

Regional Committee decisions

The World Health Organization (WHO) Regional Committee for the Eastern Mediterranean is WHO's decision-making body in the Eastern Mediterranean Region. It meets annually with representation from all Member States of the Region. A main function of the Committee is to formulate policies and strategies that provide Member States with guidance on action that needs to be taken to promote and protect health in the Region. This section, Regional Committee Decisions, serves to highlight selected resolutions and decisions of the Committee to inform and update readers of the key actions related to the regional health priorities to be undertaken by countries and WHO.

Resolutions of the Sixty-first Session of the Regional Committee, October 2014

EM/RC61/R.1 Annual report of the Regional Director for 2013

The Regional Committee,

Having reviewed the Annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2013, the progress reports requested by the Regional Committee, and the proposed programme budget 2016–2017¹;

Recalling resolutions EM/RC59/R.6 on WHO managerial reform; EM/RC60/R.1 on the annual report of the Regional Director 2012; EM/RC59/R.3 on health systems strengthening, EM/RC60/R.2 on universal health coverage, EM/RC60/R.6 on saving the lives of mothers and children, EM/RC60/R.7 on the regional strategy for the improvement of civil registration and vital statistics systems 2014–2019 and EM/RC60/R.8 on monitoring health situation, trends and health system performance; World Health Assembly resolution WHA64.10 on strengthening national health emergency and disaster management capacities and the resilience of health systems, resolutions EM/RC52/R.2 and EM/RC57.R2 on emergency preparedness and response and regional emergency solidarity fund and EM/RC59/R.1 on the annual report of the Regional Director 2011;

Noting with concern the disproportionate allocation of funding between the four operational budget segments;

Acknowledging the efforts of the Regional Director to shift resources from regional to country level;

Reaffirming its commitment to pursuing universal health coverage based on the values and principles of primary health care and the right to affordable and quality health services, adopting a multisectoral approach;

Noting the progress made in assessing the status of civil registration and vital statistics systems, and in developing core indicators during the past two years;

Concerned also at the magnitude of the crises and emergencies prevailing in the Region and the lack of adequate emergency preparedness and capacity to respond;

1. **THANKS** the Regional Director for his report on the work of WHO in the Region and commends its practical focus;
2. **ACKNOWLEDGES** the progress made in the five key priority areas endorsed by the Regional Committee in its Fifty-ninth session;
3. **COMMENDS** the progress made by the Member States with a high burden of maternal and child mortality in implementing their maternal and child health acceleration plans;
4. **ENDORSES** the regional framework for health information systems and core indicators (annexed to this resolution);
5. **ADOPTS** the annual report of the Regional Director for 2013;
6. **CALLS ON** Member States to:
 - 6.1 Engage fully in the ongoing debate concerning the WHO reform process, given its impact on country programmes;
 - 6.2 Advocate with the Executive Board at its 136th session and the Sixty-eighth World Health Assembly to increase substantially the proportion of the budget allocated for the segment on technical support to countries;

¹ EM/RC2/61, EM/RC3/61, EM/RC3/61 Annex 1, EM/RC4/61, EM/RC61/INF.DOCs 6–1, EM/RC6/61, EM/RC7/61 and EM/RC61/Tech. Disc.2.

7. **CALLS FURTHER** on Member States to:

- 7.1 Implement the regional framework for health information systems and report regularly on the core indicators starting from 2015;
- 7.2 Consider implementing the regional framework for action on advancing universal health coverage in the Eastern Mediterranean Region, and develop and implement a national road map for universal health coverage based on the regional framework for action;

8. **URGES** Member States to:

- 8.1 Take necessary action to implement previous resolutions on emergency preparedness and response;
- 8.2 Strengthen the capacity of health systems to prevent, mitigate, prepare for, respond to and recover from emergencies and crises following a whole-health and multisectoral approach, with special emphasis on reinforcing technical capacity in preparedness;
- 8.3 Promote and, when possible, establish and test intercountry agreements for mutual assistance in case of a major emergency exceeding the coping capacity of the affected country;
- 8.4 Contribute to the Emergency Solidarity Fund by allocating to it a minimum of 1% of the WHO country budget in addition to other voluntary contributions whenever possible;
- 8.5 Contribute to the establishment of a regional logistics hub to stockpile vital medicines, medical supplies and other critical equipment needed for deployment to affected countries and communities at the onset of emergency;
- 8.6 Develop a national cadre of emergency management experts and contribute, mainly through the secondment of such experts, to the regional surge roster of experts for rapid deployment in emergencies.

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

WHO reform

- 9.1 Continue his efforts to improve the effectiveness and efficiency of WHO programme management tools and compliance instruments across the Region in order to further promote transparency and provide more effective technical support to Member States;
- 9.2 Advocate for the implementation of a full staff rotation and mobility scheme across the Organization, and not only within the Region;
- 9.3 Report to the next session of the Regional Committee on the progress made in implementing Regional Committee resolution EM/RC59/R.6 which requested Member States to consider the possibility of increasing the level of assessed contributions to the Organization through collective action in the governing bodies.

Emergency preparedness and response

- 9.4 Build on the positive experience of establishing a sub-regional emergency support team in Amman to develop sub-regional offices, along the models and practices in other WHO regions;
- 9.5 Establish an advisory group on emergency preparedness and response and ensure WHO organizational readiness for emergencies and crises by closely following up with Member States on the implementation of related resolutions and specifically, the establishing of a Regional Emergency Solidarity Fund, a regional logistics hub to ensure the pre-positioning of critical medical supplies, and a regional surge roster of experts for rapid deployment in emergencies.

EM/RC61/R.2 Global health security – challenges and opportunities with special emphasis on the International Health Regulations (2005)

The Regional Committee,

Having reviewed the technical paper on global health security – challenges and opportunities with special emphasis on the International Health Regulations (2005);¹

Recalling World Health Assembly resolutions WHA55.16 on the global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health, WHA59.15 on the Strategic Approach to International Chemicals Management, WHA59.16 on amendments to the statutes of the Codex Alimentarius Commission, WHA64.5 on pandemic influenza preparedness, and Regional Committee resolutions EM/RC53/R.3 on the regional strategy on preparedness and response for human pandemic influenza, EM/RC57/R.2 on emergency preparedness and response and EM/RC59/R.4 on national core capacities for the International Health Regulations (2005);

Recognizing that global, regional and national health security is dependent on all States Parties complying with and implementing the International Health Regulations (2005) and that the outbreak of Ebola Virus Disease in West Africa has exposed gaps in all-hazard preparedness and response;

Recognizing also that assessment, monitoring and reporting by States Parties on the implementation of the International Health Regulations (2005) are essential for the proper planning and coordination of support to States Parties to meet and maintain the obligations;

Gravely concerned by the emergency situation in many parts of the Region and the evolving and significant public health threats in the Region over the past three years, and by the lack of preparedness of States Parties to meet emerging threats to health security as shown in the serious gaps in the core capacities required for implementation of the International Health Regulations (2005);

1. **URGES** States Parties to:

- 1.1 Comply with previous resolutions of the World Health Assembly and the Regional Committee on the International Health Regulations (2005) and formally commit to meeting the June 2016 target within the context of global health security;
- 1.2 Make implementation of the Regulations one of the highest national priorities and allocate the necessary budget, human resources and other required operational and logistical assets;
- 1.3 Ensure the availability of a strong intersectoral coordination mechanism with high-level representation from all stakeholders in order to accelerate implementation of the Regulations;
- 1.4 Further enhance cross-border collaboration for surveillance of and response to public health events, including by entering into bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at ground crossings in accordance with Article 57 of the Regulations;
- 1.5 Urgently undertake a comprehensive assessment of their capacity to deal with a potential importation of Ebola, including through use of the checklist presented during the Regional Committee, in order to identify the main gaps and address them;

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

- 2.1 Support countries in developing integrated preparedness and response plans complemented by effective multisectoral coordination mechanisms;
- 2.2 Encourage and facilitate dialogue between States Parties to enhance cross-border collaboration and promote mutual support;
- 2.3 Continue to monitor progress in building, maintaining and strengthening core capacities and prepare an annual report to be shared with the Regional Committee and States Parties.

