EM/RC62/9-E
December 2015

Report of the

62nd session of the WHO Regional Committee for the Eastern Mediterranean

Kuwait City, Kuwait
5–8 October 2015

World Health Organization
Regional Office for the Eastern Mediterranean

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Contents

1. Introduction

The Sixty-second Session of the Regional Committee for the Eastern Mediterranean was held in Kuwait City, Kuwait from 5 to 8 October 2015.

The following Members were represented at the Session:

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

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

Technical meetings were held on the day preceding the session on subjects of current interest and concern. A summary of the outcomes is included as an annex to this report.

2. Opening session and procedural matters

2.1 Opening of the Session

Agenda item 1

The opening session of the Sixty-second Session of the Regional Committee for the Eastern Mediterranean was held in the Diamond Hall of Sheraton Hotel, Kuwait City, Kuwait on 5 October 2015.

2.2 Formal opening of the Session by the Chair of the Sixty-first Session

The opening session of the 62nd Session of the Regional Committee for the Eastern Mediterranean was held on the evening of Monday 5 October 2015 in the Diamond Ballroom of the Sheraton Hotel, Kuwait City, Kuwait. The session was opened by H.E. Mr Said El Aidi, Minister of Health, Tunisia, on behalf of the outgoing Chair, H.E. Prof. Mohamed Saleh ben Ammar, former Minister of Health, Tunisia. Dr El Aidi said that Tunisia had been honoured to host the 61st session, and thanked the Government of Kuwait for its hospitality in hosting the current session. He recalled the important decisions that had been taken by the Committee the previous year and expressed appreciation for the support given to the countries of the Region by WHO in implementing its recommendations. He looked forward to the meeting and expressed confidence that it would proceed in the usual spirit of consensus.

2.3 Address by Dr Ala Alwan, the Regional Director

The Regional Director, Dr Ala Alwan, thanked the Government of Kuwait for hosting the 62nd session of the Regional Committee. He said that the Committee would review progress in the WHO's work with Member States in the Region based on the five regional strategic priorities endorsed by the Committee in 2012. He noted the impact that continuing conflict and crisis were having on public health in the Region, and the action that WHO had taken to respond effectively. He highlighted the need to build greater and stronger capacity in public health and public health leadership. He noted the challenge of meeting the new sustainable development goals set by the United Nations General Assembly, and expressed his conviction that, despite the extraordinary circumstances of the Region, the Region had the opportunities and capacities to meet the challenge. He thanked Member States for their support.

2.4 Address by Dr Margaret Chan, WHO Director-General

Dr Margaret Chan, WHO Director-General, began her speech with reference to the post-2015 sustainable development agenda, which she said aimed to reshape a different world. She outlined newer threats to health whose root causes lay outside the traditional domain of public health. She noted that MERS and H5N1 posed the biggest threats to global health security since the outbreak of Ebola virus disease in west Africa and unless current efforts improved there remained significant risk for further outbreaks. In the midst of escalating emergency and humanitarian crises, she commended the Region's innovative response, and its solidarity in response to polio outbreaks, but said that more regional solidarity was needed to complete the job of eradication. She praised the emphasis given to health system strengthening and the Region's commitment to universal health coverage, which had been bolstered by systematic efforts to improve systems for civil registration and vital statistics.

2.5 Welcome by the Government of Kuwait

Dr Ali Saad Al-Obeidi, Minister of Health, Kuwait, welcomed participants to the 62nd session of the Regional Committee and expressed Kuwait's honour in hosting this session under the auspices of H.E Sheikh Jaber Al-Mubarak Al-Hamad Al-Sabah, Prime Minister. He said that convening this session in Kuwait demonstrated the solid relations between Kuwait and WHO. He noted the contributions of Kuwait in various health-related initiatives. He pointed out that the meeting came at the same time as the consensus recently achieved by the United Nations General Assembly on the post-2015 development agenda. He referred to health as the engine of sustainable development and the main index to monitor

progress towards achieving the new sustainable development goals. He indicated that health systems should review, update and adjust current strategies and action plans in line with the goals and their targets. He expressed his belief in the Region's capacity to meet the challenges and to develop countries' health systems in line with the new vision. He wished the Committee success in its work.

2.6 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	Dr Ali Saad Al-Obaidi (Kuwait)
Vice-Chair:	Dr Ahmed Al-Saidi (Oman)
Vice-Chair:	Dr Bahar Idris Abu Garda (Sudan)
Chair of technical discussions:	Dr Ali Hysat (Jordan).

2.7 Adoption of the agenda

Agenda item 1(b), Document EM/RC62/1-Rev.2, Decision 2

The Regional Committee adopted the agenda of its Sixty-second Session.

2.8 Decision on establishment of the Drafting Committee

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

- Dr Safaa Abdelgelil (Egypt)
- Dr Magda Mohamed Al-Qatan (Kuwait)
- Dr Mohammad Mehdi Gouya (Islamic Republic of Iran)
- Dr El Fatih Mohamed Malik (Sudan)
- Dr Sihem Bellalouna (Tunisia)
- Dr Saif bin Salem Al-Abri (Oman)
- Dr Jaouad Mahjour (Eastern Mediterranean Regional Office)
- Dr Haifa Madi (Eastern Mediterranean Regional Office)
- Dr Sameen Siddiqi (Eastern Mediterranean Regional Office)
- Dr Arash Rashidian (Eastern Mediterranean Regional Office)
- Dr Hoda Atta (Eastern Mediterranean Regional Office)
- Dr Khaled Saeed (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 2014

Agenda item 2(a), Document EM/RC62/2, Resolution EM/RC62/R.1

Progress reports on eradication of poliomyelitis; universal health coverage; regional strategy on health and the environment 2014–2019; saving the lives of mothers and children; regional strategy for the improvement of civil registration and vital statistics system 2014–2019;

Agenda item 2 (b,f,g,h,i), Documents EM/RC62/INF.DOC.1,2,6–8

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2014 and early 2015. He focused on the progress and challenges in the five strategic priorities for the Region. He highlighted health systems strengthening towards universal health coverage, including health technology, family medicine, medical education, health information systems and public health legislation; maternal and child health, including preconception care and immunization; health security and control of communicable diseases including HIV, malaria

and tuberculosis, Middle East respiratory syndrome (MERS-CoV) and avian influenza H5N1, the International Health Regulations (IHR 2005) and food safety; control of noncommunicable diseases, mental health and substance abuse; and emergency preparedness and response, including polio eradication. He also described recent progress in WHO reform, and in building public health capacity in the Region, including through the initiatives on assessment of essential public health functions, leadership for health and health diplomacy. He said that despite the crises prevailing in many countries, the Organization had continued to deliver on its mandate and the strategic priorities, which would now be aligned with the sustainable development goals endorsed by the United Nations General Assembly.

Representatives expressed support for the Regional Director's report and leadership. They commended the progress made in the five strategic priority areas and drew attention to WHO's work in strengthening health systems, including health information systems, and in emergency response. With regard to humanitarian relief and response, they highlighted a need for more support, including from other Member States, not only for countries in crisis but also for those hosting displaced populations.

Many speakers expressed condolences to those Member States who lost citizens in the recent tragedy during hajj. In light of the tragic event, representatives drew attention to the crucial role of WHO in supporting countries in planning for mass gatherings. WHO support was requested for scaling up national noncommunicable disease surveillance. Other areas for increased focus included disabilities and associated needs for assistive products, and vaccine supply.

Representatives referred to national successes in the areas of health insurance coverage, strategic health planning, new vaccine introduction, outbreak control, maternal and child health, and prevention and control of noncommunicable diseases. There was an expression of concern and solidarity for the situation in Palestine.

Statements were made on behalf of the following observers (in order): Government of Turkey, International Federation of Medical Students' Associations and World Organization of Family Doctors.

The Regional Director responded to the comments of representatives and thanked the countries for the great commitment they had shown to moving forward in the five strategic priorities. He acknowledged the areas highlighted by representatives for additional focus, including disability, vaccine availability and surveillance for noncommunicable diseases. With regard to ongoing humanitarian needs, he drew attention to major funding constraints in the Region and noted that despite increased support from regional donors for emergency work, funding levels represented only 25% of current needs and more support was needed. Polio eradication remained a top priority of WHO. He reiterated the importance of health information systems, noting that all countries in the Region have major gaps in health information. A framework was now in place but much more work was needed to scale up capacity for reliable reporting on indicators.

4. Technical discussions

4.1 Global health security, with special emphasis on MERS-CoV and H5N1

Agenda item 3(a), Document EM/RC62/Tech.Disc.1, Resolutions EM/RC62/R.1 and EM/RC62/R.3

The Regional Adviser, Pandemic and Epidemic Diseases, presented the technical paper on global health security, with special emphasis on MERS-CoV and A(H5N1). He stated that the emergence of MERS-CoV in the Middle East and its continuing transmission since 2012, and the recent surge of human infection from the highly pathogenic avian influenza A(H5N1) virus in Egypt currently posed two of the biggest threats to global health security since the outbreak of Ebola virus disease in west Africa. As the Region became ever more interconnected, so the risk of international spread of diseases

increased. The recent example of the international spread of MERS-CoV highlighted the urgent need to monitor the evolution of transmission risk of the MERS-CoV and A(H5N1) virus, both of which had pandemic risk potential which remained unpredictable. Countries currently affected by these two global health threats needed to contain the transmission and ensure that another global health emergency was averted. The recent cholera outbreak in Iraq also called for vigilance in neighouring countries. In order to be better prepared, all other countries in the Region needed to build, strengthen and maintain their public health systems for prevention, detection and response to emerging health threats, as part of their shared responsibility and collective accountability to protect global health in accordance with the IHR 2005.

The Assistant Director-General, Health Security and Environment, noted that among the many infectious diseases in the Region, the presentation had highlighted four with the potential for worldwide spread. The Ebola virus disease outbreak was an example of what could happen in countries with weak health systems. The outbreak of MERS in the Republic of Korea highlighted the importance of preparedness even in countries with strong health systems.

Representatives drew attention to gaps in knowledge about MERS-CoV and H5N1 and raised a number of questions surrounding the transmissibility of the viruses. The need for research was emphasized and several countries expressed willingness to collaborate with WHO in joint studies. There were suggestions from representatives to share experiences and expertise among countries and to improve epidemiological and laboratory surveillance for seasonal influenza, including avian influenza and MERS, as one package. The need for upgrading laboratories and building capacity of laboratory personnel was also highlighted. It was noted that resistance to control measures for MERS had been a problem among camel herders; prompt risk communication based on the available evidence was key in overcoming such resistance.

