develop, strengthen and maintain national minimum core public health capacities. The national core capacities were described in functional terms in Annex 1 of the Regulations and included surveillance and response capacities to public health events including capacities at designated points of entry. The Regulations set out a time frame within which States Parties were to develop, strengthen and maintain national core capacities. According to the provisions of Articles 5 and 13 and Annex 1 of the Regulations, State Parties should have developed a national IHR action plan for attaining core capacities by 15 June 2012. National plans of action had been developed by all State Parties in the Eastern Mediterranean Region except one. Only the Islamic Republic of Iran had implemented its plan of action for meeting the IHR obligations by the target date of 12 June 2012. The other 20 State Parties had obtained a two-year extension for implementing the capacities by June 2014, except Somalia which had not submitted a request for extension.

In May 2012, the 65th World Health Assembly in resolution WHA65.23 had requested the Director-General to develop and publish criteria to be used by the Director-General in making the decision to grant further extension. To this end, the Secretariat had proposed criteria to the 132nd Executive Board in January 2013. A proposal was made to further consult State Parties at the upcoming 2013 Regional Committees in order to develop final criteria for proposal to 134th Executive Board and application in 2014. Based on the requirements stated in the Regulations, the first criterion proposed by the Secretariat was that a State Party make a formal request in writing to the Director-General at least four months in advance of the target date of 15 June 2014. This request must include a statement explaining the exceptional circumstances that had prevented the development and maintenance of the IHR capacities. Secondly any such request must be accompanied by a new implementation plan. The advice of an IHR Review Committee on the granting of a second period of extension to the capacity development deadline was mandated by the IHR in Articles 5.2 and 13.2. The Review Committee would provide a report to the Health Assembly in 2014 on progress achieved and a final report to the

68th World Health Assembly in 2015. Member States were invited to provide comments and feedback to the proposed extension process and in particular to the criteria for extension proposed by the Secretariat.

### *Discussions*

The Representative of Pakistan said that Pakistan was cognizant to the fact that it had yet to implement IHR requirements both operationally and legislatively. Pakistan was aware that it had to improve public health capacities for surveillance, response and reporting covering IHR-related events but its devolution process had necessitated the streamlining of many procedures and functions. It had already obtained the 2-year extension for implementation of the Regulations. The Regional Office had conducted an assessment of public health core capacities requirements for implementation in February 2013 and an action plan for implementation had been submitted to WHO by the national IHR focal point.

The Representative of the Islamic Republic of Iran stated that he anticipated that many State Parties would request an extension for the second deadline of June 2014. Implementation of the Regulations was a complex process requiring much preparation and readiness of infrastructure. The Islamic Republic of Iran had already qualified for minimum national core capacities and was ready to share its experiences with other countries.

The Representative of Oman said that the rate of implementing the IHR in respect of drafting maps for risks, mobilizing resources in public health and ensuring effective response at points of entry was less than 50% and achieving progress in respect of updating laws and regulations did not exceed 70%. He asked the Regional Office to provide technical support according to countries' needs and to share with them the experiences of other regions in this respect. He also stressed the importance of strengthening cooperation with international agencies to accelerate implementation of the Regulations.

The Representative of Iraq said that the process of implementation of the Regulations relied on effective intersectoral collaboration and Iraq required WHO technical support for implementation. He cited food safety and the current emergency situation of polio as important considerations in IHR implementation. He made reference to the G5 (Islamic Republic of Iran, Afghanistan, Pakistan, WHO and Iraq) and the importance of collaborating with them in an exchange of experiences.

The Representative of Morocco said that the country had exerted its utmost efforts to achieve the targets to progress in meeting the essential needed capacities, yet there were still lots of challenges and Morocco had already received a two year extension. He explained that 94% of the needed capacities were achieved and they had drafted a workplan for 2013–2014 to achieve the needed capacities.

The Representative of Bahrain said that his country had evaluated its own capacities in monitoring and response in 2009 and had prepared a national plan for implementation of the Regulations. He said that Bahrain had obtained a two year extension to achieve the necessary capacities by 2014. He said that they did agree with the proposed extensions criteria and believed it to be fair enough. He added that according to these criteria, Bahrain had submitted a formal request to the Regional Office in 2013 to evaluate the required essential capacities for the extension and they were looking forward to WHO support for their request.

The Representative of Sudan said that they were committed to implementation of the IHR and they had applied for an extension accompanied by a plan for capacity building in accordance with their own available resources. He said that the laws and regulations had already been changed by the legal committee established for that specific purpose and that it should review laws to adapt them to the IHR. He explained that there would be new criteria for South Sudan.

## **5.5 Implementing the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases based on the regional framework for action**

*Agenda item 7, Document EM/RC60/9, Resolution EM/RC60/R.4*

Dr Samer Jabbour, Director, Noncommunicable Diseases and Mental Health, presented the technical paper on implementing the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases based on the regional framework for action. He said that noncommunicable diseases continued to be associated with high health and development burden in the Eastern Mediterranean Region. While Member States had made progress in addressing these diseases, important limitations remained, as shown by a 2013 country capacity survey, in the areas of governance, control of risk factors, surveillance and monitoring, and health care. WHO and Member States had collaborated to build capacity and implement priority interventions in each of these four areas. The Regional Office had established a new department in order to strengthen its technical support to countries for the prevention and control of noncommunicable diseases.

In the area of governance, he said, focus had been placed on supporting countries to establish and implement national multisectoral noncommunicable diseases policies and plans. WHO had held two regional meetings to scale up the development of national multisectoral action plans for noncommunicable diseases by the end of 2013 in line with the commitments of the UN Political Declaration. In the area of prevention and control of risk factors for noncommunicable diseases, WHO was working in close collaboration with Member States to develop guidance on implementing key cost-effective and high impact interventions, or 'best buys', in the areas of tobacco control, salt and fat intake reduction, prevention of childhood obesity and increasing physical activity. In the area of surveillance of noncommunicable diseases, WHO had supported six countries to plan and conduct the STEPS survey and was providing support for tobacco-specific surveillance. WHO continued to advocate with Member States regarding the need to develop national targets and indicators as stipulated in the regional framework for action. In the area of health care, WHO and Member States were working to strengthen the integration of services for noncommunicable diseases in primary health care and assess the gaps and constraints for implementation of the 'best buys'.

Dr Jabbour concluded by pointing out that a three-year review of the progress made by Member States in implementing the commitments of the UN Political Declaration is scheduled for the last quarter of 2014 at the UN General Assembly. Member States and WHO must plan ahead and work together, and with other regional and international partners, if they wish to make the progress needed and show a credible record of achievements in the prevention and control of noncommunicable diseases in the Region.

### *Discussions*

The Regional Director noted that the United Nations Political Declaration contained some specific recommendations meant to be implemented by all countries. These recommendations had been summarized in the regional framework for implementing the United Nations Political Declaration endorsed by the Regional Committee in 2012. They concerned four areas: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. He pointed out that the Political Declaration had also contained a clear recommendation to the Secretary-General to organize a comprehensive review in the last quarter of 2014. At that meeting, he said, our progress in implementing the recommendations of the Political Declaration would be assessed. The meeting was to be organized in close cooperation with Member States, and at the beginning of 2014 the Secretary-General would appoint two ambassadors from two different regions to identify the modalities of the meeting, including its objectives and expected outcomes. He urged the Committee to ensure the active involvement and representation of the Region, which was particularly important given its high prevalence of some noncommunicable diseases and risk factors. He concluded by stressing the need for close coordination and strong working relationships between ministries of health and ministries of

foreign affairs, as it was the ministries of foreign affairs that would be involved in the negotiations in New York.

The Representative of Morocco noted the importance attached by his country to implementing the recommendations of the United Nations Political Declaration. He said that the regional framework for action provided a clear roadmap based on implementing limited interventions in the areas of governance, prevention, control, surveillance, monitoring and evaluation. He noted that capacity building in epidemiology and monitoring constituted a pressing necessity given the fact that data were not necessarily available in the national health system. He said that Morocco insisted on implementing a set of measures of significant importance including cooperation with WHO, as the global coordinator of monitoring the nine voluntary global targets for noncommunicable disease prevention and control, which he stated were achievable targets. Other key measures were: having appropriate indicators for each individual country; integrating non communicable disease control and risk factors into international development initiatives; and promotion of south-south and tripartite cooperation. He proposed that WHO should thoroughly prepare for a robust and comprehensive review with high-level political representation from Member States prior to the United Nations General Assembly review of the implementation of the Political Declaration in 2014.

The Representative of Bahrain said that her country attached priority and high-level political support to noncommunicable diseases which was clear in their integration into Bahrain's Vision 2030 and in the formation of the national noncommunicable disease control committee in 2012. She added that Bahrain was currently updating its national action plan to align with the WHO global action plan 2013-2020. The Ministry of Health had implemented several initiatives for early detection of risk factors through schools, primary health care centres and other social venues. She added that Bahrain had developed policies and regulations to control tobacco and related advertising. It had also started implementing the Global Health Survey and was finalizing a survey on diabetes and a study on noncommunicable disease relevance among students. It was also working on developing a national epidemiological surveillance programme that would hopefully be in place as of the following year. She noted that the Bahraini Council of Ministers had adopted a set of indicators that were updated according to the indicators proposed by the global framework. She supported the proposal to appoint a regional representative in the consultations leading to the review of implementation of the United Nations Political Declaration.

The Representative of Djibouti said that his country was implementing a campaign against tobacco use that included appropriate preventive measures. He noted that khat use was a factor contributing to noncommunicable diseases in Djibouti because of its mode and rate of consumption. He said that a national strategy for control and prevention of noncommunicable diseases could be developed with support from WHO, but some curative aspects would require technical and financial support from regional and bilateral partners because Djibouti did not possess the necessary technology or expertise. Many patients with noncommunicable diseases in his country were on waiting lists, he said, to obtain treatment abroad.

