

Report of the regional committees to the Executive Board

1. The Director-General has the honour to transmit the reports of the regional committees to the Executive Board (see Annex), prepared in line with the proposals for enhancing alignment between the regional committees and the Executive Board and with the decision by the Health Assembly that chairpersons of the regional committees should routinely submit a summary report of the committees' deliberations to the Board.¹

ACTION BY THE EXECUTIVE BOARD

2. The Board is invited to note the report.

¹ See decision WHA65(9) (2012), subparagraph (4)(d).

ANNEX

Sixty-sixth session of the WHO Regional Committee for Africa, Addis Ababa, Federal Democratic Republic of Ethiopia, 19–23 August 2016

Summary report by the Chairman (Dr Kesetebirhan Admasu Birhane, Federal Minister of Health of the Federal Democratic Republic of Ethiopia)

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO reform

1. The Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020, was developed by the Regional Director for Africa in fulfilment of her commitment to accelerate the implementation of WHO reform in the Region. Its objective is to ensure that the Secretariat in the African Region evolves into the primary leader in health development in the Region and a reliable and effective protector of Africa's health. Progress has been made in all four of the Agenda's focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective communication and partnerships.

2. To ensure that Member States are better informed and more involved, an online platform will be established to collate, monitor, assess and report on the activities committed to the Transformation Agenda. The platform will be made accessible to all Member States and partners as part of the efforts to enhance accountability and transparency. The Member States commended the progress made and reiterated their commitment to facilitate the implementation of the WHO Reform.

Implementation of the International Health Regulations (2005)

3. Member States observed that the status of implementation of the obligations under the International Health Regulations (2005) varied across countries in the Region. They noted that cross-border regulation and coordination were not adequately implemented; countries had different levels and/or capacities of health systems and integrated disease surveillance for controlling and responding to epidemics and other threats under the obligations of the Regulations; political commitment and resources were inadequate for implementing of the Regulations; and the institutional capacity of IHR focal points to coordinate other sectors for the implementation of the Regulations' obligations was weak.

4. Some of the recommendations that were made to be included in the global implementation plan were as follows:

For Member States:

- (a) sustain political commitment and maintain core capacities required under of the Regulations;
- (b) strengthen cross-border regulation and collaboration within the Region, using the regional economic communities, and focusing on community involvement;

- (c) promote research and sharing of lessons learned and best practices related to implementation of the core capacities required under of the Regulations among Member States in the Region;
- (d) promote multisectoral mechanisms within the “one-health approach” in implementing of the Regulations;
- (e) conduct evidence-based risk assessment in order to develop an adequate preparedness plan in line with the “all-hazards approach”.

For WHO and partners:

- (a) develop standard operating procedures and provide technical support to countries for implementation of the Regulations;
- (b) support countries in mobilizing resources for implementation of the Regulations;
- (c) establish a real-time, web-based platform to facilitate events reporting and information sharing among countries;
- (d) strengthen the Secretariat’s capacity to provide support to Member States for preparedness and response to public health events.

Proposed programme budget 2018–2019

5. Member States acknowledged the inclusion of the new WHO Health Emergencies Programme in the Proposed programme budget 2018–2019, as well as the increase in the budget allocation to the Region. They expressed concern about, inter alia, the reduced budget for some priority programmes, the continuous decline in the proportion of the budget financed by Assessed Contributions, weak alignment of indicators between the programme budget and the Sustainable Development Goals, and lack of budget allocations for areas of work relevant to the Region. They also sought clarity on activities of certain budget areas and requested the Secretariat to reflect these in the final document.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Regional strategy for health security and emergencies 2016–2020

6. The strategy was developed with the aim of guiding Member States in addressing public health emergencies, together with the legally-binding International Health Regulations (2005). The document proposes a new regional strategy aligned with the WHO Health Emergencies Programme, with emphasis on the use of the “all-hazards approach”, defined as “an integrated hazard management strategy that incorporates planning for and consideration of all potential natural and technological hazards”. Member States expressed concerns about the poor mobilization of human and financial resources at country level, inadequate synergies across sectors to ensure an effective multisectoral approach, the international shortage of the yellow fever vaccine and non-contribution of countries to the African Public Health Emergency Fund. Participants emphasized the need for greater ownership by countries, international solidarity, implementation of the “one-health approach” and commitment to capacity-building.

7. The following recommendations were made:

to **Member States**

- (a) establish a broader intersectoral coordination mechanism to improve preparedness and response to epidemics and other public health emergencies;
- (b) establish national public health institutes for surveillance and research;
- (c) accelerate the implementation of national Emergency Operation Centres;

and to **the Secretariat and partners**

- (a) promote and operationalize cross-border collaboration across the Region;
- (b) support countries in conducting assessment of core capacity under the International Health Regulations (2005) through Joint External Evaluation and development of national plans for preparedness and response;
- (c) support countries in the implementation of the “one-health approach”;
- (d) establish a platform for networking of existing Emergency Operation Centres in the Region.