The Regional Adviser, Pandemic and Epidemic Diseases, responded to comments and questions raised by representatives. He noted that to date only four laboratory-confirmed cholera cases had occurred in countries neighbouring Iraq, all with a history of travel to Iraq. In regard to MERS, he emphasized the importance of consistent and systematic implementation of all components of infection prevention and control measures in order to prevent nosocomial infection and protect health care workers. He acknowledged there were many knowledge gaps and noted that different countries followed different protective measures for MERS. With regard to H5N1, it was important to maintain vigilance despite the lack of evidence of genetic drift or sustained human-to-human transmission.

The Assistant Director-General, Health Security and Environment, pointed out that changes in the H5N1 virus could not be predicted and therefore preparedness was vital. He emphasized the role of communication and awareness both in helping to overcome public resistance to control measures for zoonoses and in reducing anxiety among health care workers. WHO was supporting efforts to identify appropriate studies to close existing knowledge gaps and to disseminate the results quickly for effective global response.

4.2 From the Millennium Development Goals to sustainable development goals in the post-2015 development agenda

Agenda item 3(b), Document EM/RC62/Tech.Disc.2, Resolution EM/RC62/R.1

The Director, Health Protection and Promotion, presented this technical paper. She noted that while Member States in the Region had made substantial progress towards achievement of the health-related Millennium Development Goals (MDGs), progress had been variable both across and within countries. On 25 September 2015, the United Nations General Assembly had adopted a new development agenda for 2016–2030, including the 17 sustainable development goals (SDGs), with their 169 associated targets supported by the three pillars of sustainability: economic development, environmental protection and social equity. Goal 3 specifically aimed to “Ensure healthy lives and promote well-being for all at all ages” through its nine targets addressing the unfinished agenda of the MDGs, the rising burden of noncommunicable diseases, including road traffic accidents, and cross-

cutting and systems-focused targets, including universal health coverage and environmental health. However, health cut across the majority of the other SDGs that addressed the social determinants of health. She said that the success of the SDGs in the Region would require strong political commitment, adequate funding mechanisms, the adoption of an inclusive and multisectoral approach, the use of new health technologies and the harmonization of regional targets and indicators with those of the SDGs.

Representatives welcomed the SDGs, noting the opportunity they presented for multisectoral action on the social determinants of health and to include health in all policies. However, the number and broad scope of the SDGs called for the implementation of multisectoral action, which would be challenging. Structures and mechanisms were needed in order to develop regional and national action plans and to oversee their implementation. In particular, mechanisms for multisectoral coordination were required. WHO technical support for countries was called for to help them develop these, and to facilitate the sharing of experiences and lessons learnt, including from work on the MDGs. Accountability mechanisms were needed, with regular monitoring and assessment of progress, including process indicators. It was pointed out that existing timelines needed to be revised and harmonized with those of the SDGs. Financing mechanisms were also needed. It was observed that undertaking consultation when developing plans would lead to ownership and political commitment. It was hoped that the fragmentation and duplication that was seen with the MDGs would be replaced by greater coordination and complementarity.

Representatives noted that regional and country priorities would differ, for instance regarding noncommunicable diseases and between countries of different levels of development, and that there were specific regional challenges related to emergencies, the impact of climate change and population movements within and between countries. There was therefore a need to conduct a situation analysis for each country. It was acknowledged that existing strategies and action plans related to Goal 3 targets were still relevant and would need to be harmonized and aligned with the SDG targets. WHO support was also needed for the updating of legislation.

A statement was made by the following observer: International Federation of Medical Students' Associations.

The Regional Director noted that while WHO had already been organizing meetings on the SDGs, including with non-health sectors, there was a need now to focus on implementation. He acknowledged that the number of SDGs and their associated targets could seem overwhelming for countries. However, it had been a great achievement that the new health SDG was more focused and encompassed regional priorities not included in the MDGs such as universal health coverage, noncommunicable diseases and injuries. This would support the work that countries and WHO were already undertaking in these areas, with clear visions and road maps existing for many of them. Although timeframes differed between SDGs and existing plans, the current trends supported their alignment. However, there was a need to ensure that the indicators for the SDGs and regional plans were consistent, and this would be done over the next few months. He also said that it was good to see the inclusion in the SDGs of areas on which the Region needed to make progress, such as injuries and environmental health, including the impact of climate change on health and water and sanitation.

The Director, Health Protection and Promotion, highlighted the need to tailor regional plans and frameworks at the national level according to country priorities. She said there was a need now for action at country level, adopting a multisectoral partnership approach.

5. Technical matters

5.1 Implementation of the United Nations General Assembly Political Declaration on the Prevention and Control of Non-communicable Diseases

Agenda item 2(d), Document EM/RC62/INF.DOC.3, Resolution EM/RC62/R.2

The Director, Prevention of Noncommunicable Diseases, WHO headquarters, presented the WHO Noncommunicable Diseases Progress Monitor 2015, which had been launched the previous week. The Monitor tracks the extent to which countries are implementing their commitments to develop national responses to the global burden of noncommunicable diseases. It uses the 10 process indicators which will be used to track the progress by Member States in the lead-up to the 2018 High-level Meeting on Non-Communicable Diseases at the United Nations General Assembly. Member States in the Region have made some progress but more still needs to be done. There is a need to scale up action on noncommunicable diseases in the Region, including on the "best buys" and "good buys". A major achievement is the inclusion of noncommunicable diseases in the recently endorsed SDGs, with targets that align with those of WHO. This was a watershed moment, he said, but concerted efforts would be needed to meet the agreed targets.

The Director a.i, Noncommunicable Diseases and Mental Health, presented on implementation of the United Nations Political Declaration on the Prevention and Control of Non-communicable Diseases. He noted that despite the progress made in the Region, more still needed to be done in the areas of governance, surveillance, health care and prevention of risk factors for noncommunicable diseases. In particular, more still needed to be done in the areas of promoting physical activity, tobacco control, reduction of salt and elimination of industrially produced trans-fats and replacing saturated fatty acids with polyunsaturated fatty acids in food, and implementing the International Code of Marketing of Breast-milk Substitutes. A WHO initiative had recently been launched to strengthen linkages with civil society in preventing the marketing of unhealthy food and beverages to children.

Dr Judith Mackay, Senior Policy Adviser, WHO, presented on tobacco control in the Region. She noted that tobacco prevalence was increasing in the Region, particularly among young people. This would have serious health and economic costs for tobacco users, employers and governments. The tobacco industry was involved in concerted interference in tobacco control and it was important to dispel the myths that tobacco was a benefit to the economy. WHO had evidence on what worked in tobacco control, including tobacco taxation, which was an area countries needed to improve on, she said. It would be necessary for countries to adopt and implement the MPOWER policies to the highest level if they were to reach the agreed targets.

Representatives agreed on the need for a multisectoral approach to noncommunicable diseases, involving ministries and bodies beyond the ministry of health, including those for education, trade, industry, finance, food and local government. Greater WHO technical support was called for by representatives for capacity-building in areas traditionally outside the scope of the health sector, such as tobacco taxation. WHO needed to engage with ministries of finance at the national, regional and global levels to effectively make the economic argument for increased tobacco taxation. There was a need to clarify the situation on the ability of countries to impose taxes on tobacco products, as concern was expressed that this could contravene international trade agreements. Representatives also called for WHO to provide support for capacity-building and coordination among Member States in the Region, and to facilitate the sharing of experiences and lessons learnt. Some representatives asked for further discussion and support from WHO on their progress monitoring requirements. Concern was expressed over the availability of funding for WHO support to countries, given the increased need for support in Member States.

It was pointed out that there were particular issues in noncommunicable disease control in the Region for refugees and internally displaced people. Noncommunicable disease control in refugee/internally displaced people camps, including early detection of hypertension and diabetes, was noted as a particular challenge. It was suggested that these factors needed to be taken into account when

monitoring progress on indicators. The need to include non-cigarette forms of tobacco, such as naswar and tombac, in tobacco control was highlighted by several representatives, as was the need to address the increasing numbers of homemade cigarettes becoming available in countries. A need for more detailed country data, from credible sources such as WHO, was noted by some representatives, as was the need for noncommunicable disease control-related research. The need for noncommunicable disease control programmes at the national level and for noncommunicable disease control to be integrated in primary health care was also pointed out. The inclusion of noncommunicable disease control in the education curricula of human resources for health was also felt to be needed.

Statements were made by the following observers (in order): Government of Turkey, United Nations Development Programme (UNDP), International Federation of Medical Students' Associations and International Atomic Energy Agency (IAEA).

The Director, Department for Prevention of Noncommunicable Diseases, WHO headquarters, pointed out that unless a whole-of-government approach was taken it would be difficult to advance in many areas, including tobacco taxation and salt reduction. He clarified that World Trade Organization agreements covered import duties and that countries could impose domestic excise taxes without contravention of such agreements. He noted that overseas development aid could provide catalytic funding for noncommunicable diseases control, now that they were included on the development agenda, however national funding was essential for sustainability.

The Director a.i, Noncommunicable Diseases and Mental Health, acknowledged the key role of multisectoral coordination and the involvement of civil society, patients and their families in noncommunicable disease control. There was a need to build capacity in WHO and countries, and to share experiences. Surveillance mechanisms were needed based on the three pillars of global monitoring framework for noncommunicable diseases. He noted the need for greater access to cancer detection and treatment in the Region.

Dr Judith Mackay clarified that the WHO Framework Convention on Tobacco Control (FCTC) covered all tobacco products and would include e-cigarettes in the future, and took a whole-of-government approach. However, she noted that ministries of trade and finance, globally, did not view health as part of their remit. The response to the illicit trade in tobacco was to accede to the WHO FCTC protocol on illicit trade and improve the effectiveness of enforcement and tracking and tracing mechanisms were being improved, she said.

The Regional Director clarified that WHO had increased its capacity, including financial and human resources, for noncommunicable disease control at the country and regional level in order to meet the needs of countries. The What Is Needed Now (WINN) initiative would soon be launched to provide specific technical support for tobacco control. He said that WHO would support the Gulf Cooperation Council countries on tobacco taxation to achieve a breakthrough in this area, and noted the importance of addressing homemade tobacco and tobacco marketing. He highlighted the need to include noncommunicable disease control in medical and other health professional education, integrate noncommunicable disease control in primary health care and address the huge gap in access to cancer diagnosis and treatment. Engaging civil society and working with United Nations agencies and international organizations to place noncommunicable diseases on the development agenda was also needed, and WHO has started to strengthen these linkages.