The Representative of Saudi Arabia said that the efforts made by his country to include visual disability programmes in the Region and in WHO programmes and plans were crowned by the adoption of the Global Action Plan to Prevent Avoidable Blindness 2014-2019 at the 66th session of the World Health Assembly. He noted that the effective implementation of the global action plan required updated data about human resources and available eye care capabilities at the national level. He added that the Switzerland-based Prevention of Blindness Union intended to carry out a study covering all countries of the Region which would result in an important database for planning to develop eye health care services, stressing that Saudi Arabia was supportive of that project and urged other Member States to support it and collaborate for its success. He also emphasized the gravity of trachoma and its complications, noting that the Region accounted for 12% of the global trachoma burden, with 4 million people in the Region. He said that although he was confident that most countries of the Region were trachoma free, there must be scientific proof through field surveys in



countries in cooperation with WHO in order to officially declare some countries of the Region free of trachoma. He reiterated that global sources said the situation was unknown in many countries. He called on Member States to carry out necessary survey and, in this case, collaborate with such international institutions as the International Agency for the Prevention of Blindness and the Prevention of Blindness Union which together formed the Trachoma Alliance to support these surveys.

The Representative of Iraq said that his country had developed a strategic workplan for control of noncommunicable diseases that was endorsed by the cabinet. The approach included early detection of hypertension and diabetes mellitus implemented through 1300 primary health care centres across the country. He said Iraq had seen a 4% reduction in premature death from the main noncommunicable diseases (cardiovascular disease, chronic respiratory infections, diabetes and cancer) between 2011 and 2012, and was aiming for a 25% reduction by 2025. He highlighted the importance of key prerequisites for effective planning to control and prevent noncommunicable diseases: effective intersectoral collaboration; linking with efforts to address social determinants of health and achieve the MDGs; incorporating efforts within the national development strategy; linking and aligning with strategies for reproductive health, nutrition, health promotion and emergency preparedness; and incorporating the plans within health system modernization initiatives.

The Representative of Oman called on the Regional Office and Member States to consider the varied capabilities of Member States when integrating the agreed indicators, criteria and targets into national noncommunicable diseases control plans. He stressed his country's continued support for implementation of the United Nations Political Declaration, noting that Oman had established a national noncommunicable diseases control committee early this year. The committee had completed its first progress report which came out with recommendations regarding future noncommunicable disease control mechanisms. He added that his country had adopted Manama Guidance Document as well as the WHO global action plan and was developing a vision for the national plan for prevention and control. He also noted that Oman had adopted the civil registration system and would do its best to upgrade its capacities in this area, particularly with regard to the following up implementation of the national control plan. He praised the Regional Office for building capacities to assess the economic impact and effectiveness of health intervention policies in tobacco control, breast cancer screening and prevention of cervical cancer. He proposed that this assessment cover, as far as possible, related and intervention programmes that would be implemented.

The Representative of Palestine requested that the role of the different ministries in fighting noncommunicable diseases be clearly defined and guidelines developed, noting that ad hoc national committees were not usually able to influence decision-making. He added that relevant laws must be developed, noting that Palestine already had flour fortification and salt iodization laws, but that these were not enough when addressing control over carcinogenic substances. He therefore called for capacity-building in order to be able to identify and implement new policies. He also noted that there was still a lot of advertising of fast food, which young people in particular depend upon, pointing out that the rate of obesity among youth is very high. He also called for the laws that would limit advertising and promotion of fast food. He highlighted the role of youth and the ministry of local government in developing policies and laws to promote physical activity.

The Representative of Pakistan noted that his country faced an increasing burden of noncommunicable diseases with increasing life expectancy and high prevalence of risk factors. The government had been trying to develop mechanisms to address the situation and was keen to take forward the regional framework for action. A supportive policy environment was being established to control major risk factors, particularly smoking. Cancer registries were being strengthened and awareness campaigns promoted. 'Best buys' were being considered by provinces for inclusion in the basic services packages of primary health care facilities. He noted that some countries of the Region had a robust private sector, and he proposed that the private sector be encouraged to participate

actively in the control of noncommunicable diseases according to country context. He said that research and support for scaling up the 'best buys' would guide countries in achieving results.

The Representative of Lebanon noted that the Ministry of Public Health in Lebanon had started an initiative to integrate noncommunicable diseases within primary health care. To date around 80 out of 183 primary health care centres were implementing the initiative. She expressed support for the proposal for robust review of progress in the Region, to be preferably undertaken in September 2014. She also supported the proposal to appoint a representative of the Region for a leadership role in this context. Another member of the delegation requested the Regional Office keep countries informed about the modalities of coordination between all stakeholders, including ministries of health and of foreign affairs, WHO and the United Nations General Assembly, so that countries could play an active role in the process.

The Representative of Afghanistan noted that his country was also experiencing a double burden of communicable and noncommunicable diseases. He said that current data showed that the burden of noncommunicable diseases was escalating in Afghanistan, and they were the cause of more than 35% of mortality in 2010. The Ministry of Public Health had developed a strategy for noncommunicable disease prevention and control, he said, but implementation was hampered by low financial and human resources and lack of adequate data. As well, he noted, Afghanistan was dependent on donors and noncommunicable diseases had not been among their priorities. He expressed support for the proposal for regular review of progress in implementing the recommendations of the United Nations Political Declaration.

The Representative of Kuwait said that her country had included noncommunicable diseases control in the government's forthcoming four-year action plan 2014-2018 and had set up a high level committee for implementation of the recommendations of the United Nations Political Declaration. She noted that Kuwait had managed to reduce the salt content of bread. It also has an accurate database of death registration including causes of death, noting that it complies with the International Classification of Diseases. She added that national tobacco surveys were being conducted and a national cancer registry had been issued annually since 2000. She expressed support for the proposal to carry out a regular review of implementation of the United Nations Political Declaration in the Region.

The Representative of Tunisia said that noncommunicable diseases are given special importance in Tunisia where high blood pressure accounts for more than 30% among those aged over 30, with diabetes reaching 10% among this group. He also noted that 12 000 new cancer cases are registered every year. These problems were targeted by health programmes based on preventing risk factors and improving health care among different social groups. Noncommunicable diseases are seen as a priority in continued training programmes. He also stressed the importance of collaboration with civil society to ensure effectiveness and sustainability of the interventions which focus on improving lifestyles and controlling risk factors. This would be implemented through an ambitious investment programme that provides comprehensive geographical coverage. He also stressed the importance of improving the food control legal framework, with a special focus on health media such as establishing a television health channel.

The Representative of Egypt said that her country had placed great importance on noncommunicable diseases through work on different aspects highlighted in the regional noncommunicable diseases control strategy. She noted that Egypt had implemented STEPs among other surveys and continued its support of early detection programmes. She stressed the importance of research and proposed that research be carried out at regional level. She requested that countries with similar living standards and environmental conditions jointly conduct research and share experience and resources. She also said that it was necessary to raise health awareness, especially through the media.

The Representative of Jordan said that his country had taken steps in the control of noncommunicable diseases, noting that it had launched in the previous year a strategy for prevention with the highest

level support. A higher committee was also formed to follow up this strategy comprising representatives from concerned ministries. He added that the Ministry of Health provided a realistic and accurate database through the national cancer and noncommunicable disease registries at health centre level in order to identify the size of the related morbidity and mortality which represent two thirds of deaths in the country. He noted that Member States have an important role, but WHO must lead these efforts through developing a regional strategy.

## 6. Organizational matters

### 6.1 Report of the launch of WHO's financing dialogue

*Agenda item 6(c-ii), Document EM/RC60/6*

Dr Mohamed A. Jama, Assistant Director-General, General Management, presented the report of the launch of WHO's financing dialogue. He said that in response to World Health Assembly decision WHA66(8), the Director-General on 24 June had convened a meeting to launch WHO's financing dialogue. Two hundred and fifty-six participants from 87 Member States, six other United Nations agencies and 14 non-State partner organizations had participated in the meeting. The meeting had resulted in a number of commitments in the areas of alignment with the Programme Budget, predictability and flexibility of funding, broadening the contributors base, and transparency. It was agreed that the discussions would continue at the Regional Committees, to allow full understanding of this work so that Member States could fulfil their responsibility also for the financing of the Organization. It was also suggested that a specific discussion, complementary to bilateral discussions, should take place with partners providing core voluntary contributions. Based on feedback received during the course of the meeting, the Director-General had highlighted a series of actions the Secretariat would be taking that would feed into planning for the follow-up meeting of the financing dialogue in November. At the November meeting, the Director-General would give an indication of the strategic use of assessed contributions to ensure core programmes were operational.

#### *Discussions*

The Representative of Iraq highlighted the importance of the launch of the financing dialogue and proposed that this topic should have been discussed in the first sessions of the Regional Committee in the presence of Ministers of Health. He said that some projects financed directly by countries should be extended and WHO should provide technical consultancy to these countries, noting that these projects could be expanded in the future. He suggested that revealing the identity of donors would encourage other countries to contribute to financing.

The Representative of Yemen requested clarification on the percentage of voluntary contributions from non-State actors. He highlighted WHO's technical role and emphasized the importance of avoiding the influence of non-State actors.

The Representative of Qatar asked for more information on WHO's financing from the regional perspective, broken down by the three groups of countries in the Region. He requested guidance from the Regional Office on mobilizing resources for health.

The Regional Director Emeritus gave a historical overview of budget development in the Region. He said that previously, assessed contributions by Member States had accounted for the majority of the budget, which had been discussed by the World Health Assembly and the Executive Board. No State had control or hegemony over WHO. This situation had changed after some States objected to an increase of their assessed contributions. The situation was eventually reversed and voluntary contributions, including by non-State actors, were greater than assessed contributions paid by the States. Afterwards, Member States complained about the domination of donors. He highlighted the importance of transparency in this respect. He added that countries in the Eastern Mediterranean should be proud since this was the first Region to introduce budgetary transparency and make information about this issue available online to all countries. This practice was then adopted by headquarters. He added that contributions and donations by the Eastern Mediterranean were small and these amounts should increase so that the Region's voice would be heard. In conclusion, he said contributions by Member States would be more beneficial if they were made at the beginning rather than the end of the biennium.

The Representative of Morocco commended the approach being taken to reforming WHO and noted there could be no reform without addressing the issue of financing. He suggested normalizing the

current share of Member State contributions to WHO's budget through progressively increases in assessed contributions. He said that Regional Offices should have more autonomy and noted that establishing mechanisms to facilitate Region-specific contributions could help to ensure the reliability of regional funding.