1 Document no. EM/RC61/Tech.Disc.1

EM/RC61/R.3 Noncommunicable diseases: scaling up implementation of the Political Declaration of the United Nations General Assembly

The Regional Committee,

Having reviewed the technical paper on the implementation of the political declaration of the United Nations General Assembly on the prevention and control of non-communicable diseases and follow-up on 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, held in July 2014;¹

Recalling United Nations resolution 66/2 on the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and resolution EM/RC59/R.2 on the commitments of Member States to implement the political declaration based on a regional framework for action;

Recalling also Regional Committee resolution EM/RC60/R.4 which requested the Regional Director to update the regional framework for action and develop process indicators;

Cognizant that the roadmap of commitments from Heads of State and Government included in the 2011 political declaration, based on the pillars set out in the global strategy for the prevention and control of noncommunicable diseases adopted by the World Health Assembly in 2000,² continues to guide national policy on noncommunicable diseases;

Further recalling United Nations resolution A/RES/68/300 on the outcome document of the 2014 high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, which prioritizes a set of time-bound commitments from Member States to be implemented between 2014 and 2018,³ and in particular to consider, by 2015, setting national targets for 2025, taking into account the nine voluntary global targets for noncommunicable diseases;⁴

Concerned by the absence, in the outcome document, of an accountability and monitoring component and a set of process indicators, amenable to application across country settings, to assess the progress made at country level in the implementation of the roadmap of commitments included in the political declaration, which would enable the United Nations Secretary-General and the WHO Director-General to report in 2017 to the General Assembly on the progress made in implementing the political declaration and outcome document;

Recognizing that progress in the prevention and control of noncommunicable diseases has been insufficient and highly uneven, due in part to their complexity and challenging nature, and that continued and increased efforts are essential for achieving a world free of the avoidable burden of noncommunicable diseases;⁵

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

1. **ENDORSES** the updated regional framework for action (annexed to this resolution) on the commitments of Member States to implement the roadmap of commitments from Heads of State and Government included in the political declaration;
2. **URGES** Member States to:
 - 2.1 Move from commitment to action through accelerating and scaling up implementation of the strategic interventions in the updated regional framework for action;
 - 2.2 Implement the WHO recommendations on marketing of foods and non-alcoholic beverages to children;
 - 2.3 Support the Regional Director's initiative to protect public health and promote healthy lifestyles, with a special focus on countering the largely unopposed commercial practices that promote unhealthy products, particularly those targeting children;

1 EM/RC5/61 Rev.1

2 Resolution WHA53.17

3 In accordance with paragraph 30 of resolution A/RES/300/68

4 In accordance with paragraph 30(a)(i) of resolution A/RES/300/68

5 In accordance with paragraph 13 of resolution A/RES/300/68

- 2.4 Encourage and enhance people's involvement in the prevention and control of noncommunicable diseases, with a view to promoting self-care;
3. **REQUESTS** the Executive Board at its 136th session to invite the Director-General to develop a set of process indicators, for consideration by the Sixty-eighth World Health Assembly, to assess the progress made at national level in the implementation of the Political Declaration, which would enable the United Nations Secretary-General and the Director-General to report in 2017 to the high-level meeting of the General Assembly in 2018 on the prevention and control of noncommunicable diseases;
4. **REQUESTS** the Regional Director to:
 - 4.1 Convene a side-event at the 136th session of the Executive Board, as well as the Sixty-eighth World Health Assembly, to brief Member States on the updated framework for action and process indicators adopted by the Regional Committee for the Eastern Mediterranean at its Sixty-first session;
 - 4.2 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;
 - 4.3 Establish mechanisms for continuing exchange of experiences and good practices between countries;
 - 4.4 Support Member States in their preparations for the second comprehensive review 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;
 - 4.5 Report to the Regional Committee at its Sixty-second, Sixty-third and Sixty-fourth sessions on the progress of Member States in the prevention and control of noncommunicable diseases, based on the process indicators.