5.2 Assessing and monitoring the implementation of the International Health Regulations (2005): meeting the 2016 target

Agenda item 4(c), Document EM/RC62/8, Resolution EM/RC62/R.3

The Director, Programme Management, presented the technical paper on assessing and monitoring the implementation of the International Health Regulations (2005): meeting the 2016 target. He noted that while countries in the Region were progressing in the implementation of IHR core capacities, the Ebola preparedness assessment missions to countries, conducted towards the end of 2014, had raised

concerns on the reliability of the self-assessments conducted by Member States. Inadequate levels of preparedness had been found, including among States Parties that had previously announced having met the deadlines for implementation of the core capacities required by the IHR (2005). In response to these concerns, a new approach was proposed for the assessment and monitoring of the development and maintenance of the required capacities. This would involve the creation of an independent body, the IHR Regional Assessment Commission, to oversee IHR implementation in the Region, supported by a regional IHR task force composed of experts to ensure harmonized implementation in line with the recommendations of the Commission.

Representatives acknowledged that country assessments to monitor progress towards implementation of IHR (2005) core capacities were a vital tool in ensuring better preparedness to respond to emerging health threats. They requested WHO's continuing technical support and underscored the need for greater financial resources, and in some countries, development of legislation to achieve the essential requirements for implementation of the core capacities, particularly in regard to points of entry. Countries expressed support for establishment of an IHR regional assessment commission and regional IHR task force.

The Director, Programme Management, said that the findings of the joint Ebola assessment missions had been prepared by WHO for distribution to all countries.

The Assistant Director-General, Health Security and Environment, said that WHO was examining ways in which to improve support to countries in conducting assessments and to collaborate through bilateral and multilateral initiatives. The Organization was also developing an information portal to collect information in order to facilitate this collaboration, which would signal a major shift in the way in which assessments would be conducted. In two weeks' time, a meeting in Lyon, France, would be held to discuss how to improve the assessment process using the IHR assessment protocol.

The Regional Director expressed concern at the magnitude of discrepancies revealed by the findings of the Ebola assessment missions related to preparedness and response capacities, compared with the results of the earlier self-assessment done by the countries. Similar gaps had been identified in the recently conducted food safety assessment and profiling missions. He said that more objective assessments were needed for a clear and accurate picture of the level of preparedness and implementation of core capacities required under the IHR (2005). WHO would start work immediately and send proposals to Member States for consideration. This would require additional resources, particularly human resources.

5.3 Emergency preparedness and response

Agenda item 2(c), Document EM/RC62/INF.DOC.2, Resolution EM/RC62/R.1

The Director, Programme Management, reviewed progress on emergency preparedness and response. He stated that the Region was facing humanitarian crises of an unprecedented scale, with more than half of the countries and 60 million people in the Region affected by emergencies and in need of humanitarian aid. The Region was hosting 6 million registered refugees and 21 million internally displaced persons. The Syrian Arab Republic, Iraq and Yemen had all been designated as Level 3 crises – the highest level on the emergency scale. Lack of funding was a challenge impeding the health response. To ensure organizational capacity and flexibility to respond in an evolving environment, WHO was reviewing the way it worked in emergencies to be better equipped to respond to prevailing needs. Following adoption of resolution EM/RC61/R.1, WHO had established a regional emergency solidarity fund and advisory group, expanded the roster of trained experts and established a dedicated humanitarian logistics hub to support a timely response to emergency events in the Region. It had recently restructured the regional emergency preparedness and response functions and scaled up its capacity to address the increasing magnitude of emergencies and humanitarian crisis in the Region.

Representatives drew attention to the challenges posed by natural disasters in the Region, which required the engagement of all sectors, including security forces. They highlighted the importance of adopting an all hazards approach to emergency preparedness and response. Training was needed to improve capacity of public health laboratories. Reference was made to climate change, which was projected to incur high rainfall across East Africa, and increase the already high incidence of malaria, acute watery diarrhoea and cholera, measles and other diseases, as people were forced to resort to unsafe and unclean water sources.

Representatives commended WHO's response to emergencies but also noted that lessons must always be learnt to improve the response to emergency situations. The Region was facing many non-endemic threats and efforts must be harmonized to improve readiness and response. Representatives expressed the view that greater focus was needed on preparedness efforts.

Statements were made on behalf of: the International Organization for Migration, the General Secretariat of the Arab Red Crescent and Red Cross Organization, and the International Alliance of Patients' Organizations.

The Director Programme Management highlighted that the focus of the previous year's Regional Committee had been on response, insofar as much work had already been done in preparedness in relation to implementation of IHR core capacities.

The Regional Adviser, Emergency Response and Operations, reassured representatives that WHO only deployed multicultural and multidisciplinary teams. She said that multisectoral approaches were essential in addressing health and WHO would strengthen collaboration with all sectors, including food and water and sanitation. She also underlined the need to strengthen collaboration with the Red Cross and Red Crescent societies.

The Assistant Director-General, Polio and Emergencies, said that in the past 12 months major lessons had been learnt, lessons which had underpinned the reform and restructuring process. He emphasized the centrality of emergency preparedness and response in WHO's work and said that adoption of an all hazards approach was essential. Preparedness had to be embedded in health system strengthening to sustain gains, such as reductions in infant and maternal mortality, and planning processes had to address protracted crises. It was also essential that disaster management fully integrated infectious disease threats. He praised the extraordinary vision of the Regional Director in the reform and restructuring process and the engagement of Member States and said that changes were aligned with the larger emergency reform agenda of the Organization.

The Regional Director stressed the importance of integrating work on the other four regional strategic priorities into emergency preparedness and response efforts. He emphasized the importance of providing people with life-saving interventions for noncommunicable diseases, such as diabetes and cancer, in crisis situations and said that WHO had also been recruiting people with experience in emergencies to work in the area of noncommunicable diseases. He made reference to the surge capacity training that would take place in December in Tunis and emphasized that strengthening capacity in emergency preparedness and response relied on strengthening collaboration with other organizations.

5.4 Review of medical education: challenges, priorities and a framework for action

Agenda item 4(a), Document EM/RC62/3, Resolution EM/RC62/R.4

The Director, Health System Development, presented the technical paper on review of medical education: challenges, priorities and a framework for action. He observed that health system strengthening for universal health coverage was one of the five regional strategic priorities, and that human resource development was the backbone of any health system. Quality medical education was therefore essential for any well performing health system. In 2013, WHO initiated a review to identify challenges, priorities and develop a framework for action for reforming medical education in the

Region. The Eastern Mediterranean Medical Education Study had mapped medical schools, reviewed medical curricula, identified outputs and outcomes, and determined challenges and priorities. It found that the number and density of physicians in the population had increased significantly in the Region between 1990 and 2013 in the majority of countries, and there had been a rapid increase in the number of medical schools, including private medical schools. The major challenge was to ensure the quality of medical education. A regional framework for action was therefore proposed that identified strategic priorities and outlined short- and long-term actions for countries and for WHO support towards the reform of medical education. The Regional Committee was invited to consider the evidence for reform and endorse the regional framework for action to strengthen undergraduate medical education in the Region.

Dr Charles Boelen, International Consultant in Health System and Personnel, emphasized the importance of integrating social accountability into medical education in order to assure greater impact on health. He pointed out that excellence in medical education did not necessarily translate into positive health outcomes, and it was therefore essential to consider the mission of medical schools and to include social accountability in accreditation standards. He identified key actions for ministers of health in support of social accountability in medical education, including promoting social accountability with colleagues, supporting accreditation focusing on social accountability and rewarding medical schools that were socially accountable. Key actions for deans of medical schools were to set up an advisory body and build capacity on social accountability and to ensure relevant practical experience for students such as though contracting with a catchment area to co-manage health.

One of the major challenges highlighted by representatives was weak communication with other sectors, particularly ministries of higher education. Other important challenges included lack of teaching hospitals and resources and inadequate training of teaching faculty. Representatives highlighted the importance of accreditation but noted it was a long and costly process for which continued WHO support was needed. It was noted that the framework should include a focus on equity in medical education, namely geographical access to schools and affordability of medical education for minorities and low-income applicants. Several representatives also noted a need for more focus on professionalism.

It was emphasized that medical education could not be transformed without major changes in curricula to reflect a focus on current needs. Updated curricula were also needed in post-graduate and continuing medical education as well as in nursing and allied health professions. The need for sound management and effective business models for medical education was noted. Representatives requested support and guidance from WHO in the areas of standards and criteria for medical schools, development of continuing medical education systems, curriculum reform and retention of medical personnel.

Statements were made on behalf of the following observers (in order): Arab Board of Health Specializations, International Federation of Medical Students' Associations, International Diabetes Federation, Arabization Center for Health Sciences, World Organization of Family Doctors and Health Ministers' Council for the Cooperation Council States.

The Director, Health System Development, confirmed that similar work to the review of undergraduate medical education was being conducted on post-graduate, continuing education and allied health workers' education, as well as work to align with the ongoing work on production of family physicians.

The Regional Director noted that there was consensus on the importance of accreditation and he encouraged Member States to include accreditation of medical education in their programme of collaborative work with WHO for 2016–2017. He noted the gaps between current curricula compared with the regional strategic priorities identified by ministers of health for all countries and emphasized the need to address curriculum reform to ensure medical education was meeting the needs of countries. He noted that WHO needs to work on guidance for Member States on how to include relevant aspects of global and regional strategies into curricula. He emphasized the importance of

standards and criteria for all medical schools, of updating existing standards in collaboration with relevant international bodies, of revisiting the WHO Code of Practice for International Recruitment of Health Personnel and of national health policies on health professions education. In regard to intersectoral communication, he noted the important role of meetings between ministries of health and of higher education.

5.5 Scaling up mental health care: a framework for action

Agenda item 4(b), Document EM/RC62/4, Resolution EM/RC62/R.5

The Director a.i., Noncommunicable Diseases and Mental Health, presented the technical paper on scaling up mental health care: a framework for action. He noted the high rates of mental disorder and low treatment rates globally and regionally, particularly in less developed countries. The relatively high rates in the Region were largely due to the complex emergencies it was experiencing. The treatment gap was mainly due to the scarcity of human and financial resources, inequities and inefficiencies in the distribution and use of services, and the stigma associated with mental disorders. To address this, the Sixty-sixth World Health Assembly had adopted a comprehensive mental health action plan 2013–2020, setting out a vision and roadmap for mental health for countries, with specific actions for Member States and for international and national partners with agreed targets and indicators. In order to operationalize this vision and roadmap, a regional framework for scaling up action on mental health was proposed that identified high impact, cost-effective, affordable and feasible strategic interventions, or "best buys", across the domains of governance, health services, promotion and prevention, and surveillance, monitoring and research, as well as a set of indicators to monitor progress in implementing the interventions. The Regional Committee was invited to endorse the regional framework for scaling up action on mental health in countries of the WHO Eastern Mediterranean Region.