The Regional Director said it was a very important issue that should be discussed in all regional committees. He emphasized the importance of ensuring a regional presence in the upcoming financing dialogue meeting at the end of November, and expressed hope for high-level participation from ministries of health as well as from development agencies in the Region. He noted that the Eastern Mediterranean was the only WHO region that had specifically requested an increase in assessed contributions. At the same time it was the region with the lowest overall contributions, accounting for less than 10% of the regional budget. Member States and development agencies in the Region were not contributing adequately to the budget of the Organization, he said. He pointed out that increasing the contributions from the Region was a good way to get its voice heard in global policy discussions and related decision-making.

The Assistant Director-General, General Management, reiterated that 52% of the Organization's resources came from countries, in the form of both assessed and voluntary contributions, and 48% from non-State actors. Ten contributors provided almost 60% of WHO's resources, and the top 20 contributors provided 80% of WHO's resources. Of these, he said, 11 were non-State actors. He referred to the example of Norway as among the 5 top contributing Member States despite very low assessed contributions. He drew attention to the idea of "supplementary" assessed contributions, which had been promulgated as a way for countries to provide voluntary contributions as a possible first step towards increasing assessed contributions.

## **6.2 Health in the post-2015 development agenda**

*Agenda item 6(d), Document EM/RC60/7*

Dr Marie-Paule Kieny, Assistant Director-General, Health Systems and Innovation, presented this agenda item. She said that the power of global goals had been clearly demonstrated through the MDGs. They shaped international development, and they influenced where resources and political attention would focus in the future. Over the past year, the United Nations had been engaged in consultations at an unprecedented scale at the country, regional and global levels to define the blueprint of the post-2015 development agenda. WHO and partners had been actively engaged in all ongoing processes. The process of framing a new set of global development goals had reached the end of its first phase, culminating in a Special Event at the 68th United Nations General Assembly held in September. Its outcome document laid out the roadmap for the future process. The president of the General Assembly would convene events over the next year to facilitate preparation of the post-2015 development agenda. The United Nations Secretary-General would synthesize the full range of inputs available and present a report before the end of 2014. The final phase of intergovernmental work would culminate in a summit at Heads of State and Government level in September 2015 for the adoption of the post-2015 development agenda. She highlighted the challenge of setting global health goals in the face of multiple priorities and wide variation in country needs and context. She closed by saying that WHO's position was that universal health coverage was both a means and a desirable end in its own right. It offered a way of integrating the wide range of issues in health into a single framework, was adaptable to the needs of different countries and provided a platform for a rights-based approach. WHO would also continue to pursue the use of health indicators as a way of measuring progress in sustainable development.

### *Discussions*

The Representative of Egypt summarized issues his country felt were important and should be considered for the post-2015 agenda, including family health, reduction of maternal and neonatal mortality, reducing the burden of the noncommunicable diseases (mainly hypertension and diabetes),

reducing mortality due to road crashes, food and water safety, universal health coverage, coverage of children with routine vaccinations as well as adolescent and youth health, among others.

H.E. Minister of Health of Bahrain noted that the scope of health goals for the post-2015 agenda had become extensive and therefore noncommunicable diseases needed to be incorporated as an independent goal or as a major component of other health goals). He highlighted the importance of including universal health coverage in the post-2015 agenda in order to ensure services were accessible to all and to achieve health equity.

The Representative of the Islamic Republic of Iran noted that although the health-related MDGs had contributed considerably to the improvement of health in low- and middle-income countries, they had also contributed to somewhat fragmented approaches to development. He said that the post-2015 development agenda needed a clear framework for sustainable development, which was required both to define the role of health and to show how intersectoral action could be implemented effectively. He added that the post-2015 agenda should stimulate a whole-of-government approach and that all goals in the agenda should include concrete, ambitious and measurable health targets.

The Representative of Pakistan said that his country regarded the post-2015 development agenda as an important area of deliberation for future generations. He noted that Pakistan was currently developing its next 5-year plan for health. He said that in addition to ensuring emphasis on existing MDG targets in the post-2015 agenda, there was need to consider noncommunicable diseases, social determinants of health and universal health coverage. He highlighted the importance of resource mobilization to ensure sustainable funding in the face of expanding health costs and shrinking budgets.

The Representative of Afghanistan noted that some countries in the Region, including Afghanistan, would not be able to achieve the MDG targets by 2015. He said that achieving the health targets of the MDGs would therefore remain a priority for Afghanistan, while expanding health services focusing on youth and the elderly. He urged WHO to work with Member States on including health in all policies in order to achieve health and sustainable development goals.

The Representative of Sudan said that the MDGs had provided the world with a good opportunity to reach consensus on specific priorities. He hailed the progress made by Sudan and other countries in the Region towards achieving the health-related MDGs but noted that there were many challenges. One of the most important lessons learnt was that the vertical approach to interventions had not contributed greatly to the strengthening of national health systems, but rather it had compromised them. He added that the support provided to countries was not commensurate with their specific needs. Earlier this year, Sudan had participated as a representative of the Region in the Botswana conference on health in post-2015 development agenda. He highlighted the need to mobilize more resources so that more countries in the Region would be able to achieve health-related MDGs in the remaining period up to 2015. He said focus should be placed on the role of health as a foundation for development and on the social determinants of health. He said higher priority should be given to building capacity in emergency preparedness and response.

The Representative of Tunisia said he was convinced that health policies related to pragmatic planning had limitations that resulted in gaps between the policies and public expectations. Tunisia had initiated process in which it had involved all stakeholders and social actors to assess the situation and identify the questions to be raised and reform options to be considered. The initial diagnosis phase was finished and would be followed by further review and surveys. He stressed the importance of planning health policy on the basis of a participatory approach.

The Representative of the International Alliance of Patients' Organizations stressed the need to include noncommunicable diseases in the post-2015 development agenda. He said his organization welcomed the continued efforts to implement the United Nations Political Declaration and urged countries to ensure strong civil society engagement, and in particular the involvement of patients'

organizations, in the implementation of the regional framework for action. Countries were also urged to ensure that strong financing mechanisms were in place in order to sustain momentum and ensure low- and middle-income countries could achieve the objectives of the framework. He closed by appealing for all relevant policies, programmes and strategies to be based on patient-centred health care.

The Representative of Morocco urged the Member States to adopt post 2015 framework based on socioeconomic development, environmental sustainability, peace and security in the context of respect for human rights and equity. He said that developing a roadmap was imperative to identify a new set of targets. He highlighted the importance of social determinants of health and called upon all to regard health as an essential component of sustainable development. He affirmed that the end goal was to improve health throughout the life course. He said it was necessary to accelerate the pace of achievement of the MDGs agenda and that universal health coverage was both the means to deliver this end and an end in itself.

The Representative of Alzheimer's Disease International said that the number of people with dementias was currently estimated at 36 million worldwide and was expected to almost double in 20 years. She noted that a new report that came out in September 2013 showed that dementia accounted for 50% of the needs for long-term care for the elderly, so it had an overwhelming impact on health and social systems and this impact was still growing. She pointed out that although Alzheimer's disease had been recognized in the United Nations Political Declaration as an important source of morbidity contributing to the global noncommunicable disease burden, concrete actions to address Alzheimer's disease and dementias were still missing from a number of global health action plans. She cited a need for accurate information on dementia for health providers, public health practitioners and the public and requested the Regional Office to make such information available under health topics on its website.

The Representative of the International Council for the Control of Iodine Deficiency Disorders (ICCIDD) drew attention to the issue of iodine deficiency disorders, which he said should be at the top of the global health agenda because it was a major cause of preventable mental impairment. He noted that the Region continued to have the lowest percentage of children and pregnant women covered with iodine surveys, and the highest percentage of children and pregnant women with low iodine intakes. He said that ICCIDD was working to support the objectives of WHO in four key areas: development of evidence-based information to ensure optimal iodine nutrition; tracking regional progress towards the elimination of iodine deficiency disorders; synchronizing iodine and sodium monitoring efforts; and conducting urine surveys to assess sodium consumption.

The Representative of the International Federation of Medical Students' Associations (IFMSA) noted that the post-2015 agenda would be the ideal setting to emphasize health and environment as two pillars of sustainable development which were interlinked and interdependent. He said that IFMSA had made huge strides by placing global health and action upon social determinants of health as a key policy and advocacy area. As the chronological end of the MDGs neared, they were preparing to take part in future initiatives to shape the world based on equity. In light of the considerable stakes, he said, IFMSA had decided to organize its next general assembly, to be held in Tunisia in March 2014, under the theme of "health beyond 2015, get involved". He closed by requesting countries and experts to get involved and provide technical assistance during the preparation of the upcoming assembly.

The Assistant Director General, Health Systems and Innovation, thanked the members of the Committee for their insightful comments and said she looked forward to their continued engagement in the process. She stressed WHO's commitment to assist Member States and to be a leading force in determining the post-2015 health agenda.

The Regional Director noted that the first phase of the process was over and had culminated in the Special Event in September. What came next, and would receive a great deal of discussion, was to decide on the framework and goals to be adopted. At the end of the first phase, he said, the emphasis

was on maximizing health. Focus was being placed on universal health coverage, on finishing the MDG agenda, and on noncommunicable diseases. He noted that the next phase would take place in New York, and would be negotiated by ministries of foreign affairs. He reiterated the need for ministries of health to coordinate closely with their counterparts in foreign affairs. Ministries of health must keep national representatives informed, he said, and ensure they have a coherent narrative on the place of health in the post-2015 development agenda.

The Regional Director referred to the *Global status report on road safety 2013*, which had just been released and was available for participants in three languages. He said that the report highlighted several key messages for the Region. One was that the situation in the Region was very serious. It had the second highest rate of road traffic injuries after the African region, and the trend was rising. Of further concern was that the people in the youngest, most productive age group of 15–44 years were most affected. In fact, he noted, road traffic injuries were the number one killer of young people aged 15–29 years in the Region. Another message was that prevention works. Effective strategies and measures exist, he said, and there are successful examples of action taken by some countries in the Region. He noted the need to strengthen resources in this area and said the Regional Office was providing technical support to countries upon request.