Regional Office for the Eastern Mediterranean

Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018

Updated October 2014, based on resolutions EM/RC59/R.2 & EM/RC60/R.4, Annex to resolution EM/RC61/R.3

Commitments Strategic interventions

In the area of governance

Each country is expected to:

- Integrate noncommunicable diseases into national policies and development plans
- By 2015, establish a multisectoral strategy/plan and a set of national targets and indicators for 2025 based on national situation and WHO guidance
- Increase budgetary allocations for noncommunicable disease prevention and control including through innovative financing mechanisms, such as taxation of tobacco, alcohol and other unhealthy products
- Periodically assess national capacity for prevention and control of noncommunicable diseases using WHO tools

Process indicators

Country has:

- An operational multisectoral national strategy/action plan that integrates the major noncommunicable diseases and their shared risk factors
- Set time-bound national targets and indicators based on WHO guidance
- A high-level national multisectoral commission, agency or mechanism to oversee engagement, policy coherence and accountability of sectors beyond health
- Increased budgetary allocations measured by tracking and reporting on health expenditures on prevention and control of major noncommunicable diseases, by source, per capita

Commitments Strategic interventions

In the area of prevention and reduction of risk factors

Each country is expected to:

- Accelerate implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify Protocol to Eliminate Illicit Trade in Tobacco Products
- Ensure healthy nutrition in early life and childhood including breastfeeding promotion and regulating marketing of foods and non-alcoholic beverages to children
- Reduce average population salt intake per WHO recommendations
- Virtually eliminate trans-fat intake and reduce intake of saturated fatty acids
- Promote physical activity through a life-course approach
- Implement the best buys to reduce the harmful use of alcohol

Process indicators

Country is implementing:

- At least three of the six demand-reduction measures (MPOWER) in the WHO FCTC
- WHO International Code for Marketing of Breast-milk Substitutes
- WHO recommendations on marketing of foods and non-alcoholic beverages to children
- Measures to reduce salt content in at least one highly-consumed food item
- Regulatory measures to eliminate industrially produced trans-fat in the food supply and to replace saturated fatty acids with polyunsaturated fatty acids in food products
- Public awareness campaigns through mass media on diet and physical activity

Commitments Strategic interventions

In the area of surveillance, monitoring and evaluation

Each country is expected to:

- Implement/strengthen the WHO surveillance framework that monitors mortality and morbidity, risk factors and determinants, and health system capacity and response
- Integrate the three components of the surveillance framework into the national health information system
- Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation

Process indicators

Country has:

- A functioning system for generating reliable cause-specific mortality data on a routine basis
- An operational population-based cancer registry
- A STEPS survey or a comprehensive health examination survey every 5 years
- A framework to monitor effective coverage of hypertension and diabetes treatment

Commitments Strategic interventions

In the area of health care

Each country is expected to:

- Implement the best buys in health care
- Improve access to early detection and management of major noncommunicable diseases and risk factors by including them in the essential primary health care package
- Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases
- Improve access to essential palliative care services

Process indicators

Country has:

- Provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent cardiovascular events
- Government approved evidence-based guidelines/protocols for early detection and management of major noncommunicable diseases through a primary care approach
- Availability of essential medicines and technologies for major noncommunicable diseases and risk factors in public primary health care facilities

Note: WHO tools are available to support implementation of the strategic interventions