The Regional Director pointed out that WHO had drawn on the experience of the noncommunicable disease programme in developing their work on mental health, with a focus on high impact action. He highlighted that the proposed best buys were intended for all countries, irrespective of development status, and were evidence-based, effective and affordable. Moreover, countries needed to develop national programmes comprising governance, health services, promotion and prevention, and surveillance and monitoring components, he said. By doing these things, any country could make a difference in mental health.

Representatives welcomed the regional framework for action and WHO technical support on mental health. Many countries identified mental health as a priority and those that had not already developed national plans for mental health expressed their desire to do so. There was broad support for integrating mental health into primary health care, and many countries had already made progress in this. The training of health staff and development of guidelines were needed in support of this. Access to often expensive psychotropic medicines was a challenge for many countries, and some representatives noted that mental health needed to be covered by health insurance schemes. The need to address mental health in emergencies was highlighted by many representatives, including services for refugees and internally displaced people. The need to address stigma was also identified as a key priority, and involving civil society and communities was viewed as critical in this. Child psychiatry was identified as another gap. Several representatives identified the need to scale up action on substance abuse, including among young people. The need for country-specific information on mental health was also identified.

The Director a.i., Noncommunicable Diseases and Mental Health, emphasized that mental health was a cornerstone for health in general. He noted that interventions to reduce stigma existed and that policies and legislation were needed to protect the rights of people with mental health disorders. He stressed that a multilayered approach to mental health in emergencies was required and that standardized and field tested tools are available. He said that mental health should be a part of the training of all health professionals and a priority for integration into primary health care. Another

priority for the Region was the development of mental health services for children and adolescents. He clarified that substance abuse was an important issue, but was being addressed through a separate regional framework currently being developed.

The Regional Director noted that the regional mental health framework for action was based on WHO's global comprehensive mental health action plan 2013–2020 and contained cost-effective interventions that were high impact and feasible. He called on all countries, of whatever income level, to take action to implement the framework.

5.6 Prevention and control of viral hepatitis

Agenda item 7, Document EM/RC62/7

The Regional Adviser, AIDS and Sexually Transmitted Diseases, said that viral hepatitis was a leading cause of chronic disease and mortality. In the Eastern Mediterranean Region, it was estimated that 170 million people were infected with HBV and 17 million with HCV. Responding to the call of the World Health Assembly resolution on hepatitis in May 2014 (WHA67.6), the WHO Global Hepatitis Programme was currently developing a global strategy on the prevention and control of viral hepatitis infection, in consultation with national, regional and global stakeholders. The strategy positioned the health sector response to viral hepatitis within the context of universal health coverage and the post-2015 health and development agenda and targets. The draft strategy set out an ambitious set of targets for 2030 that paved the way for the elimination of viral hepatitis as a public health problem and identified the national action required to reach those targets. Specifically, the draft strategy aimed to achieve by 2030: a 90% reduction in new cases of chronic hepatitis B and C; a 65% reduction in hepatitis B and C deaths; and 80% of treatment eligible persons with chronic hepatitis B and C infections treated. The global strategy on hepatitis would be presented to the 69th World Health Assembly in May 2016 for endorsement.

The Representatives of Egypt said that Egypt had made a breakthrough in obtaining originator sofosbuvir (Gilead) for a negotiated price of approximately US$ 800 per 12-week treatment course in the public sector. As a result, Egypt was rapidly scaling up treatment of HCV infection with the target of treating 2 million people by 2018.

Representatives expressed concern over affordability of providing treatment, and of the ethics of prioritizing treatment to those with chronic infection but denying early stage treatment as a result of cost. WHO was requested to provide technical support to countries in conducting assessments to determine prevalence and in developing national plans to achieve the targets for 2030.

The Regional Adviser acknowledged representatives' concerns over the affordability of providing treatment and preventing new infections. Emerging competition between companies producing generic medicines would lower prices over time. WHO would provide support to countries in negotiating lower prices but this process would likely prove more difficult for higher income countries and those with lower prevalence of infection among their populations. She highlighted the importance of preventing transmission and raising community awareness of unsafe practices, such as sharing injection equipment and tattooing. Prevention efforts required investment but could also prove beneficial in addressing other diseases.

5.7 Update on polio eradication in the Region

Agenda item 2(b), Document EM/RC62/INF.DOC.1

The Manager, Polio Eradication and Emergency Support, updated Member States on the status of polio eradication in the Region. He said that the objectives of the polio eradication and end game strategic plan (2013–2018) were to: detect and interrupt all polio transmission; strengthen routine immunization and introduce one dose of inactivated polio vaccine and withdraw oral polio vaccine; contain poliovirus and certify the interruptions of transmission; and plan the polio legacy. The Region was currently the only region in the world reporting wild poliovirus. In 2015, only Pakistan and

Afghanistan reported cases. He said that the priorities for the next six months were to stop transmission; consolidate improvements to immunization coverage and surveillance; and for all countries to enhance preparedness and response plans, and prepare for tOPV-bOPV switch. The world was well placed to eradicate polio globally within 6 to 9 months. To achieve this goal, national emergency action plans for polio eradication in Afghanistan and Pakistan should be fully implemented. The actions of other Member States were also crucial in these final stages of global eradication to support Pakistan and Afghanistan and keep the Region polio-free.

Representatives of both endemic countries expressed high-level commitment to stop polio transmission, develop emergency action plans and establish emergency support centres to coordinate polio eradication activities. Representatives raised concern over the availability of good quality bOPV vaccine due to possible shortages in reserves as a result of the demand due to the switch. Representatives of countries in crisis said that lack of funding, insecurity, movement of refugees and internally displaced populations, and destruction of warehouses and hospitals had all posed challenges to polio eradication efforts. It was suggested that efforts undertaken at borders to prevent transmission of polio could be replicated within provinces.

The Manager, Polio Eradication and Emergency Support, recognized the valid concerns of countries and assured them that WHO would work with each country individually to ensure the availability of high quality vaccines in time for the switch from tOPV to bOPV. This was a global responsibility in line with the polio eradication and end game strategic plan. The final recommendation on the date of the switch from tOPV to bOPV will be made in the upcoming meeting in October 2015 of the Strategic Advisory Group of Experts (SAGE) on immunization in Geneva. Global certification of eradication could only be declared when national certification committees in the Region could demonstrate the absence of wild poliovirus transmission for at least three consecutive years in the presence of certification standard surveillance. Pakistan and Afghanistan had developed national plans and were identifying strategies to interrupt transmission by mid-2016.

6. WHO reform and programme and budget matters

6.1 WHO financing dialogue

Agenda item 5(d)

The Director a.i., Coordinated Resource Mobilization, WHO headquarters, presented information about the WHO Financing Dialogue 2015 which would take place in Geneva on 5–6 November. The event aimed to discuss the financing of WHO in light of its role in contributing to the SDGs, examine future plans in key priority areas and review progress towards full funding of the 2016–2017 programme budget. He reviewed several ways in which countries could contribute to public health funding in the Region and globally and introduced a new web portal that provides transparent information on WHO's budget, funding and financial flows: extranet.who.int/programmebudget/.

Several representatives expressed the need for allocation of more resources to countries, especially countries in protracted crisis. An increase in assessed contributions was reaffirmed as a key way to ensure sustainable increase in WHO's budget. Good coordination among United Nations agencies was highlighted as critical in order to avoid duplication of efforts and resources.

The Director a.i., Coordinated Resource Mobilization, in response to comments of representatives, noted that funding and budget allocation were separate processes and that the draft programme budget 2018–2019 would be discussed by the Regional Committee in 2016. He noted that consensus had not yet been reached with regard to increasing the assessed contributions but pointed out that such an increase would not preclude the need for voluntary contributions. He said that while the scale of assessments was decided by the United Nations in New York, the amount of assessed contributions was set by the World Health Assembly. He agreed that coordination within the United Nations system was vital to ensure optimal use of resources.

The Regional Director noted that other Member States around the world were now joining the countries of the Region in calling for an increase in assessed contributions. In May this year the World Health Assembly had approved an 8% increase in the overall budget but without increasing the assessed contributions. He pointed out that for the 2016–2017 biennium the budget allocation had increased for country offices relative to the Regional Office. He urged countries to ensure that key national development agencies and philanthropic foundations were aware of the upcoming Financing Dialogue and invited to participate. All countries were encouraged to be more engaged in discussions on WHO's budget and on the financing of global health as a whole.

7. Other matters

7.1 Resolutions and decisions of regional interest adopted by the Sixty-eighth World Health Assembly and the Executive Board at its 136th and 137th Sessions

Review of the draft provisional agenda of the 138th Session of the WHO Executive Board

Agenda item 5(a,b), Documents EM/RC62/5, EM/RC62/5-Annex 1

The Director, Programme Management, drew attention to the resolutions adopted by the Sixty-eighth World Health Assembly and the 136th and 137th sessions of the Executive Board. He urged Member States to review the actions to be undertaken by the Regional Office and to report their own responses. He then presented the draft provisional agenda of the 138th session of the WHO Executive Board and requested comments thereon.

7.2 Global vaccine action plan

Agenda item 5(c), Document EM/RC62/6, Resolution EM/RC62/R.1

The Regional Adviser, Vaccine Preventable Diseases, presented the global vaccine action plan (GVAP). She said that the GVAP was a framework approved by the World Health Assembly in May 2012 to achieve the Decade of Vaccines vision by delivering universal access to immunization. The goals of the Decade of Vaccines were to: to achieve a world free of polio; meet vaccination coverage targets in every region, country and community; meet global and regional elimination targets; develop and introduce new and improved vaccines and technologies; and exceed the MDG 4 target to reduce child mortality. The Eastern Mediterranean vaccine action plan (2016–2020), developed in response to resolution WHA65.17, represented a framework for implementation of the GVAP. The regional plan adopted the guiding principles and strategic objectives of the GVAP and proposed strategies for its implementation based on regional specificities.