### **6.3 Review of implementation of Regional Committee resolutions 2000–2011**

*Agenda item 8, Document EM/RC60/INF.DOC8, Decision 6*

Dr Samir Ben Yahmed, Director, Programme Management, presented this agenda item. He said that as part of the audit resolution and monitoring process and in line with the WHO reform, WHO had initiated a process of review of resolutions endorsed by the Regional Committee for the Eastern Mediterranean during the period 2000–2011. The objective was to recommend measures to help ensure that future resolutions were selective, relevant and responsive to regional public health challenges, in line with the regional strategic directions for 2012–2016 and WHO's work at large, and within the context of the major initiatives and resolutions of the United Nations and the work of relevant public health actors and stakeholders. A total of 134 resolutions had been reviewed. The review committee assessed progress made towards implementing the actions recommended in the resolutions. Based on the assessment, the review committee made recommendations as to whether each resolution should remain active, be considered for retirement ('conditional sunset') or be fully retired ('sunset'). The committee had concluded that while the resolutions endorsed between 2000 and 2011 followed a strategic focus at the time, future resolutions needed to be more selective, including improved and transparent alignment with regional priorities and accountability for results, which were important aspects of WHO governance reform. It had recommended that further in-depth review of the resolutions and recommended set of actions be considered. He invited the Regional Committee to consider establishing an ad hoc committee of the Regional Committee, supported by the Secretariat, with the aim of recommending to the sixty-first session in 2014 which resolutions to sunset.

The members of the Committee expressed their support for the establishment of an ad hoc subcommittee to the Regional Committee to review previous resolutions and make recommendations with regard to those that should be sunset.



## 7. Budgetary and programme matters

### 7.1 Operational planning and implementation of the programme budget 2014–2015 and development of the programme budget 2016–2017

*Agenda item 6(c-i), Document EM/RC60/5*

Dr Samir Ben Yahmed, Director, Programme Management, said that a coordinated bottom-up operational planning process had been initiated since the approval of 2014–2015 Programme Budget by the World Health Assembly in May 2013. Instead of only the operational planning missions, and as recommended by the Regional Committee in 2012, the methodology applied in the Region was arranging a dialogue between senior management at Regional Office level and the highest health authorities at country level, aiming at determining a limited number of priority areas under each of the five technical categories based on country needs. The prioritization process was guided by country demographic realities, national health development policies and plans, country cooperation strategies, the regional strategic directions and the 12th General Programme of Work. By combining flexibility with realism, the prioritization exercise aimed to increase the public health impacts (more resources for fewer country priorities) and make better use of the comparative advantage of the Organization at country level. Expected outcomes of the revised operation planning process are: improvements in the quality of programmes and their alignment with country strategies and priorities and a bigger impact; greater technical resources and introduction of rigorous follow-up evaluation of consultant assignments; reinforcement of Regional Office technical capacity in high priority areas; improvements in accountability and transparency thanks to the new results chain; and improvements in the cycle and mechanisms for monitoring and evaluation of the progress of agreed commitments. He invited Regional Committee members to share their experiences of the operational planning process and suggest ways to improve delivery and reporting throughout the 2014–2015 biennium.

#### *Discussions*

The Representative of Bahrain commended the new approach to operational planning and the development of the Programme Budget around the country and regional priorities. She said that in the past programmes had been mobilized but they had failed to meet the county and regional priorities. Focus had been placed on requests of some programme coordinators and as a result resources had been allocated unevenly. She highlighted that the priorities should reflect the resolutions adopted by the Regional Committee so that they could be implemented.

The Representative of Iraq said a mutual strategy should be developed between WHO on one hand and other organizations, agencies and countries on the other and that financial plans should be created in advance and the implementation of these plans should be coordinated and monitored. He stated that the development of the Programme Budget should take certain issues into account, including enhancing country cooperation strategy in such a way that financial planning would be geared to priorities and needs of the communities in light of the five priorities identified for the work of the Regional Office. He stressed the importance of enhancing joint work with other UN agencies and the visibility of WHO and scaling up the capacity of country offices. He highlighted the UN Development Assistance Framework which ensured cost sharing and enhancing technical capacities of countries. He cautioned against duplication in implementation and hence wastage of resources.

The Representative of Qatar hailed the clear vision and the improved approach to doing business of the Regional Office. He proposed to conduct an in-depth analysis of each country every two years in coordination with a focal point in order to identify the strengths and weaknesses. He said these analyses would inform plans to be developed for the next biennium. In addition he suggested that a table of all plans and objectives with timelines should be created and posted on the website for easy access.

The Representative of Sudan highlighted the new planning methodology which would allow countries to focus on priorities especially those in which WHO had comparative advantages. He urged WHO to

assume a greater role in encouraging countries to adopt comprehensive planning and turn to a one-plan, one-budget approach in order to maximize utilization of technical, financial and human resources and to enhance transparency. He said that a clear framework of monitoring and evaluation was urgently needed and proposed that such framework should be biannual so that modification could be made and lessons learned were best utilized.

The Representative of Tunisia endorsed the new approach which focused on priorities and results. He said that a bottom-up approach required systematic implementation and monitoring results against benchmarks developed for this purpose. He stressed the importance of cooperation with the Regional Office and country offices. He admitted that the challenge would be tough and said it would require coordination, discipline and clear leadership.

The Regional Director said that the methodology of budget development was radically changed as of the 12th General Programme of Work which identified five key technical priorities that reflected more than 95% of country priorities in the Eastern Mediterranean Region. These priorities had been endorsed by the 59th Session of the Regional Committee in 2012. Development of a country-based budget was one of the salient characteristics of the new methodology. He noted that previously there had been 35 cooperation programmes with insufficient resources. This had affected results adversely. In consequence, an agreement was reached with Member States to focus on 9–11 programmes in each country for the biennium in light of country-specific priorities. However, he said that this did not necessarily mean that other programmes would be neglected. He referred to the three levels of work in WHO and highlighted the role of headquarters and country offices. In this context, he said that capacity of country offices should be strengthened so that they could provide the technical support needed by countries and respond to priorities despite limited resources. He stated that human and financial resources of these offices should be reviewed. He stressed the importance of constructive self-criticism and establishment of a more efficient system for monitoring and evaluation than the one currently in place. He drew attention to complaints about the quality of consultancies provided to countries and emphasized that technical consultancies should be upgraded and evaluated. He stated that a network of experts and consultants was being built.

The Director, Programme Management, emphasized the focus on partnership and on complementarity and the comparative advantages of WHO within each country. He agreed that countries needed one national health plan with strategies and priorities on which everyone agreed, which would form the basis for WHO's collaborative planning with each country. He noted that joint programme review and planning missions had not yet taken place this year, as efforts were had focused since May on laying the groundwork for operational planning. Missions would be taking place later in the year and would be led by high-level WHO officials, who would meet with all stakeholders in the country in order to ensure complementarity of efforts on the basis of comparative advantages. He explained that 80% would be allocated to identified priorities (2 priorities per category), and 20% would remain unallocated to be used for emerging priorities.

## **8. Other matters**

### **8.1 Resolutions and decisions of regional interest adopted by the Sixty-sixth World Health Assembly and the Executive Board at its 132nd and 133rd Sessions**

*Agenda item 6(a), Document EM/RC60/4*

Dr Ambrogio Manenti drew attention to the resolutions adopted by the Sixty-sixth World Health Assembly. He urged Member States to review the actions to be taken by the Regional Office and to report their own responses.

### **8.2 Review of the draft provisional agenda of the 134th Session of the WHO Executive Board**

*Agenda item 6(b), Document EM/RC60/4-Annex 1*

Dr Ziad Memish (Saudi Arabia) presented the draft provisional agenda of the 134th session of the Executive Board and requested comments thereon.

#### *Discussions*

The Representative of Morocco called for the development of a new mechanism to take Member States input forward to the Executive Board and suggested that meetings be held with Executive Board members to discuss the proposed agenda before it convenes.

The Director of Programme Management confirmed that all papers to be discussed in the Executive Board were shared with Member States in advance. Based on comments received from Member States, briefing notes were prepared for the regional Executive Board members to help them in the deliberations of the Board.

The Regional Director added that Member States would be provided with a briefing on the key items to be discussed and encouraged Member States to attend the meetings of the Executive Board, it being an important forum in which the Region should make its voice heard.

### **8.3 Award of Dr A.T. Shousha Foundation Prize and Fellowship**

*Agenda item 10(a), Document EM/RC60/INF.DOC.10*

The Dr A.T. Shousha Foundation Prize for 2013 was awarded to Dr Mohammad-Reza Mohammadi from the Islamic Republic of Iran for his significant contribution to public health in the geographical area in which Dr Shousha served the World Health Organization.

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

*Agenda item 11, Document EM/RC60/INF.DOC.12, Decision 7*

The Regional Committee decided to hold its Sixty-first Session in session in Tunis, Tunisia from 19 to 22 October 2014.

## **9. Closing session**

### **9.1 Review of draft resolutions, decisions and report**

In the closing session, the Regional Committee reviewed the draft resolutions, decisions and report of the session.

### **9.2 Adoption of resolutions and report**

The Regional Committee adopted the resolutions and report of the Sixtieth session.

### **9.3 Closing of the session**

The Regional Committee decided to send a telegram to His Majesty Sultan Qaboos bin Said expressing its deep thanks for the hospitality and facilities provided to the 60th session of the Regional Committee and commending the Government of Oman for its role in facing the challenges of the health sector and its generous support to polio eradication efforts.