Health in the 2030 Agenda for Sustainable Development

8. Member States expressed strong commitment to the 2030 Agenda for Sustainable Development and the actions proposed by the Secretariat. They emphasized the need to focus on primary health care and community involvement, as well as on strengthening human resources for health. Member States underscored the importance of accountability and transparency in monitoring and evaluating progress, which would require strong information systems.

9. The following recommendations were made:

to **Member States**

- (a) review and adapt the Sustainable Development Goals indicators to country-specific contexts;
- (b) develop a national multisectoral approach for the development of a strong investment case for health;
- (c) harmonize actions and formulation of innovative, alternative methods of financing;

and to **the Secretariat and partners**

- (a) support countries to generate knowledge and evidence to support implementation;
- (b) conduct periodic reviews to monitor progress towards the Sustainable Development Goals;
- (c) document and share best practices in relevant areas that would accelerate progress towards the Sustainable Development Goals.

Regional strategy on regulation of medical products in the African Region, 2016–2025

10. This regional strategy stressed that the benefits of medical products were being compromised in the Region by the circulation of products of non-assured quality owing mainly to weak regulatory capacity and delays in the registration of products. The objective of the strategy is to ensure that national medicines regulatory authorities are strengthened effectively to fulfil their mandate, including expanding their capacity to improve access to medical products of good quality and to undertake monitoring.

11. Recommendations made to Member States include guarding against the procurement of substandard medical products and raising awareness about the threat of substandard, spurious, falsely-labelled, falsified and counterfeit medical products; and expanding the scope of responsibility of national medicines regulatory authorities to cover food, food products, blood products and other related products. WHO and partners were advised to support countries to develop strategies and adopt tools for expanding the responsibility of national medicines regulatory authorities to cover and regulate food, food products, blood products and other related products as well as medicines.

The African Public Health Emergency Fund – the way forward

12. The African Public Health Emergency Fund was established by the Regional Committee in 2012 with the aim of providing catalytic resources for initiating timely responses to public health emergencies. Despite all the commitments made, only 13 countries had contributed to the Fund between 2012 and 2016. A total of US\$ 3 619 438 has been contributed, representing only about 1.5% of the total expected amount, which is far below the support that has been requested by Member States affected by emergencies over that period.

13. The Regional Committee reaffirmed that the Fund was a critical instrument for the African Region and should be maintained as a solidarity mechanism. Member States expressed concern about the persistent low level of contributions. They reiterated their commitment to the Fund and emphasized the need for a flexible formula for payment of contributions. Furthermore, they requested the Secretariat to examine the complementarity of the Fund with similar funding initiatives in order to avoid duplication.

14. The following recommendations were made:

to Member States

- (a) advocate with ministries in charge of finance to allocate funds for country contributions;
- (b) pay their contributions based on the revised formula, with the flexibility of paying according to their ability, but with the minimum amount being US\$ 37 700;

and to the Secretariat

- (a) establish a task force to examine the formula and make recommendations for the next Regional Committee;
- (b) take full responsibility for the management of the Fund;
- (c) submit a status report on the Fund to the African Union.

55th Directing Council of the Pan American Health Organization/sixty-eighth session of the WHO Regional Committee for the Americas (Washington, DC, United States of America, 26–30 September 2016)

Summary report by the President (Dr Edna Yolany Batres, Secretary of State for Health, Honduras)¹

PART 1: TOPICS FOR GLOBAL DISCUSSION

Implementation of the International Health Regulations (2005)

15. The Regional Committee examined a report (document CD55/12, Rev. 1) on progress in implementing the Regulations in the Region, which also contained the report of a regional consultation on the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response.

16. The Committee welcomed the considerable progress made in implementing the Regulations in the Americas, acknowledging that challenges remain, particularly in relation to the capacity to respond to events associated with chemical and radiation-related hazards, food safety and zoonoses. It was agreed that progress in implementing core capacities has contributed to overall health system strengthening in the countries of the Region. The recognition that a single dose of yellow fever vaccine will confer lifelong immunity was welcomed.

17. Support was expressed for the IHR monitoring and evaluation framework. Several delegates reported that their countries had undergone joint external evaluations and encouraged other States Parties to do likewise. Such evaluations could help countries to identify and address challenges and provide opportunities to form partnerships and mobilize resources. At the same time, it was emphasized that annual reporting by States Parties should continue to be based on self-assessment and that participation in joint external evaluations, simulation exercises and after-action reviews should be complementary and voluntary and should take account of countries' capacities and circumstances.

18. The Committee recommended (decision CD55(D5)) that the report of the regional consultation on the draft global implementation plan be presented in its entirety to the Board at its 140th session and to the Seventieth World Health Assembly.

WHO reform

19. The Regional Committee examined a report (document CD55/INF/3) that summarized the report on WHO reform submitted to the Sixty-ninth World Health Assembly (document A69/4), with an annex showing PAHO's progress on the various programmatic, managerial and governance reform outputs. The Committee also examined a report on the organizational and financial implications for PAHO of the new WHO Health Emergencies Programme (document CD55/INF/3, Add. I). The Committee was informed that PAHO is aligning its work functionally with the new Programme and to

¹ The full report of the session (document CD55/FR) and all working documents, resolutions and decisions mentioned in this report are available from:
http://www.paho.org/hq/index.php?option=com_content&view=article&id=12276&Itemid=42078&lang=en.

that end has merged its programmes on emergency preparedness and disaster relief and on the International Health Regulations (2005), epidemic alert and response and waterborne diseases into a single PAHO health emergencies department covering five areas: infectious hazard management, country health emergency preparedness and the International Health Regulations, health emergency information and risk assessment, emergency operations, and disaster risk reduction and special programmes.