Participants highlighted the importance of ensuring vaccine supply, especially supply of OPV. They referred to the need for ensuring equity and sustainability in access to vaccines, including new vaccines, and requested a mechanism, such as pooled procurement, for middle-income countries to buy their vaccines at affordable rates. Other concerns raised included the growth of antivaccine resistance through social media and the feasibility of the target of measles elimination by 2020.

The Regional Adviser, Vaccine Preventable Diseases, emphasized the need for countries to register with all producers of prequalified vaccine. With regard to procurement, she highlighted the importance of providing WHO with information about prices to inform its negotiations with pharmaceutical companies. She pointed out that the regional action plan included several strategic approaches for countering antivaccine resistance in the Region and stressed the need to give prominence to such approaches in national plans. With regard to the measles elimination target, she noted that several countries were very close to reaching the target and that interrupting measles transmission required only high quality supplementary immunization activities.

The Director, Programme Management, referred to the proposal for a pooled procurement mechanism and noted that the first step was procurement through UNICEF. To date only four countries were participating, and more volume was needed in order to influence pricing. WHO was also working

with Gavi to explore other mechanisms for middle-income countries to procure vaccines at affordable rates.

The Regional Director reiterated the need for more countries to come forward and participate in procurement through UNICEF. He pointed out that in addition to joint efforts with Gavi, WHO was also working with the Pan American Health Organization to adapt its pooled procurement mechanism for use in the Region.

7.3 Award of Dr A.T. Shousha Foundation Prize and Fellowship

Agenda item 8(a), Document EM/RC62/INF.DOC.10

The Dr A.T. Shousha Foundation Prize for 2015 was awarded to Dr Yagob Yousef Al Mazrou (Saudi Arabia) for his significant contribution to public health in the geographical area in which Dr Shousha served the World Health Organization.

7.4 Place and date of future sessions of the Regional Committee

Agenda item 9, Document EM/RC62/INF.DOC.13, Decision 8

The Regional Committee decided to hold its Sixty-third Session at the Regional Office in Cairo, Egypt, from 3 to 6 October 2016 and the Sixty-fourth Session in Islamabad, Pakistan.

8. Closing session

8.1 Review of draft resolutions, decisions and report

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

8.2 Adoption of resolutions and report

The Regional Committee adopted the resolutions and report of the Sixty-second session.

8.3 Closing of the session

Agenda item 11, Decision 9

The Regional Committee decided to send a telegram of gratitude and thanks to His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al Sabah, Amir of Kuwait for his kind hosting of the Sixty-second Session of the Regional Committee and for the great care and hospitality extended to all participants.

9. Resolutions and Decisions

9.1 Resolutions

EM/RC62/R.1 Annual report of the Regional Director for 2014 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 2014 and the progress reports requested by the Regional Committee;[1]

Recalling previous resolutions on the actions required in relation to the regional strategic priorities endorsed by the Regional Committee in 2012;

Acknowledging the progress made and the continuing challenges and gaps in relation to the regional strategic priorities;

Concerned at the continuing threats to global health security;

1. **THANKS** the Regional Director for his report and for his efforts to improve WHO's impact and effectiveness in the strategic priority areas, especially in the area of emergency preparedness and response;

2. **ADOPTS** the annual report of the Regional Director for 2014;

3. **ENDORSES** the Eastern Mediterranean vaccine action plan and the regional malaria action plan 2016-2020;

4. **URGES** Member States to:

   4.1 Develop or update national reproductive, maternal, neonatal, child health strategic plans in accordance with the United Nations global strategy on women's, children's and adolescents' health;

   4.2 Accelerate action to improve quality of civil registration and vital statistics, and especially cause-of-death registration, in light of the assessments conducted in collaboration with WHO;

   4.3 Update the national multiyear plans for immunization based on the Eastern Mediterranean vaccine action plan, and strengthen the structure and managerial capacity of the national immunization programme at all levels;

   4.4 Update the national plans in line with the regional action plan for malaria 2016-2020;

   4.5 Strengthen measures for detection of, response to and mitigation of public health threats from MERS-CoV and avian influenza A(H5N1), including through better coordination between countries;

   4.6 Continue, and intensify, efforts to develop a vision, strategy and roadmap based on the regional framework for action on advancing universal health coverage in the Eastern Mediterranean Region and monitor implementation;

   4.7 Assess inequities in health and their related social determinants, identify priority actions and monitor progress.

[1] EM/RC62/2, EM/RC62/INF.DOC1–8

5. REQUESTS the Regional Director to:

5.1 Maintain partnership at regional and country level with UNFPA, UNICEF and other partners in reproductive, maternal, neonatal and child health, building on the momentum gained through the initiative on saving the lives of mothers and children;

5.2 Develop a regional plan of action on food safety to support Member States based on the outcomes of the country assessments conducted in 2015;

5.3 Establish a regional task force to coordinate the ongoing research activities on MERS-CoV in the Region and report to the Regional Committee in 2016;

5.4 Report to the Regional Committee every two years starting from 2017 on progress in implementation of the Eastern Mediterranean vaccine action plan and the regional malaria action plan 2016–2020.

EM/RC62/R.2 Noncommunicable diseases: accelerating implementation of the 2011 Political Declaration of the United Nations General Assembly in preparation for the third high-level meeting in 2018

The Regional Committee,

Having reviewed the progress countries are making in implementing the United Nations political declaration on the prevention and control of noncommunicable diseases;[2]

Recalling United Nations resolution 66/2 on the 2011 political declaration of the high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, and resolution 68/300 on the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases;

Recalling also Regional Committee resolution EM/RC61/R.3 on the implementation of the regional framework for action;

Welcoming that United Nations resolution 70/001 on the 2030 agenda for sustainable development includes sustainable development goals and targets to, by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment[3] and strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries[4];

Taking note of the technical note which the Secretariat published on 1 May 2015[5], pursuant to paragraph 3 of resolution EM/RC61/R.3, setting out the 10 process indicators which the Director-General will use to report to the General Assembly towards the end of 2017 on the progress achieved in the implementation of the commitments included in the 2011 political declaration and 2014 outcome document;

Recalling that the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases will take place in 2018;

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

[2] EM/RC62/INF.DOC.3

[3] In accordance with target 3.4 of the Sustainable Development Goals

[4] In accordance with target 3.a of the Sustainable Development Goals

[5] Available at http://www.who.int/nmh/events/2015/getting-to-2018/en/

1. **URGES** Member States to:

1.1 Give due attention to the sustainable development goal target on noncommunicable diseases to, by 2030, reduce by one third premature mortality from noncommunicable diseases, as part of efforts to develop ambitious national responses to the overall implementation of the 2030 agenda for sustainable development;

1.2 Continue to prioritize the implementation of the four time-bound commitments for Member States included in the 2014 outcome document in 2015 and 2016, and in particular:

- to set, before the end of 2015, national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for noncommunicable diseases;
- to develop and strengthen, before the end of 2015, national multisectoral policies and plans to achieve the national targets by 2025, taking into account the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;
- to implement, by 2016, interventions which reduce risk factors for noncommunicable diseases, taking into account the set of very cost-effective and affordable interventions for all Member States ("best buys");
- to implement, by 2016, interventions which strengthen health systems to address noncommunicable diseases, taking into account the set of very cost-effective and affordable interventions for all Member States ("best buys").

2. **REQUESTS** the Director-General to finalize the work of the Secretariat to update the "best buys" before the end of 2016 based on the latest scientific knowledge, available evidence and a review of international experience;

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

3.1 Convene a technical briefing at the Sixty-ninth World Health Assembly to brief Member States on the progress made by Member States in the Eastern Mediterranean Region in the implementation of the national commitments included in the 2011 political declaration;

3.2 Continue to support Member States to carry out detailed assessment of their progress in implementing the commitments in the updated regional framework for action and to address gaps identified in the assessment;

3.3 Continue to support Member States in their preparations for the third high-level meeting by the General Assembly in 2018, including in the generation and tracking of data on process indicators and in the development and implementation of country roadmaps;

3.4 Report to the Regional Committee at its Sixty-third and Sixty-fourth sessions on the progress of Member States in the prevention and control of noncommunicable diseases.

EM/RC62/R.3 Assessment and monitoring of the implementation of the International Health Regulations (2005)

The Regional Committee,

Having reviewed the progress report on national core capacities for implementation of the International Health Regulations (2005)[6] and the technical paper on assessment and monitoring of the implementation of the International Health Regulations (2005)[7];

Recalling World Health Assembly resolutions WHA61.2 on implementation of the International Health Regulations (2005) and WHA68.5 on the recommendations of the Review Committee on second extensions for establishing national public health capacities and on IHR Implementation; and Regional Committee resolution EM/RC61/R.2 on global health security: challenges and opportunities with special emphasis on the International Health Regulations (2005);

Recognizing that Member States are collectively accountable for protecting global health in accordance with the International Health Regulations (2005) and that the assessments of preparedness for Ebola virus disease conducted in the Region exposed considerable gaps in the capacities of countries with regard to effective monitoring and detection of, and response to, emerging health threats;

1. **ESTABLISHES** an independent regional assessment commission comprising experts from States Parties of the Region and WHO to assess implementation of the International Health Regulations (2005) in the Region and to advise Member States on issues relating to implementation of the national core capacities required under the Regulations;

2. **URGES** Member States to conduct objective assessment of implementation of the International Health Regulations with WHO support and report annually to the regional assessment commission on progress in implementing the regulations, using a harmonized tool and standardized methodology;

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

    3.1 Establish terms of reference for the regional assessment commission and organize the first meeting of the commission before the end of 2015;

    3.2 Establish a regional task force to harmonize the existing tools for assessment of implementation of the International Health Regulations, including the global health security agenda assessment tool.

4. **REQUESTS** the Regional Assessment Commission to report to the Regional Committee on the status of implementation of the International Health Regulations (2005) annually through the Regional Director.