## 10. Resolutions and Decisions

### 10.1 Resolutions

#### EM/RC60/R.1 Annual report of the Regional Director for 2012 and progress reports

The Regional Committee,

Having reviewed the Annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2012<sup>1</sup>, the progress reports requested by the Regional Committee and recent developments in the Region;

Recalling resolutions EM/RC59/R.1 on the annual report of the Regional Director 2011; EM/RC57/R.5 on the regional strategy for health sector response to HIV 2011-2015; WHA39.27, WHA41.16 and WHA47.13 on the rational use of medicines and EM/RC49/R.10 on antimicrobial resistance and rational use of antimicrobial agents; and EM/RC59/R.6 on WHO managerial reform;

Concerned at the difficulty faced by middle-income Member States with regard to affordability and secure access to vaccines, particularly new and underutilized vaccines;

Concerned also at the alarming situation in the Region, where 85% of people who need life-saving antiretroviral therapy for HIV do not receive it, and where new HIV infections and AIDS deaths are on the rise while they are declining globally;

Noting that antimicrobial resistance is a growing problem in the Region that imposes a significant health and economic burden on the Member States;

1. **THANKS** the Regional Director for his report on the work of WHO in the Region;
2. **ADOPTS** the annual report of the Regional Director for 2012;
3. **REAFFIRMS** its request to Member States to consider increasing the level of assessed contributions to the Organization through collective action in the governing bodies;
4. **URGES** Member States to:
  - 4.1 Take immediate action, if they are interested middle-income countries, to participate in the pooled vaccine procurement system and to sign a memorandum of understanding with WHO and UNICEF to complete the participation process by end 2013;
  - 4.2 Set ambitious annual HIV testing and treatment targets and take urgent action to accelerate treatment access and thus end the HIV treatment crisis;
  - 4.3 Establish a robust antimicrobial resistance surveillance system, including clinical and laboratory surveillance, and ensure enforcement of rules and regulations for rational use of antimicrobials at all levels;
  - 4.4 Build on the experience of the 2014–2015 operational planning process in the Region and play an active role in suggesting ways to improve the bottom-up Programme Budget planning exercise 2016–2017;
  - 4.5 Advocate, at the first stage of the 2016–2017 planning exercise, for an open budget envelope allocated to countries for the prioritization exercise without any subdivision by

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<sup>1</sup> Document No: EM/RC60/2

category, establishing a detailed budgeting only in the subsequent phase as a result of the initial planning at country level;

5. **REQUESTS** the Regional Director to:

- 5.1 Confirm with interested Member States their commitment to implementing the proposed pooled vaccine procurement system;
- 5.2 Support Member States in developing and implementing strategies and service-delivery approaches for rapid scale-up of HIV treatment, as recommended by WHO and UNAIDS in the regional report *Accelerating HIV treatment*;
- 5.3 Encourage coordinated and country-based planning for 2016–2017 involving all the three levels of the Organization along the principle of subsidiarity;
- 5.4 Contribute to the improvement of the planning cycle by improving the mechanisms of monitoring and evaluation of progress on agreed commitments.

**EM/RC60/R.2 Universal health coverage**

The Regional Committee,

Having reviewed the technical discussion paper on universal health coverage<sup>2</sup>;

Recalling resolutions WHA64.9 and WHA58.33 on sustainable health financing structures and universal coverage; EM/RC57/R.7 on strategic directions to improve health care financing; and EM/RC59/R.3 on health systems strengthening;

Recognizing that WHO's comprehensive approach to universal health coverage embraces the values and principles of primary health care;

Taking note of the World Health Report 2010 *Health systems financing: the path to universal coverage* and the World Health Report 2013 *Research for universal health coverage*;

1. **CALLS ON** Member States to:

- 1.1 Ensure sustained political commitment to universal health coverage in order to ensure that all people have access to essential health services that are of sufficient quality, without the risk of financial hardship, and to achieve the health system goals;
- 1.2 Develop evidence-based national health financing strategies that support the pursuit of universal health coverage, undertaking necessary analytical and diagnostic work;
- 1.3 Expand the provision of integrated people-centred health services that address the major burden of ill-health and are based on primary health care;
- 1.4 Progressively expand coverage to all the population, including deprived groups, rural populations and those working in the informal sector, by introducing and expanding equitable, fair and efficient prepayment arrangements;
- 1.5 Monitor and evaluate progress towards universal health coverage and make use of disaggregated data to monitor equity;

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<sup>2</sup> Document Number: EM/RC60/Tech.Disc.2

2. **REQUESTS** the Regional Director to:

- 2.1 Provide technical support for the development of a country-specific vision, strategy and roadmap to move towards universal health coverage through inclusive and effective policy dialogue;
- 2.2 Build Member States' capacity to undertake necessary diagnostic and analytical work, and facilitate sharing of experiences and joint learning for universal health coverage;
- 2.3 Assist Member States to generate and mobilize resources in order to progress towards universal health coverage;
- 2.4 Develop a framework that allows monitoring of universal health coverage in line with its three dimensions in Member States;
- 2.5 Monitor progress towards universal health coverage in the Region and report back to the Regional Committee in two years.

**EM/RC60/R.3 Escalating poliomyelitis emergency in the Eastern Mediterranean Region**

The Regional Committee,

Recalling resolution WHA65.5 on intensification of the global poliomyelitis eradication initiative which declared the completion of poliovirus eradication a programmatic emergency for global public health;

Having reviewed as a special emergency item<sup>3</sup> the alarming international spread of wild poliovirus in the Eastern Mediterranean Region, from December 2012 through October 2013;

Deeply concerned by the explosive outbreak of poliomyelitis in Somalia, the confirmation of new poliomyelitis cases in the Syrian Arab Republic, the previous evidence of poliovirus spread into Egypt and the occupied Palestinian territories, and the uncontrolled poliovirus transmission in parts of Pakistan;

Recognizing that all Member States are now at very high risk of poliomyelitis reinfection and explosive outbreaks due to the large-scale population movements within the Region and gaps in immunity;

1. **DECLARES** the new international spread of wild poliovirus an emergency for all Member States of the Eastern Mediterranean Region and reiterates the ongoing emergency situation of endemic poliomyelitis in Pakistan;
2. **REQUESTS** Pakistan to intensify the necessary steps to ensure all children are accessed and vaccinated, particularly in the Federally Administered Tribal Areas (FATA), as a matter of the utmost urgency to prevent further international spread;
3. **REQUESTS** the Syrian Arab Republic and adjoining countries to coordinate, and if possible synchronize, intensified mass vaccination campaigns using the most appropriate tactics and vaccine(s) to interrupt this new outbreak within 6 months;
4. **REQUESTS** enhanced coordination with the WHO African Region to ensure heightened monitoring of eradication efforts in the Horn of Africa, rapid interruption of the outbreak in that

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<sup>3</sup> Document Number: EM/RC60/11

area, especially in Somalia, and the protection of adjoining at-risk areas of the Eastern Mediterranean Region, particularly Djibouti, Sudan and Yemen;

5. **URGES** all Member States to:

- 5.1 Extend all possible support, including political advocacy and technical support, to Pakistan, Somalia and the Syrian Arab Republic in their work to negotiate and establish access to those children who are currently unreached with polio vaccination;
- 5.2 Support the intensified eradication efforts throughout the Eastern Mediterranean Region, particularly in countries at high risk of new importations and outbreaks including Afghanistan, Djibouti, Sudan and Yemen;
- 5.3 Enhance surveillance for acute flaccid paralysis (AFP) and suspected poliomyelitis to detect missed chains of transmission in the Region and better target emergency efforts;
- 5.4 Provide additional political, financial and technical support for the regional emergency response plans;

6. **REQUESTS** the Regional Director to continue his tremendous efforts to accelerate eradication efforts in the Region, including the mobilization of necessary financial and technical support, and to convene an extraordinary meeting of regional health leaders, by January 2014 at the latest, to review the regional emergency response, plan corrective actions, and inform Member States of the further action required.

**EM/RC60/R.4 Follow-up to the United Nations Political Declaration on the Prevention and Control of Noncommunicable Diseases**

The Regional Committee,

Having reviewed the technical paper on implementing the United Nations Political Declaration on the Prevention and Control of Noncommunicable Diseases on the basis of the regional framework for action;<sup>4</sup>

Recalling United Nations General Assembly resolution 66/2 on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases, and specifically operative paragraph 65 on the comprehensive review and assessment in 2014 of the progress achieved, and resolution EM/RC59/R.2 on the commitments of Member States to implement the Political Declaration;

Recognizing the efforts of the Regional Director to raise global and regional awareness of the magnitude of the problem and to strengthen global action against noncommunicable diseases;

Emphasizing that the United Nations system has an important responsibility to assist governments in the follow-up and full implementation of the commitments made by Member States in the Political Declaration;

1. **URGES** Member States to:

- 1.1 Conduct consultations with their permanent representatives at the United Nations in New York and Geneva on the scope, modalities, format and organizational arrangements for the General Assembly's comprehensive review and assessment in 2014;

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<sup>4</sup> Document No: EM/RC60/9



- 1.2 Request, through the appropriate diplomatic channels, the President of the United Nations General Assembly to consider holding a High-Level Meeting, with the participation of the Heads of State and Government, on the comprehensive review and assessment on the occasion of the General Debate of the 69th Session of the United Nations General Assembly in September 2014.
  - 1.3 Request the President of the United Nations General Assembly to consider appointing one of the Permanent Representatives to the United Nations from the WHO Eastern Mediterranean Region to serve as one of two co-facilitators for coordinating the preparations for the comprehensive review and assessment in 2014.
2. **REQUESTS** the Regional Director to:
- 2.1 Update the regional framework for action as necessary to include tools developed since the 59th Session of the Regional Committee for the Eastern Mediterranean and future tools, including a guide for Member States on the roles of the different ministries and other partners in multisectoral work towards the prevention of noncommunicable diseases;
  - 2.2 Coordinate closely with the United Nations Secretariat to ensure that the comprehensive review and assessment leads to a concise action-oriented document;
  - 2.3 Support Member States in their preparations for the comprehensive review and assessment, including through the development of process indicators and through facilitation of a substantive engagement of the ministries of health with the ministries of foreign affairs and permanent representatives in the United Nations.

