
Report of the second meeting of the Technical Advisory Committee to the Regional Director

Introduction

1. The Technical Advisory Committee to the Regional Director convened for the second time on 14–15 June 2014 at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. The objectives of the meeting were to solicit the Committee's advice on:

- matters relating to the implementation and evaluation of WHO's strategic directions in the Eastern Mediterranean Region;
- measures to strengthen the capacity of the Regional Office and country offices in support of Member States;
- policies and strategies for the development of technical cooperation among and between countries of the Region.

2. Eleven members of the Committee attended the meeting, along with relevant staff of the WHO Regional Office for the Eastern Mediterranean. The meeting was chaired on a rotating basis by Dr David Heymann and Dr Walid Ammar (Day 1), and Dr Yagob Mazrou and Dr Mohammad Nicknam (Day 2). The Committee approved the agenda with the addition of an item on emergency preparedness and response. During the meeting, the members were requested to discuss a number of working papers that had been provided to them in advance of the meeting, to identify what additional challenges existed and advise on how WHO could best respond.

Recommendations

3. The Technical Advisory Committee made the following recommendations for WHO's work in the Region.

4. In order to accelerate outcomes in the five strategic priority areas:

- include the social determinants of health in the work of all technical programmes;
- strengthen engagement with academic institutions and non-health sectors whose support is essential for moving forward in some of these areas;
- strengthen the skills of WHO representatives and country office staff to enable them to work effectively across sectors and make use of the convening power of WHO at country level to bring relevant sectors to the table;
- place greater emphasis on capacity-building and training of health professionals, as well as stimulating operational and implementation research.

5. Provide regular periodic reports on achievements in the five priority areas, with accountability measures for Member States and evaluation of the impact of interventions on health outcomes.

6. In order to ensure implementation of maternal and child health acceleration plans stays on track, strengthen work with other partners, media, civil society and parliamentarians, focusing on feasible high-impact interventions, and ensure maternal and child health is included in all emergency appeals.

7. Develop a robust resource mobilization strategy from regional donors and Member States, make better use of the media to disseminate messages and stimulate potential donors, explore the use of

“special envoys” to promote WHO’s work, monitor the status of resource mobilization and issue periodic reports which include sources of funds.

8. Strengthen cross-border surveillance for communicable diseases through coordination between subregional groups and neighbouring countries.
9. In order to promote work in prevention and control of noncommunicable diseases:
 - use the opportunity of the comprehensive review and assessment of implementation of the United Nations Political Declaration, at the UN General Assembly in July 2014, to encourage scale up of multisectoral action in Member States;
 - support accelerated action to ensure that the Region is on track and eventually meets the global voluntary targets for 2025;
 - place greater focus on integrating prevention and control in primary health care;
 - learn from models and best practices across the Region including in healthy cities;
 - establish links with forums for youth and other groups to promote participation in prevention and control efforts;
 - assess causes of failure to implement interventions and discuss actions to address constraints impeding implementation;
 - expand the concept of nutrition security to include both quantity and quality of nutrition.
10. Strengthen work on practical approaches to family practice as a key means of moving towards universal health coverage.
11. Establish a regional consortium of independent institutions to work with WHO on public health functions in the Region; and analyse the results of the pilot assessment of public health functions in one country and refine the methodology and the tool, before generalizing the experience in other Member States.
12. Conduct the proposed public health leadership programme over a 12-week period, including attendance at meetings of WHO governing bodies.
13. In order to strengthen quality of data received from Member States:
 - place emphasis on national capacity-building for data generation, quality assessment, analysis, dissemination, use for policy development and evaluation;
 - advocate for institutionalized health examination surveys with regular periodicity and provide support to Member States with commitment to conduct them.
14. In order to promote country resilience for emergency preparedness and response:
 - include the subject on the agenda of the Regional Committee;
 - promote and lead intercountry planning and coordination for emergency situations;
 - revisit the concept of, and approach to, the emergency solidarity fund and develop a strategic approach to resource mobilization, including comprehensive communication and evaluation plans;
 - establish the regional hub for emergency logistics and build regional capacity for emergency management.
15. Review regional experiences with regard to implementation of the International Health Regulations in the past two years and take action on lessons learnt.
16. Continue to explore ways to engage with civil society and to advocate with Member States to make better use of the capacities to promote health within civil society.

17. Continue to promote capacity-building for health diplomacy in the Region, including developing policy briefs and fact sheets that can inform people on relevant issues.