EM/RC62/R.4 Medical education: a framework for action

The Regional Committee,

Having reviewed the technical paper on review of medical education: challenges, priorities and a framework for action;[8]

[6] EM/RC62/INF.Doc.4
[7] EM/RC62/Tech.Disc.2
[8] EM/RC62/3

Recalling resolution EM/RC50/R.9 on the accreditation of hospitals and medical education institutions;

Being aware of the importance of health professions education in promoting public health, strengthening health systems and progressing towards universal health coverage in Member States;

1. ENDORSES the regional framework for action on medical education (annexed to this resolution);

2. URGES Member States to:

2.1 Make use of the regional framework for action on medical education as a guide to implement national roadmaps for reform of medical education;

2.2 Perform needs assessment of medical education at the national level, covering medical schools in the public and private sectors;

2.3 Develop mechanisms to grant teaching status to selected primary health care facilities for training of students at all levels;

2.4 Formalize systems of continuing medical education and, where appropriate, link it with the recertification of health professionals;

2.5 Develop mechanisms and create opportunities for inter-professional education.

3. REQUESTS the Regional Director to:

3.1 Provide technical support to Member States in making use of the regional framework for action on medical education for the development and implementation of national roadmaps for the reform of medical education;

3.2 Organize a high-level regional meeting between ministers of health and ministers of higher education to achieve the higher level of coordination and collaboration necessary for the effective implementation of the regional framework on medical education.

EM/RC62/R.5 Scaling up mental health care: a framework for action

The Regional Committee,

Having considered the technical paper on scaling up mental health care: a framework for action[9];

Recalling resolutions WHA66.8 on the comprehensive mental health action plan 2013–2020, WHA55.10 on the global action programme for mental health, EM/RC57/R.3 on maternal, child and adolescent mental health and EM/RC58/R.8 on the strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012-2016;

Acknowledging the enormous magnitude of mental disorders and its socioeconomic consequences;

Acknowledging also that the right to health, equity of access to health care and the striving for the attainment of the highest level of health for populations are values enshrined in the WHO Constitution;

Acknowledging also the importance of investing in promotion of mental health and prevention and management of mental disorders for achieving the sustainable development goals;

[9] EM/RC62/4

Recognizing that the treatment gap in some countries of the Region is as high as 90%, despite the availability of cost-effective and evidence-based interventions;

Mindful that a number of countries in the Region face complex emergencies which are contributing to increased rates of mental disorders;

1. **ENDORSES** the regional framework to scale up action on mental health in the Eastern Mediterranean Region (annexed to this resolution);

2. **URGES** Member States to implement the strategic interventions in the four domains (governance, prevention, health care and surveillance) of the regional framework to scale up action on mental health;

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

    3.1 Enhance technical support to Member States for implementation and monitoring of the strategic interventions of the regional framework;

    3.2 Report to the Regional Committee every two years starting from 2017 on the status of implementation of the regional framework.

9.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

Chair: Dr Ali Saad Al-Obaidi (Kuwait)

Vice-Chair: Dr Ahmed Al-Saidi (Oman)

Vice-Chair: Dr Bahar Idris Abu Garda (Sudan)

Chair of technical discussions: Dr Ali Hyasat (Jordan)

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

Dr Safaa Abdelgelil (Egypt), Dr Magda Mohamed Al-Qatan (Kuwait), Dr Mohammad Mehdi Gouya (Islamic Republic of Iran), Dr El Fatih Mohamed Malik (Sudan), Dr Sihem Bellalouna (Tunisia), Dr Saif bin Salem Al-Abri (Oman)

Secretariat: Dr Jaouad Mahjour, Dr Haifa Madi, Dr Sameen Siddiqi, Dr Arash Rashidian, Dr Hoda Atta, Dr Khalid Saeed, Ms Jane Nicholson

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its Sixty-second Session.

DECISION NO. 3 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee decided to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region to Dr Nizal Sarrafzadegan (Islamic Republic of Iran), 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-third session of the Regional Committee, in 2016.

DECISION NO. 4 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.

DECISION NO. 5 STATUTES OF THE FOUNDATION COMMITTEE FOR THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee, 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 Region, decided to amend Article 7 of the statutes for the Foundation as follows (new text in bold):

Any national health administration, in a Member State of the World Health Organization within the Eastern Mediterranean Region, or any former recipient of the Prize may propose the names of candidates for the Prize. The nomination shall be accompanied by a written statement of the reason on which it is based. Proposals shall be submitted to the Administrator who shall submit them to the Foundation Committee together with technical comments.

Any national education administration, research centre, educational institution, or nongovernmental organization in a Member State of the World Health Organization within the Eastern Mediterranean Region may suggest candidates for the Prize to its national health administration. Such suggestions shall be accompanied by a written statement of the reasons for the candidature. The national health administration shall have discretion in deciding whether to propose the names suggested for the Prize.

DECISION NO. 6 STATUTES OF THE FOUNDATION COMMITTEE FOR THE DOWN SYNDROME RESEARCH PRIZE

The Regional Committee, based on the recommendation of the Foundation Committee for the Down Syndrome Research Prize, decided to amend Article 4 of the statutes of the Foundation as follows (new text in bold):

The Foundation is established for the purpose of awarding a prize to one or more persons, **or one or more nongovernmental organizations or other institutions**, that have made an outstanding contribution in the field of research related to Down Syndrome and a grant to one or more persons, **or one or more nongovernmental organizations or other institutions** for research to be undertaken in the same field. The specific criteria that shall be applied in the assessment of the work done by the candidates in the case of the Prize, and of the proposed research, in the case of the Grant, shall be determined by the Foundation Committee.

DECISION NO. 7 VERIFICATION OF CREDENTIALS

In accordance with the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean, the officers of the Regional Committee met on 7 October 2015 and examined the credentials of representatives attending this session of the Regional Committee. The Regional Committee, based on the report of the Chair of the Regional Committee, 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, Tunisia, United Arab Emirates.

DECISION NO. 8 PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its Sixty-third Session at the Regional Office in Cairo, Egypt, from 3 to 6 October 2016 and the Sixty-fourth Session in Islamabad, Pakistan.

DECISION NO. 9 CLOSING OF THE SESSION

The Regional Committee decided to send a telegram of gratitude and thanks to His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al Sabah, Amir of Kuwait for his kind hosting of the Sixty-second Session of the Regional Committee and for the great care and hospitality extended to all participants.

Annex 1

Agenda

1.	Opening of the Session	
	(a) Election of Officers	
	(b) Adoption of the Agenda	EM/RC62/1-Rev.2
2.	(a) Annual Report of the Regional Director 2014	EM/RC62/2
	Progress reports on:	
	(b) Eradication of poliomyelitis	EM/RC62/INF.DOC.1
	(c) Emergency preparedness and response	EM/RC62/INF.DOC.2
	(d) Prevention and control of noncommunicable diseases	EM/RC62/INF.DOC.3
	(e) National core capacities for implementation of the International Health Regulations: meeting the 2016 deadline	EM/RC62/INF.DOC.4
	(f) Universal health coverage	EM/RC62/INF.DOC.5
	(g) Regional strategy on health and the environment 2014-2019	EM/RC62/INF.DOC.6
	(h) Saving the lives of mothers and children	EM/RC62/INF.DOC.7
	(i) Regional strategy for the improvement of civil registration and vital statistics systems 2014-2019	EM/RC62/INF.DOC.8
3.	Technical Discussions	
	(a) Global health security, with special emphasis on MERS-Cov and H5N1	EM/RC62/Tech.Disc.1
	(b) From the Millennium Development Goals to sustainable development goals in the post-2015 development agenda	EM/RC62/Tech.Disc.2
4.	Technical Papers	
	(a) Review of medical education in the Eastern Mediterranean Region: challenges, priorities and a framework for action	EM/RC62/3
	(b) Scaling up mental health care: a framework for action	EM/RC62/4
	(c) Assessment and monitoring the implementation of the International Health Regulations (2005): meeting the 2016 target	EM/RC62/8
5.	World Health Assembly and Executive Board	
	(a) Resolutions and decisions of regional interest adopted by the Sixty-eighth World Health Assembly and the Executive Board at its 136th and 137th Sessions	EM/RC62/5
	(b) Review of the draft provisional agenda of the 138th Session of the WHO Executive Board	EM/RC62/5-Annex 1
	(c) Global vaccine action plan	EM/RC62/6
	(d) WHO financing dialogue	
6.	Report of the third meeting of the Technical Advisory Committee to the Regional Director	EM/RC62/INF.DOC.9
7.	Prevention and control of viral hepatitis	EM/RC62/7
8.	Awards	
	(a) Award of the Dr A.T. Shousha Foundation Prize and Fellowship	EM/RC62/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/RC62/INF.DOC.11
	(c) Award of the Down Syndrome Research Prize	EM/RC62/INF.DOC.12
9.	Place and date of future sessions of the Regional Committee	EM/RC62/INF.DOC.13
10.	Other business	
11.	Closing session	

Annex 2

List of representatives, alternates and advisers of Member States and observers

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Dr Gerald George Moy
Dr Suwit Wibulpolprasert
Dr Mitchell Wolfe (accompanied by Ms Linda Hoffman)

Annex 3

Final list of documents, resolutions and decisions

1. Regional Committee documents

EM/RC62/1-Rev.2	Agenda
EM/RC62/2	Annual Report of the Regional Director 2014
EM/RC62/3	Review of medical education in the Eastern Mediterranean Region: challenges, priorities and a framework for action
EM/RC62/4	Scaling up mental health care: a framework for action
EM/RC62/5	Resolutions and decisions of regional interest adopted by the Sixty-eighth World Health Assembly and the Executive Board at its 136th and 137th Sessions
EM/RC62/5-Annex 1	Review of the draft provisional agenda of the 138th Session of the WHO Executive Board
EM/RC62/6	Global vaccine action plan
EM/RC62/7	Prevention and control of viral hepatitis
EM/RC62/8	Assessment and monitoring the implementation of the International Health Regulations (2005): meeting the 2016 target
EM/RC62/8-Annex 1	Review of the draft provisional agenda of the 136th Session of the WHO Executive Board
EM/RC62/Tech.Disc.1	Global health security, with special emphasis on MERS-Cov and H5N1
EM/RC62/Tech.Disc.2	From the Millennium Development Goals to sustainable development goals in the post-2015 development agenda
EM/RC62/INF.DOC.1	Eradication of poliomyelitis
EM/RC62/INF.DOC.2	Emergency preparedness and response
EM/RC62/INF.DOC.3	Prevention and control of noncommunicable diseases
EM/RC62/INF.DOC.4	National core capacities for implementation of the International Health Regulations: meeting the 2016 deadline
EM/RC62/INF.DOC.5	Universal health coverage
EM/RC62/INF.DOC.6	Regional strategy on health and the environment 2014-2019
EM/RC62/INF.DOC.7	Saving the lives of mothers and children
EM/RC62/INF.DOC.8	Regional strategy for the improvement of civil registration and vital statistics systems 2014-2019
EM/RC62/INF.DOC.9	Report of the third meeting of the Technical Advisory Committee to the Regional Director
EM/RC62/INF.DOC.10	Award of the Dr A.T. Shousha Foundation Prize and Fellowship