### **EM/RC60/R.5 Regional strategy on health and the environment 2014–2019**

The Regional Committee,

Having reviewed the technical discussion paper on the regional strategy on health and the environment<sup>5</sup>;

Recalling resolutions WHA64.24, EM/RC/31/R.12 and EM/RC32/R.14 on water, sanitation and health; EM/RC49/R8 on health effects of environmental conditions; WHA63.25, WHA59.15, WHA50.13, WHA45.32, WHA31.28 and WHA30.47 on chemical safety and waste management; and WHA61.19 and EM/RC55/R8 on climate change and health;

Recognizing the leadership role of ministries of health in governance, regulation and surveillance of health and the environment, as well as in catalysing necessary action by other sectors;

Concerned that over one fifth of the burden of communicable diseases, noncommunicable diseases and injuries in the Eastern Mediterranean Region is attributable to modifiable environmental risks;

Noting the outcome of the Rio+20 United Nations Conference on Sustainable Development in 2012 which called for action on the social and environmental determinants of health;

1. **ENDORSES** the regional strategy on health and the environment 2014–2019 and its framework for action in the Eastern Mediterranean Region;

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<sup>5</sup> Document No: EM/RC60/Tech.Disc.1

2. **CALLS ON** Member States to:

- 2.1 Establish a national plan for the implementation and adoption of this strategy;
- 2.2 Integrate environmental concerns into national development plans and public health policies, strategies and plans of action;
- 2.3 Strengthen the institutional capacities of ministries of health to work with other relevant ministries and sectors and to assume the leadership role in governance, regulation and surveillance of health and the environment;
- 2.4 Catalyse and synergize actions by all stakeholders in related sectors and relevant service providers to protect health from environmental risks by adopting a collaborative multisectoral approach;

3. **REQUESTS** the Regional Director to:

- 3.1 Provide technical support to Member States to adapt and implement the regional strategy on health and the environment;
- 3.2 Build partnerships with United Nations organizations and other relevant stakeholders to facilitate the implementation of the strategy;
- 3.3 Monitor and report to the Regional Committee the progress achieved in the implementation of the strategy every two years until 2019.

**EM/RC60/R.6 Saving the lives of mothers and children**

The Regional Committee,

Having discussed the technical paper on saving the lives of mothers and children<sup>6</sup>;

Recalling United Nations General Assembly resolution A/RES/55/2 on the Millennium Declaration and World Health Assembly resolution WHA55.19 on WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration;

Concerned at the continuing high level of maternal and child mortality in the Region, particularly in the high-burden countries that contribute to 95% of maternal and under-five deaths;

Welcoming the initiative of the Regional Director on saving the lives of mothers and children;

Recognizing the importance of urgent concerted and collective efforts between countries and partners to reduce deaths among mothers and children;

1. **ENDORSES** the Dubai declaration: Saving the lives of mothers and children: rising to the challenge, annexed to this resolution;

2. **CALLS ON** Member States to:

- 2.1 Fulfil the commitment expressed in the Dubai declaration to prioritize and promote maternal and child health;
- 2.2 Ensure regional solidarity to support the implementation of maternal and child health acceleration plans;

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<sup>6</sup> Document No: EM/RC60/3

3. **URGES** the high-burden countries to strengthen multisectoral partnership in order to implement their national acceleration plans, allocate to the extent possible the necessary national human and financial resources and work on mobilizing additional resources from donors, partners and development agencies;
4. **REQUESTS** the Regional Director to:
  - 4.1 Provide technical support to Member States to implement their national acceleration plans;
  - 4.2 Support Member States in their efforts to mobilize additional resources for this purpose;
  - 4.3 Call on donors and development agencies to assume their role in contributing to and supporting this initiative;
  - 4.4 Report to the Regional Committee on progress in implementation of the national acceleration plans annually until 2015.

#### **EM/RC60/R.7 Regional strategy for the improvement of civil registration and vital statistics systems 2014–2019**

The Regional Committee

Having discussed the technical paper on the regional strategy for the improvement of civil registration and vital statistics systems<sup>7</sup>;

Recalling resolution EM/RC59/R.3 on health systems strengthening, which urged Member States to strengthen national health information systems, including registration of births, deaths and causes of death;

Acknowledging that the call for universal civil registration is sanctioned in many United Nations resolutions, including the International Covenant on Economic, Social and Cultural Rights, International Covenant on Civil and Political Rights and Optional Protocol to the International Covenant on Civil and Political Rights (A/RES/2200(XXI)), the Millennium Declaration (A/RES/55/2), and the Declaration on the Right to Development (A/RES/41/128);

Recalling also the recommendation of the United Nations Commission on Information and Accountability for Women's and Children's Health calling on all countries to undertake significant steps to establish a system for registration of births, deaths and causes of death and have well functioning health information systems by 2015;

Acknowledging also the importance of civil registration and vital statistics systems in providing information which secures the basic right of identity for individuals and which support human development sectors, including health;

Recognizing the importance of intersectoral collaboration to support civil registration and vital statistics systems;

1. **ENDORSES** the regional strategy for the improvement of civil registration and vital statistics systems 2014–2019;
2. **URGES** Member States to give priority to the strengthening of their civil registration and vital statistics systems;

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<sup>7</sup> Document No: EM/RC60/10

3. **CALLS ON** Member States to:

- 3.1 Develop or further strengthen a national multisectoral strategic plan to improve the civil registration and vital statistics system, based on the findings of an in-depth assessment and guided by the regional strategy;
- 3.2 Strengthen infrastructure and capacities within the Ministry of Health and develop regulations and procedures to assure quality standards for medical certification and coding of cause of death using the International Classification of Diseases;
- 3.3 Raise awareness on, and mobilize support for, civil registration systems in the community and relevant sectors;

4. **REQUESTS** the Regional Director to:

- 4.1 Provide technical support to Member States to adapt and implement the regional strategy for the improvement of civil registration and vital statistics systems;
- 4.2 Build partnerships with United Nations organizations and other relevant regional stakeholders to facilitate implementation of the strategy;
- 4.3 Monitor and report to the Regional Committee the progress achieved in the implementation of the strategy every two years until 2019.

**EM/RC60/R.8 Monitoring health situation, trends and health system performance**

The Regional Committee,

Recalling resolution EM/RC59/R.3 on health systems strengthening, which urged Member States to strengthen national health information systems and the discussions on the proposed list of indicators during the technical meetings prior to the Regional Committee;

Recognizing the importance of strong health information systems in providing reliable information for decision-making and policy-making;

Acknowledging the need to address the gaps and challenges in national health information systems and the lead role of WHO in providing technical support;

1. **REQUESTS** Member States to review the proposed list of core indicators and suggest country-specific optional indicators;
2. **CALLS** on Member States to:
  - 2.1 Develop or strengthen a national plan to improve health information systems, including commitment of adequate skilled human and material resources;
  - 2.2 Establish a national health observatory to strengthen the dissemination and use of country information and evidence;
  - 2.3 Institutionalize population and facility surveys to improve the generation of reliable data;
3. **REQUESTS** the Regional Director to:
  - 3.1 Provide technical support to Member States to develop national plans to strengthen health information systems;
  - 3.2 Organize a meeting of national stakeholders during the first half of 2014 to discuss and endorse the final list of indicators.

## 10.2 Decisions

### DECISION NO.1 ELECTION OF OFFICERS

The Regional Committee elected the following officers:

Chairperson: H.E. Dr Ahmed Al-Saidi (Oman)  
 First Vice-Chairperson: H.E. Dr Seyed Hassan Ghazizadeh Hashemi (Islamic Republic of Iran)  
 Second Vice-Chairperson: H.E. Dr Ahmed Qassim Al-Ansi (Yemen)  
 Dr Badereddin Annajar (Libya) was elected Chairperson of the Technical Discussions.

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

Dr Mariam Al Jalahma (Bahrain)  
 Dr Bijan Sadrizadeh (Islamic Republic of Iran)  
 Dr Qais Saleh Al Doweiry (Kuwait)  
 Mr Jilali Hazim (Morocco)  
 Dr Said bin Hareb Al-Lamki (Oman)  
 Dr Mohamad Yahya Saeedi (Saudi Arabia)  
 Dr Emad Ezzat (Egypt)  
 Dr Samir Ben Yahmed (Eastern Mediterranean Regional Office)  
 Mr Raul Thomas (Eastern Mediterranean Regional Office)  
 Dr Jaouad Mahjour (Eastern Mediterranean Regional Office)  
 Dr Sameen Siddiqi (Eastern Mediterranean Regional Office)  
 Ms Jane Nicholson (Eastern Mediterranean Regional Office)

### DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its Sixtieth Session with the addition of an item on poliomyelitis.

### DECISION NO. 3 COMMITTEE ON CREDENTIALS

In accordance with the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean, the Committee on Credentials, consisting of the officers of the Committee, met on 29 October 2013 and reviewed the credentials submitted by Member States. The Regional Committee, based on the report of the Chair of the Committee on Credentials, recognized the validity of the credentials of the following delegations: Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

### DECISION NO. 4 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN

The Regional Committee decided to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean to Dr Khaled Al Saleh (Kuwait) based on the recommendation of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean. The Prize will be presented to the laureate during the sixty-first session of the Regional Committee, in 2014.

**DECISION NO. 5      AWARD OF THE DOWN SYNDROME RESEARCH PRIZE**

The Regional Committee, based on the recommendation of the Down Syndrome Research Prize Foundation decided not to award the prize this year, and to call for nominations for 2014, although nominations for the Down Syndrome Research Prize are normally solicited every other year.

**DECISION NO. 6      SUNSETTING OF RESOLUTIONS OF THE REGIONAL COMMITTEE**

The Regional Committee, minding the reports on governance reforms contained in documents EB132/5 Add.6 and A66/4, and having considered the report by the secretariat (EM/RC60/INF.DOC.8) decided to establish an ad hoc subcommittee to the Regional Committee, supported by the secretariat, to review previous resolutions of the Committee and make recommendations with regard to which resolutions should be sunset. The subcommittee, guided by preparatory work undertaken by the secretariat, shall submit its recommendations to the sixty-first session of the Regional Committee for endorsement.

**DECISION NO. 7      PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE**

The Regional Committee decided to hold its sixty-first session in Tunis, Tunisia from 19 to 22 October 2014.