	EM/RC62/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/RC62/INF.DOC.12	Award of the Down Syndrome Research Prize
	EM/RC62/INF.DOC.13	Place and date of future sessions of the Regional Committee
2.	Resolutions	
	EM/RC62/R.1	Annual report of the Regional Director for 2014
	EM/RC62/R.2	Noncommunicable diseases: accelerating implementation of the 2011 Political Declaration of the United Nations General Assembly in preparation for the third high-level meeting in 2018
	EM/RC62/R.3	Assessment and monitoring of the implementation of the International Health Regulations (2005)
	EM/RC62/R.4	Medical education: a framework for action
	EM/RC62/R.5	Scaling up mental health care: a framework for action
3.	Decisions	
	Decision 1	Election of officers
	Decision 2	Adoption of the agenda
	Decision 3	Award of the state of Kuwait prize for the control of cancer, cardiovascular diseases and diabetes in the Eastern Mediterranean Region
	Decision 4	Award of the Down Syndrome Research Prize
	Decision 5	Statutes of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
	Decision 6	Statutes of the Foundation Committee for the Down Syndrome Research Prize
	Decision 7	Verification of credentials
	Decision 8	Place and date of future sessions of the Regional Committee
	Decision 9	Closing of the session

Annex 4

Regional framework for action on medical education

Annex to resolution EM/RC62/R.4

Regional framework for action on medical education

Priorities	Actions for Member States		WHO technical support
	Short-term (6–12 months)	Medium-term (13–24 months)	
Governance, social accountability and accreditation			
Strategic priority 1: Strengthen the regulatory capacities of the governing institutions and provide standards and guidelines for establishing new medical schools	Review and adapt national standards and guidelines for establishment of new medical schools based on the regional guidance developed by the World Federation for Medical Education and WHO	Establish/strengthen regulatory capacity of governing institutions by make resources available to ensure new and old medical schools meet the required standards of medical education	Develop standards and guidelines for opening new medical schools based on international standards and regional needs in collaboration with the World Federation for Medical Education
Strategic priority 2: Establish/strengthen independent national accrediting bodies that have the mandate and the resources to ensure quality medical school governance, including social accountability as an essential element	Develop national standards for medical education based on the regional accreditation guide and integrate social accountability in the standards Conduct training activities for deans and health leaders on social accountability	Strengthen national accreditation bodies by seeking accreditation with international bodies (World Federation for Medical Education) Implement social accountability standards by building partnership among medical schools and health service providers	Produce a guide on regional standards and build country capacity in developing an accreditation system for medical education Partner with international and regional networks to promote social accountability and develop workshops and other aids for educational leaders on social accountability
Curriculum development, student assessment and programme evaluation			
Strategic priority 3: Encourage schools to establish medical education units or educational development centres to review curriculum regularly and support faculty development	Announce policy by governing institutions to establish medical education units in medical schools Make available resources to develop and strengthen faculty enhancement programmes	Establish adequately resourced medical education units that offer medical education activities such as curriculum review and faculty development programmes	Develop terms of reference and a guide for the establishment of medical education units
Strategic priority 4: Build the capacity of educational leaders to lead curricular reform that will result in curricula that are student-centred, community-based, competency-based and integrated	Build capacity of educational leaders to review and reform curricula by offering structured courses	Review and monitor the implementation of reforms that ensure curricula are contextual, competency-based, integrated and student-centred Assess effectiveness of curriculum reform by undertaking process and outcome evaluation studies	Develop workshops and a guide for curriculum design and for evaluating the impact of different curricular approaches Disseminate successful experiences in curricular reform from within and outside the Region
Strategic priority 5: Develop merit-based student selection criteria, and establish valid and reliable student assessment and programme evaluation systems	Assess current practices, identify gaps and develop evidence-based, feasible, reliable criteria for student selection Assess the current practice of student assessment, and identify gaps and priorities Develop policies and regulations for student assessment approved by national regulatory and accrediting bodies	Monitor the effectiveness, reliability, validity and educational impact of student selection criteria and update based on implementation experience Incorporate student assessment within curricula, and ensure it is well aligned with teaching and learning strategies and outcomes Establish a bank of high quality national assessment items to be shared by medical schools	Develop a practical guide on the assessment, revision and update of student selection criteria Develop a regional guide/toolkit for establishing a comprehensive student assessment and programme evaluation system; and for the establishment of national assessment banks

Priorities	Actions for Member States		WHO technical support
	Short-term (6–12 months)	Medium-term (13–24 months)	
Faculty development and enabling environment			
Strategic priority 6: Attract and retain competent teaching faculty, especially in basic medical and public health sciences, by adopting merit-based recruitment and promotion policies	Review existing package of remuneration and incentives for faculty in basic sciences and public health and compare with regional and international market trends Review current criteria for recruitment and promotion of faculty and develop merit-based policies in consultation with the civil service commission	Seek approval to mobilize additional funds, implement the new package, and monitor trends in retention of faculty in the country Endorse and implement merit-based criteria and policies for staff recruitment and promotion	Undertake a comparison of remuneration and incentive packages for faculty in basic and public health sciences and disseminate information Convene a regional forum on migration and management of physicians in line with the Code of Practice for International Recruitment of Health Personnel
Strategic priority 7: Ensure adequate educational resources to promote student centred training, strengthened clinical training and increased use of primary care and other community-based sites	Incorporate a list of minimum requirements for educational resources among standards when re-licensing existing or opening new medical schools	Monitor implementation and update the list of essential requirements to accommodate advances in education and health services delivery	Provide a list of optimum or minimum essential requirements for educational resources for a socially accountable and competency-based medical school
	Institutionalize partnership between academic and health care institutions for the use of non-hospital health sites for training and health care	Evaluate the impact of partnership between health service providers and medical schools on improvement in education and health services	Disseminate case studies of successful experiences of partnership between trainers and providers

Annex 5

Regional framework to scale up action on mental health in the Eastern Mediterranean Region

Annex to resolution EM/RC62/R.5

Regional framework to scale up action on mental health in the Eastern Mediterranean Region

Domain	Strategic interventions	Proposed indicators
Governance	Establish/update a multisectoral national policy/strategic action plan for mental health	Country has an operational multisectoral national mental health policy/plan in line with international/regional human rights instruments[a]
	Embed mental health and psychosocial support in national emergency preparedness and recovery plans	Mental health and psychosocial support provision is integrated in the national emergency preparedness plans
	Review legislation related to mental health in line with international human rights covenants/ instruments	Country has updated mental health legislation in line with international/regional human rights instruments
	Integrate priority mental conditions in the basic health delivery package of the government and social/private insurance reimbursement schemes	Inclusion of specified priority mental health conditions in basic packages of health care of public and private insurance/reimbursement schemes
		Enhanced budgetary allocations are in place for addressing the agreed upon national mental health service delivery targets
Health care	Establish mental health services in general hospitals for outpatient and short-stay inpatient care	Proportion of general hospitals which have mental health units, including inpatient and outpatient units
	Integrate delivery of cost-effective, feasible and affordable evidence-based interventions for mental conditions in primary health care and other priority health programmes[b]	Proportion of persons with mental health conditions utilizing health services (disaggregated by age, sex, diagnosis and setting)
		Proportion of primary health care facilities with regular availability of essential psychotropic medicines
	Provide people with mental health conditions and their families with access to self-help and community-based interventions.	Proportion of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions
	Downsize the existing long-stay mental hospitals	Proportion of mental health facilities monitored annually to ensure protection of human rights of persons with mental conditions using quality and rights standards
	Implement best practices for mental health and psychosocial support in emergencies[c]	Proportion of health care workers trained in recognition and management of priority mental conditions during emergencies
Promotion and prevention	Provide cost-effective, feasible and affordable preventive interventions through community and population-based platforms[d]	Proportion of schools implementing the whole-school approach to promote life skills
	Train emergency responders to provide psychological first aid	Proportion of mother and child health care personnel trained in providing early childhood care and development and parenting skills to mothers and families
		Proportion of mother and child health care personnel trained in early recognition and management of maternal depression
		Availability of operational national suicide prevention action plan
		Regular national campaigns to improve mental health literacy and reduce stigma using multiple delivery channels
		Psychological first aid (PFA) training is incorporated in all emergency responder trainings at national level
Surveillance, monitoring and research	Integrate the core indicators within the national health information systems	Routine data and reports at national level available on the core set of mental health indicators
	Enhance the national capacity to undertake prioritized research	Annual reporting of national data on numbers of deaths by suicide

[a]**Operational:** refers to a policy, strategy or action plan which is being used and implemented in the country, with resources and funding available to implement it with a unit /department which has a specifically delineated budget, human resource allocation and authority to monitor the implementation of the policy/strategy in the country.

[b]**Cost-effective, feasible and affordable evidence-based interventions ("best buys") for management of mental disorders include**: treatment of epilepsy (with older first-line antiepileptic drugs), depression (with generic antidepressant drugs and psychosocial treatment), bipolar disorder (with the mood-stabilizer drug lithium), and schizophrenia (with older antipsychotic drugs and psychosocial treatment). However, there are a number of interventions for management of mental disorders starting in childhood and adolescence, anxiety and stress-related disorders and suicidal behaviours which can be classified as "**good buys"** and which are also part of the mhGAP intervention guide (mhGAP-IG) http://www.who.int/mental_health/mhgap/en/.

[c]**Best and good practices for mental health and psychosocial support in emergencies include:** strengthen community self-help and social support; support early childhood development (ECD) activities; train and supervise staff in the management of mental health problems that are relevant to emergencies; provide evidence-based psychological interventions through lay

workers; ensure regular supply of essential psychotropic medications; address the safety, basic needs and rights of people with severe or chronic mental illness in the community and institutions; encourage dissemination of information to the community at large**.**

[d]**Best practices (cost-effective, feasible and affordable evidence-based interventions) for prevention of mental disorders and promotion of mental health include**: early child development and parenting skills interventions and laws and regulations to restrict access to means of self-harm/suicide**.** Mass information and awareness campaigns for promoting mental health literacy and reducing stigma; early recognition and management of maternal depression; identification, case detection and management in schools of children with mental, neurological and substance use (MNS) disorders; integrating mental health promotion strategies, such as stress reduction, into occupational health and safety policies; regulations to improve obstetric and perinatal care, strengthening immunization; salt iodization programmes; folic acid food fortification; and selective protein supplementation programmes to promote healthy cognitive development are recommended as "**good practices**"

Annex 6

Technical meetings

Kuwait City, Kuwait, 5 October 2015

Sixty-second session of the Regional Committee for the Eastern Mediterranean

Introduction

Technical meetings were held on the day preceding the Sixty-second Session of the Regional Committee, 5 October 2015. The overall aim was to discuss topics of current interest and concern, to update participants on the situation and progress in addressing those issues, and to discuss, where relevant, any strategic actions required.

Health technology assessment (HTA): a tool for evidence-informed decision-making in health

The objective of the meeting was to discuss the role of health technology assessment in providing policy- and decision-makers with evidence on the efficacy, effectiveness, appropriateness and proper implementation of technologies for the purpose of ensuring value for their investments.

Conclusions

The meeting provided Member States with a broader understanding of how health technology assessment can be used to support the formulation of safe and effective health policies that are patient-focused and seek to achieve best value for money and improved patient health outcomes. WHO is ready to guide Member States on the implementation of national health technology assessment programmes and support capacity-building in the use of methodologies and approaches, which will contribute to health system strengthening and progress towards universal health coverage. The meeting also provided input into the next steps for the establishment of national initiatives that can be integrated in national transparency and accountability frameworks, and for the establishment of, and participation in, regional networks, in collaboration with all relevant stakeholders. General characteristics to ensure successful implementation of national programmes were identified.

Proposed actions

Member States

- Adopt health technology assessment as a new and integrated tool for routine evaluation rather than as a project or one-off exercise.
- Establish national units and create mechanisms to promote independence of management procedures, covering conflicts of interest.
- Consider health technology assessment as part of a transparency and accountability framework.

WHO

- Establish a steering committee (or taskforce) to develop a medium- and long-term plan for health technology assessment in the Region.
- Provide technical support to Member States in: developing a clear communication policy for results of assessments; addressing key technical questions; and organizing a stakeholder analysis meeting involving all stakeholders.
- Develop training programmes to enhance the knowledge, skills and experience of national staff and establish a leadership training programme for policy- and decision-makers to raise their awareness of the importance of health technology assessment.

- Facilitate collaboration with other entities and organizations (national, regional and international agencies/units/networks), such as the Health Intervention and Technology Assessment Program of Thailand or National Institute for Health and Care Excellence of the United Kingdom.

Food safety perspectives in the Eastern Mediterranean Region

The objective of the meeting was to highlight the role of the health sector in leading and engaging in multisectoral initiatives to improve food safety in the Region.

Conclusions

Participants discussed the results of recent food safety assessment missions in 15 countries which aimed at assessing strengths and weaknesses in national food safety systems and developing country food safety profiles with priority actions needed. The results showed that while some Member States have made progress, all need to further develop their food safety systems. It was noted that IHR monitoring tools may have overestimated food safety capacities in Member States, and the results of current tools for monitoring IHR core capacities need to be reconciled with those of objective independent assessments. Countries are encouraged to carry out assessments of chemical risks in the food chain. The health sector needs to provide leadership and technical guidance to prevent or reduce foodborne diseases along the entire food chain. The Regional Office will liaise with FAO to share the outcome of the assessments and coordinate the development of a regional action plan on food safety that includes both the outcome of the assessments and a framework for implementation of the global strategic plan on food safety.

Proposed actions

Member States

- Review the draft national food safety system profiles and finalize the profiles with WHO.
- Expand the scope of national food safety programmes to encompass new emerging issues.

WHO

- Strengthen the regional food safety programme in the area of foodborne disease surveillance, laboratory capacity and risk assessment.
- Develop a regional plan of action on food safety.

Social health insurance for universal health coverage

The objective of the session was to orient policy-makers on health financing options for universal health coverage, with a focus on social health insurance.

Conclusions

Social health insurance should no longer be seen as an obligatory insurance mechanism for the formal sector, but rather as a prepayment arrangement that benefits from both obligatory contributions and allocations from government revenues to cover the whole population. This has particular relevance for the Region, where a large informal sector (poor and non-poor) and significant vulnerable populations exist. This change in paradigm and implementation calls for a change in the way ministries of health function so that they become stewards of health coverage, ensuring that all population groups are covered in an efficient, equitable and sustainable manner.

Proposed actions

Member States

Should Member States opt to implement social health insurance for universal health coverage, they need to consider the following design and implementation issues.

In designing social health insurance arrangements:

- Avoid/limit fragmentation and ensure autonomy and accountability.
- Invest in information technology.
- Define the role of the private sector.

In implementing social health insurance arrangements:

- Enact adequate laws and other legal provisions.
- Bring all population groups within the fold of social health insurance.
- Determine the needed fund and set contributions to ensure sustainability.
- Define benefit packages and identify who pays for what.
- Accredit providers to ensure quality and contract with them using adequate payment mechanisms.
- Establish health management information systems, organize provider reporting and institutionalize monitoring.

WHO

- Facilitate policy dialogue on health financing for universal health coverage.
- Build capacities in key social health insurance function.

Regional malaria action plan (2016–2020)

The objectives of the meeting were to:

- brief Member States on the WHO Global technical strategy for malaria 2016–2030 and the Roll Back Malaria Partnership's Action and Investment to Defeat Malaria 2016–2030;
- share information on regional achievements and challenges in malaria control and elimination and the way forward in the post-2015 development agenda and Sustainable Development Goals; and
- highlight key priority actions in the regional action plan to operationalize the global strategy in the Region from 2016 to 2020.

Conclusions

The malaria target of Millennium Development Goal 6, to halt and begin to reverse the incidence of malaria by 2015, has been achieved in the Region, where there has been a reduction of reported confirmed cases by 43% and reported deaths by 54% between 2000 and 2014. However, imported cases in malaria-free countries are increasing significantly, almost doubling between 2004 and 2014. Serious challenges continue to exist in high-burden countries, including limited access to diagnostic and treatment services, weak malaria surveillance information systems and a lack of sustainable resources. The gains achieved over the past 15 years are therefore fragile and are threatened by the fact that large areas of the Region are suffering from complex emergencies, climate change, increasing population movement and agricultural expansion. All countries of the Region are at increasing risk of malaria epidemics or re-establishment of transmission malaria. In response, the regional action plan 2016–2020 has been developed in line with the WHO Global technical strategy for malaria 2016–2030, with an emphasis on key actions to achieve a 75% reduction in mortality and 40% reduction in morbidity, eliminate malaria in two countries and implement a district approach to accelerate progress towards elimination in high-burden countries.

Proposed actions

Member States

- Adopt the regional action plan 2016–2020.
- Strengthen local capacities for preparedness and response in all countries.

- Sustain political commitment and financial allocations until the final goal is achieved.
- Promote integration in the health system, collaboration with other programmes, communities and community service organizations, and public–private partnerships.
- Develop a functional multisectoral approach with all concerned sectors, including the agriculture, water, energy, housing, education and community sectors.

WHO

- Strengthen cross-border coordination and intercountry cooperation, building on and expanding the Malaria-Free Arabian Peninsula Initiative, the "G5" initiative, subregional networks, and bilateral collaboration between Egypt and Sudan (the Gambia project).
- Support countries to assess and introduce new tools, including more sensitive diagnostic tools.
- Support country capacity for resource mobilization from various donors, and not only the Global Fund to Fight AIDS, Tuberculosis and Malaria, by developing an advocacy and investment strategy.

Nursing and midwifery in the Eastern Mediterranean Region: Challenges and prospects

The objective of the session was to brief Member States on the key challenges facing nursing and midwifery in the Region and suggest a framework for action to address these challenges.

Conclusions

The availability of nurses and midwives who are prepared and able to lead in regional health priority areas is critical. The crucial contribution of nurses and midwives to improving health outcomes of individuals, families and communities is well recognized, however they have not always been included and involved as stakeholders at the policy level. For the future and moving towards universal health coverage and into the post-2015 development agenda for health, the involvement of nursing and midwifery professions is critical to improving health systems performance and addressing the five identified regional health priorities.

Inadequate investment in nursing and midwifery in the Region is a major challenge and needs to be addressed urgently and reviewed critically. Among the lessons learnt through work with countries in recent years is that numerous strategies have to be adopted and a wide range of options undertaken if nursing and midwifery is to be strengthened in the Region. A regional framework has been developed with feasible, high-impact and cost-effective actions to address the range of challenges encountered by the three groups of countries. The framework can serve as a roadmap to guide Member States in transforming nursing and midwifery in the Region with short-term, medium-term and long-term actions.

Proposed actions

Member States

- Develop a national plan based on the regional action framework for transforming nursing and midwifery.
- Establish a multisectoral forum led by the Ministry of Health to guide the strengthening of nursing and midwifery at the national level.

WHO

- Reinforce nursing and midwifery to be a priority for WHO in 2015 and over the coming biennium.

- Support Member States in implementation of the regional framework for action: Strengthening nursing and midwifery in the Eastern Mediterranean Region 2015–2025.

Social determinants of health: moving to concrete action in the Region

The objective of the meeting was to update Member States on the work done in the area of social determinants of health since the Sixty-first Session of the Regional Committee and agree on the way forward.

Conclusions

A regional framework for action to address health inequity is being developed with priority actions under each component of the framework. Five countries (Islamic Republic of Iran, Jordan, Morocco, Palestine and Sudan) have conducted in-depth assessments of health inequity to identify the main social determinants, identify the data gaps and map the ongoing programmes and activities related to social determinants of health. Preliminary results for three of the countries showed that the countries shared common factors including strong political commitment, existence of multisectoral mechanisms and available but inadequate data on health inequity, with significant data gaps at subnational level. In all five countries, the ministries of health are coordinating the work on social determinants of health and health in all policies. Discussions highlighted the importance of social justice, fairness and human rights. It was noted that half of the countries in the Region have identified social determinants as a priority in collaborative plans for the forthcoming biennium. The role of ministries of health is to provide evidence on social determinants of health and to mobilize and lead multisectoral efforts to bridge the gaps in health equity.

Proposed actions

Member States

- For countries that have conducted in-depth assessment, develop appropriate multisectoral plans and share experiences.
- For countries that have not conducted in-depth assessment, consider conducting the exercise.

WHO

- Include activities to address social determinants of health in collaborative plans for the five strategic health priorities of the Region.
- Agree on a core set of indicators to monitor health inequities and social determinants of health to be integrated within the health information system.
- Monitor progress achieved with focus on impact assessment of the interventions adopted.
- Strengthen partnership with all relevant stakeholders.