**Annex 1****Agenda**

- |    |   |                     |
|----|---|---------------------|
| 1. | Opening of the Session  |                     |
|    | (a) Election of Officers  |                     |
|    | (b) Adoption of the Agenda  | EM/RC60/1- Rev.5    |
| 2. | Annual Report of the Regional Director 2012   | EM/RC60/2           |
| 3. | Progress reports on:  |                     |
|    | (a) Eradication of poliomyelitis: regional implications of the endgame strategy   | EM/RC60/INF.DOC.1   |
|    | Urgent action to address the escalating polio emergency that now threatens all Eastern Mediterranean Region Member States                                   | EM/RC60/11          |
|    | (b) Tobacco-Free Initiative   | EM/RC60/INF.DOC.2   |
|    | (c) Achievement of the health-related Millennium Development Goals and global health goals after 2015   | EM/RC60/INF.DOC.3   |
|    | (d) Health systems strengthening: challenges, priorities and options for future action  | EM/RC60/INF.DOC.4   |
|    | (e) Implementing the International Health Regulations (2005)  | EM/RC60/INF.DOC.5   |
|    | (f) Update on emergencies and the impact of the Syrian crisis on health systems in the neighbouring countries   | EM/RC60/INF.DOC.6   |
|    | (g) Road safety   | EM/RC60/INF.DOC.7   |
| 4. | Technical Discussions   |                     |
|    | (a) Regional strategy on health and the environment   | EM/RC60/Tech.Disc.1 |
|    | (b) Towards universal health coverage: challenges, opportunities and roadmap  | EM/RC60/Tech.Disc.2 |
| 5. | Technical Papers  |                     |
|    | (a) Saving the lives of mothers and children  | EM/RC60/3           |
|    | (b) Regional strategy for the improvement of civil registration and vital statistics systems  | EM/RC60/10          |
| 6. | World Health Assembly and Executive Board   |                     |
|    | (a) Resolutions and decisions of regional interest adopted by the Sixty-sixth World Health Assembly and the Executive Board at its 132nd and 133rd Sessions | EM/RC60/4           |
|    | (b) Review of the draft provisional agenda of the 134th Session of the WHO Executive Board  | EM/RC60/4-Annex 1   |
|    | (c) WHO reform:   |                     |
|    | (i) Operational planning and implementation of the programme budget 2014–2015 and development of the programme budget 2016–2017                             | EM/RC60/5           |
|    | (ii) Report of the launch of WHO's financing dialogue   | EM/RC60/6           |
|    | (d) Health in the post-2015 development agenda  | EM/RC60/7           |
|    | (e) International Health Regulations (2005): criteria for additional extension  | EM/RC60/8           |
| 7. | Implementing the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases based on the regional framework for action      | EM/RC60/9           |

8. Review of implementation of Regional Committee resolutions 2000–2011 EM/RC60/INF.DOC.8
9. Report of the first meeting of the Technical Advisory Committee to the Regional Director EM/RC60/INF.DOC.9
10. Awards for 2013
  - (a) Award of the Dr A.T. Shousha Foundation Prize and Fellowship EM/RC60/INF.DOC.10
  - (b) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region EM/RC60/INF.DOC.11
11. Place and date of future sessions of the Regional Committee EM/RC60/INF.DOC.12
12. Other business
13. Closing session



## **Annex 2**

### **List of representatives, alternatives, advisers, of Member States and observers**

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Ms Daad Shoukeh, Counselor for Nursing Affairs  
Ms Montaha Gharaybeh, Secretary-General, Jordanian Nursing Board  
Dr Mamdouh Kheir, Secretary of HRH Princess Muna Al-Hussein  
Mr Rami Khatib, Military Officer

Dr Hussein A. Gezairy  
Professor Otto Cars  
Dr Alan Lopez  
Dr Richard Horton  
Professor Mamdouh Gabr  
Dr Nils Daulaire (accompanied by Ms Linda Hoffman)  
Dr Hossein Malek-Afzali  
Dr Ahmed Mandil

**Annex 3**

**Address by Dr Ala Alwan**

**WHO Regional Director for the Eastern Mediterranean**

**to the**

**Sixtieth session of the Regional Committee for the Eastern Mediterranean**

**Muscat, Oman, 27–30 October 2013**

Your Royal Highnesses, Mr Chairman, Your Excellencies, Ladies and Gentlemen,

It is my great pleasure to welcome you all here today to the sixtieth session of the Regional Committee.

Let me express my appreciation to our host His Highness Haitham Bin Tarik Al Said, Minister of Heritage and Culture, and to the Government of Oman for their kind invitation and for their generous hospitality to all of us here today. Oman has made impressive achievements in health in the past few decades through its sustained commitment to health development and careful planning. The excellent collaboration over the years between WHO and Oman is a model that we aim for with all our Member States, and as Regional Director I extend my particular appreciation to Oman for this admirable achievement.

Let me also thank Her Royal Highness Princess Muna Al Hussein for honouring us with her presence here today and giving a keynote speech. Your Royal Highness, allow me to express our great appreciation for your continued support to WHO programmes and initiatives, regionally and globally, and for your dedication to the cause of the health workforce, in particular in nursing and midwifery.

Ladies and Gentlemen,

During this 60th session of the Regional Committee, we will be reviewing with you what we have collectively achieved so far in the past year, as well as seeking your guidance on what else we need to do, where we should be focusing our efforts and continuing the dialogue on what we need to do together to improve public health in our region. Last year I presented to you for your endorsement the strategic priorities for the Region for the period of my office, together with the key strategic directions. These were the result of considerable consultation with and active engagement from Member States and we were keen to reflect these priorities and strategies in everything we do. Indeed, my annual report, which I will present tomorrow, will reflect what we have done in these areas in the past year.

In each of the strategic priority areas, the secretariat has implemented a full agenda, particularly in the area of health systems strengthening. This is an area that concerns each and every Member State.

There is a growing global momentum also around the concept of universal health coverage. What do we mean by this term? Essentially it is a way of ensuring that everyone can get the health care they need, at an acceptable standard of quality, when they need it and without incurring financial hardship. There are many paths to achieving universal health coverage. But there can be no doubt that a commitment to universal health coverage is the main goal for all health systems.

This is particularly clear for the health of mothers and children. Despite the considerable progress that many countries have made, there are still a number of countries with a high burden of maternal and child mortality. In the past year we have worked with these countries to develop acceleration plans with a view to achieving Millennium Development Goals 4 and 5. Let me express my appreciation for the excellent work that has been achieved by these countries in developing these plans. We will

undoubtedly face challenges in implementing them, both logistic and in resource mobilization, and we will need to address these challenges.

Ladies and Gentlemen,

Our collective health security is of paramount importance to all of us. The International Health Regulations (2005) are an important tool to help us maintain that security. In an era of increasing international trade and travel, and as new threats to public health emerge, the regulations are for the protection of health security around the world. Therefore, it is vital that all the concerned sectors in every country are able to comply with the requirements for implementation by the final deadline.

The emergence of the new coronavirus, Middle East respiratory syndrome (MERS-CoV), is a clear example of why we need the International Health Regulations. Although it has not been declared a public health emergency of international concern, it is correct that we continue to monitor the situation closely and with transparency. This year we organized two international meetings on the subject, during which top international experts discussed a range of technical issues. We still do not know everything we need to know about the MERS-CoV virus and how best to treat it, and we need to develop an effective vaccine. We are working closely with Member States and partners on the issue and will continue to keep you informed.

Let me take this opportunity, in talking about health security, to congratulate the Minister of Health of Saudi Arabia on the successful and healthful conclusion of the *hajj*. We all appreciate very much the efforts made by the Government of Saudi Arabia to ensure the health and safety of the pilgrims.

Polio remains a serious issue. While we have seen a substantial decline in the number of cases in 2013 in 2 of the remaining 3 endemic countries, Afghanistan and Nigeria, compared to 2012, this substantial level of decline has still not been seen in Pakistan. Of greatest concern, there are new polio-infected pockets in new areas of the Region which used to be polio-free and where vaccinators have not been able to reach children for a long time. This poses an increasing international health threat. The continued existence of the virus and its recent transmission to new countries is undoubtedly creating a huge challenge. On our part, we continue to operate on the basis that we face an emergency that is threatening all countries of the world, and all Member States must remain on high alert.

Excellencies, Ladies and Gentlemen

Let me turn to the epidemic of noncommunicable diseases, in particular heart disease, diabetes and cancer, which is affecting all the countries of the Region and taking a growing toll on its people. In parallel, the economic loss for individuals, families and governments is also rising. Unfortunately, we are still focusing on addressing these diseases from the angle of treatment only. Not enough is being done from the angle of prevention and awareness-raising.

Last year, you, the Regional Committee, endorsed a regional framework for action on the commitments of Member States to implement the United Nations Political Declaration. You agreed with us on the vision and the roadmap and you acknowledged that intensive action is needed to implement the high-impact measures to prevent these diseases. You asked us to work on how these measures could be implemented and, thus, this year has seen a series of activities conducted with you, the Member States, on the development of technical guidance. I am pleased that a few countries have already started to implement this guidance but much more needs to be done.

Among the issues that you will discuss this week, let me draw your attention to the challenges of health and the environment which are of great concern. They are hindering achievement of the Millennium Development Goals, and will continue to hinder achievement of long-term health and sustainable development. I look forward to some agreement on moving forward in this area.

Ladies and Gentlemen,

Our Region continues to be a region in which a state of emergency seems almost to have become a way of life. Protracted conflicts and crises have long-term consequences for health. Public health gains accumulated from decades of hard work and investment are wiped away in just a few months. Hospitals and health personnel are targeted as a means of terrorizing local populations. The side-effects of embargoes and economic sanctions deprive patients of vital medicines and services which they need for survival. It is crucial that humanitarian staff be allowed to do their work without threat of personal danger, in accordance with international humanitarian law, and that health care services, medicines and other critical live-saving supplies are given free passage in order to reach those who need them.

Now, we have a major humanitarian situation within the Syrian Arab Republic and its neighbours as the numbers of displaced and refugees continue to rise. This is having severe consequences for the health services of all the countries concerned, and the growing seriousness of the situation for everyone is reflected in the possible re-emergence this month of polio inside Syria which has been polio-free for so many years. I urge you, as health ministers to maintain the solidarity pledged last year to support health care for Syrians inside and outside Syria. We are working with our United Nations partners to reach those whom we can access and who need health humanitarian relief and will continue to strengthen these efforts. In this respect, I would like also to acknowledge the generous contributions from many donors to the relief efforts, with a special gratitude to Kuwait for its generous support to WHO which has enabled us to implement effective health assistance to Syria and neighbouring countries.

Despite the huge challenges facing us, let me salute the heroism and the dedication of the health workers who are providing humanitarian services, sometimes at the risk of their own lives.

Excellencies, Ladies and Gentlemen,

Your session this year focuses on key issues for long-term health development in the Region. At the same time, through the WHO reform process in which you as Member States are all involved, the future of the Organization continues to be reshaped for the demands and requirements of a changing world. My staff in WHO and I are ready to do our part. I urge you to continue to be engaged with this process so that the Organization you wish to see, and that can respond to your needs, is brought about.

I wish you a successful sixtieth session.



**Annex 4**

**Message from Dr Margaret Chan**

**WHO Director-General**

**to the**

**Sixtieth session of the Regional Committee for the Eastern Mediterranean**

**Muscat, Oman, 27–30 October 2013**

I thank the government of Oman for hosting this sixtieth session of the Regional Committee for the Eastern Mediterranean.

Many visitors to Oman come here because of the country's beauty and the hospitality of its people. Others come here to learn, especially about the country's health system and the remarkable results it has produced.

One of the most encouraging trends in public health today is the growing number of countries that have made universal health coverage their goal.

This is a strong endorsement of the need for fairness in access to quality health care.

Universal health coverage is one of the most powerful social equalizers among all policy choices.

It is also a commitment to protect populations from the financial ruin that is so often caused by out-of-pocket payments for health care.

Universal health coverage stresses the need for a comprehensive range of services, including prevention.

This emphasis on prevention is critically important as the region addresses its growing burden of noncommunicable diseases.

The UN Political Declaration on NCDs clearly states that prevention must be the cornerstone of the global response to these diseases.

As your Regional Director has noted, information and awareness campaigns will be needed to tackle the harm that arises from the adoption of unhealthy lifestyles.

During this session, you will discuss the unfinished MDG agenda, and most especially the need to accelerate efforts to save the lives of mothers and children.

You will consider the place of health in the post-2015 development agenda.

On issues of health security, you will look at progress in implementing the International Health Regulations at a time when the Region is aware of the need for vigilance as the new coronavirus continues to emerge.

Polio eradication remains a top concern in the Region. I urge you not to lose heart.

I am very encouraged by the Regional Director's steps to support countries where the virus is still circulating and to promote advocacy and communication in this area.

Governments and their citizens must be on board and convinced of the benefits of finishing the job.

I know the humanitarian situation in Syria and in other countries will be on your minds, especially when you discuss the item on emergencies and the impact of the Syrian crisis on health systems in neighbouring countries.

As you have just heard, the health situation in Syria is dire, and it is deteriorating. Around half of the country's hospitals have been damaged or destroyed.

Under current conditions, more than two million people in urgent need of humanitarian assistance cannot be reached.

More than two million Syrians have left the country to seek refuge in Lebanon, Jordan, Turkey, Iraq, and Egypt. The burden on health services and economies of neighbouring countries is increasing.

Earlier this month, the UN Security Council unanimously and urgently called on all parties to allow humanitarian access to all areas of the country to deliver desperately needed humanitarian assistance.

WHO stands ready to do its part in providing health assistance.

I wish you a most productive meeting.

## Annex 5

### Final list of documents, resolutions and decisions

#### 1. Regional Committee documents

EM/RC60/1-Rev.5	Agenda
EM/RC60/2	Annual Report of the Regional Director 2012
EM/RC60/3	Saving the lives of mothers and children
EM/RC60/4	Resolutions and decisions of regional interest adopted by the Sixty-sixth World Health Assembly and the Executive Board at its 132nd and 133rd Sessions
EM/RC60/4-Annex 1	Review of the draft provisional agenda of the 134th Session of the WHO Executive Board
EM/RC60/5	WHO reform: Operational planning and implementation of the programme budget 2014–2015 and development of the programme budget 2016–2017
EM/RC60/6	Report of the launch of WHO's financing dialogue
EM/RC60/7	Health in the post-2015 development agenda
EM/RC60/8	International Health Regulations (2005): criteria for additional extensions
EM/RC60/9	Implementing the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases based on the regional framework for action
EM/RC60/10	Regional strategy for the improvement of civil registration and vital statistics systems
EM/RC60/11	Urgent action to address the escalating polio emergency that now threatens all Eastern Mediterranean Region Member States
EM/RC60/Tech.Disc.1	Regional strategy on health and the environment
EM/RC60/Tech.Disc.2	Towards universal health coverage: challenges, opportunities and roadmap
EM/RC60/INF.DOC.1	Progress report on the eradication of poliomyelitis: regional implications of the endgame strategy
EM/RC60/INF.DOC.2	Progress report on Tobacco-Free Initiative
EM/RC60/INF.DOC.3	Progress report on the achievement of health-related Millennium Development Goals and global health goals after 2015
EM/RC60/INF.DOC.4	Progress report on the Health systems strengthening: challenges, priorities and options for future action
EM/RC60/INF.DOC.5	Progress report on the implementing the International Health Regulations (2005)
EM/RC60/INF.DOC.6	Update on emergencies and the impact of the Syrian crisis on health systems in the neighbouring countries
EM/RC60/INF.DOC.7	Progress report on road safety
EM/RC60/INF.DOC.8	Review of implementation of Regional Committee resolutions 2000–2011
EM/RC60/INF.DOC.9	Report of the first meeting of the Technical Advisory Committee to the Regional Director

	EM/RC60/INF.DOC.10	Award of the Dr A.T. Shousha Foundation Prize and Fellowship
	EM/RC60/INF.DOC.11	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
	EM/RC60/INF.DOC.12	Place and Date of future sessions of the Regional Committee
<b>2.</b>	<b>Resolutions</b>	
	EM/RC60/R.1	Annual report of the Regional Director for 2012 and progress reports
	EM/RC60/R.2	Universal health coverage
	EM/RC60/R.3	Escalating poliomyelitis emergency in the Eastern Mediterranean Region
	EM/RC60/R.4	Follow-up to the United Nations Political Declaration on the Prevention and Control of Noncommunicable Diseases
	EM/RC60/R.5	Regional strategy on health and the environment 2014–2019
	EM/RC60/R.6	Saving the lives of mothers and children
	EM/RC60/R.7	Regional strategy for the improvement of civil registration and vital statistics systems 2014–2019
	EM/RC60/R.8	Monitoring health situation, trends and health system performance
<b>3.</b>	<b>Decisions</b>	
	Decision 1	Election of Officers
	Decision 2	Adoption of the Agenda
	Decision 3	Committee on credentials
	Decision 4	Award of the State of Kuwait Prize for the control of cancer, cardiovascular diseases and diabetes in the Eastern Mediterranean
	Decision 5	Award of the Down Syndrome Research Prize
	Decision 6	Sunsetting of Resolutions of the Regional Committee
	Decision 7	Place and date of the next session of the Regional Committee

## **Annex 6**

### **Annex to Resolution EM/RC60/R.6**

#### **The Dubai Declaration, 30 January 2013**

#### **Saving the lives of mothers and children – rising to the challenge**

#### **Accelerating progress towards achieving Millennium Development Goals (MDGs) 4 and 5 in the Eastern Mediterranean Region**

We, the Ministers of Health and delegates of countries of the Eastern Mediterranean Region, representatives of United Nations agencies and international, regional and national institutions participating in the high-level meeting on Saving the Lives of Mothers and Children: Rising to the Challenge.

*Recognizing* that universal access to quality health care is a human right – as enshrined in the 1978 Alma-Ata Declaration on Primary Health Care; while

*Recalling* that improving the health of mothers, adolescents and children is key to achievement of development goals, noting that maternal and child health is at the core of multiple international agreements and strategies, including the United Nations Global Strategy for Women's and Children's Health, Global Commitment to Child Survival – A Promise Renewed, and the recommendations of the UN Commission on Information and Accountability for Women's and Children's Health;

*Acknowledging* that still almost one million mothers and children die each year in our countries from mainly preventable causes;

*Noting* that some countries in our Region face critical challenges in improving the situation of mothers, adolescents and children, particularly humanitarian and social crises, and recognizing the widening inequities in access to basic social services for vulnerable populations and resource distribution between and within countries, and inspired by many examples of success in this Region and globally;

**Reaffirm** previous commitments aimed at improving the health of our mothers, adolescents and children and the social development of our countries and

#### **Commit to:**

Implement the regional initiative Saving the Lives of Mothers and Children: Rising to the Challenge to accelerate progress towards MDGs 4 and 5 in our countries, involving key stakeholders, including parliamentarians, community leaders, civil society organizations, private sector, academia and health professionals:

- Develop, launch and execute a national (or, if appropriate, subnational) multisectoral, costed plan for maternal, adolescent and child health with clear coverage targets for an agreed package of interventions across the continuum of care. These include immunization and other preventive services as well as reproductive health care, with clear outcomes and resource allocations as part of the national or subnational health plan;
- Address social and environmental determinants of maternal, adolescent, newborn and child health, such as poverty, gender, water and sanitation, nutrition and education through strengthened multisectoral initiatives including community involvement;
- Take measurable steps to strengthen our health systems and vital statistics, improving information systems for quality of data, particularly through better civil registration; building a skilled

workforce, and improving availability of safe and effective life-saving commodities with a view to removing barriers and bottlenecks and providing equitable access to maternal, adolescent, newborn and child health services;

- Prioritize maternal, adolescent and child health in the design and implementation of humanitarian action and preparedness programmes;
- Establish sustainable financing mechanisms, mobilizing domestic and international resources through traditional and innovative approaches, strengthening regional solidarity and increasing budgets for better health outcomes for all mothers, adolescents and children;
- Improving coordination and accountability between all partners – state and non-state - and promote cooperation between countries within the Region to increase international exchange of experiences on good practices and lessons learned;
- Monitoring progress on the regional initiative Saving the Lives of Mothers and Children: Rising to the Challenge by operationalizing the recommendations outlined in the framework for women's and children's health of the UN Commission on Information and Accountability in support of the UN Global Strategy and related initiatives, and establishing a regional commission on women's, adolescents' and children's health with representation of all concerned institutions to accelerate and track progress on MDGs 4 and 5.

We pledge to accelerate progress on maternal, newborn, child and adolescent health through national action and international cooperation. We hold ourselves accountable for our collective progress towards this goal. And on behalf of all mothers, adolescents and children in the Region, we recommit to give every woman the best opportunity for safe delivery so that every child has the best possible start in life.