20. The Regional Committee welcomed the progress made on WHO reform, especially the adoption of the Framework of Engagement with Non-State Actors and the launching of the WHO Health Emergencies Programme. Nevertheless, it was emphasized that WHO reform is an unfinished process and should continue. Delegates noted the need to continue strengthening alignment at the three levels of the Organization, enhance transparency in decision-making and reinforce ties between WHO and other multilateral processes.

21. The Committee applauded the alignment of PAHO's health emergencies programme with the WHO Programme. Several delegates noted, however, that the global programme appears to focus mainly on emergency response, whereas PAHO's programme has always placed emphasis on prevention, preparedness and strengthening of health system capacities in Member States. Assurance was sought, and received, that those aspects of the PAHO programme will not be adversely affected by the alignment with the WHO Programme.

22. With regard to the Framework of Engagement with Non-State Actors, the Committee adopted a resolution (CD55.R3) providing for the implementation of the Framework in the Region in a manner consistent with PAHO's Constitution and legal status as an independent organization. The Committee emphasized the need for ongoing dialogue between the Regional Office (Pan American Sanitary Bureau) and the WHO Secretariat in order to ensure consistent implementation at the regional and global levels.

The role of the health sector in the strategic approach to international chemicals management

23. The Regional Committee examined a report (document CD54/INF/6, Add. I on the development of a road map for the health sector towards achieving the 2020 goal and contributing to relevant targets of the 2030 Agenda for Sustainable Development, as called for in resolution WHA69.4. A virtual consultation on the road map was held on 13 September 2016.

24. The Committee emphasized the need to harness the momentum created by resolution WHA69.4 and contribute to the prevention of poor health and premature mortality through actions aimed at reducing chemical exposure risks, increasing knowledge and building the evidence base, deepening institutional capacity and enhancing health sector leadership and intersectoral coordination. Attention was drawn to the high incidence of chronic kidney disease associated with exposure to toxic agrochemicals in some countries of the Region, and it was urged that the road map should encourage the application of the precautionary principle.

Dementia

25. In 2015, the Region adopted a regional strategy and plan of action aimed at promoting universal health coverage for people with or at risk of dementias (see document CD54/8, Rev.1, and resolution CD54.R11).

Proposed programme budget 2018–2019

26. The Regional Committee examined a report on the process for the development of the WHO programme budget 2018–2019 (document CD55/INF/2, Rev. 1), to which the regional committee version of the draft proposed programme budget 2018–2019 was annexed. The Committee was informed that the Secretariat was proposing a budget rise from US\$ 4.3 billion to US\$ 4.6 billion and that the Director-General intended to propose a 10% increase in Member States' assessed contributions.

27. The Committee welcomed the opportunity for an early discussion of the proposed programme budget and expressed satisfaction at the increase in budget space allocation to the Americas, also expressing the hope that the Region's portion of the WHO programme budget would be fully funded. There was general approval of the proposed increases for the WHO Health Emergencies Programme and for antimicrobial resistance, although more detailed information was requested on how those increases would be financed. It was pointed out that reductions were envisaged in areas of key importance for the Region – such as violence and injuries, ageing and health, social determinants of health, and integrated people-centred health services – without any justification being offered for those decreases. Clarification was requested of the apparent substantial reduction in the area of transparency, accountability and risk management.

28. One delegate voiced support for the proposed increase in assessed contributions; others were more reticent. One delegate said that her Government saw no justification for the increase and could not support it. Another acknowledged that WHO has not received an increase in assessed contributions for several bienniums, but said that a lack of budget growth in the past was not a sufficient basis for justifying a future budget increase, nor was an increased mandate or shifting priorities. She added that her Government would consider the proposed increase on the basis of whether the proposed programme and budget: are transparent so that Member States can see clearly how resources align with expected results and accomplishments; demonstrate actual or proposed cost savings from efficiencies, streamlining of business processes or reduction in low-priority activities; and clearly indicate which expected results and accomplishments will not occur if Member States do not agree to the proposed increase.

29. In the presentation to be made to the Board on the programme budget, the Secretariat was asked to explain why, in light of the 8% budget increase approved in 2015, a new increase of 7.3% is now being proposed. The Secretariat was also asked to present alternatives based on an exhaustive analysis of the proposed increases, taking into account the outcomes of consultations with Member States, analysis of the results for the current biennium and examination of possible synergies with other agencies of the United Nations system. In addition, the Secretariat was requested to present various financial scenarios during the financing dialogue in November 2016, explaining what effect different percentage increases would have in terms of maintaining a sustainable balance between voluntary and assessed contributions.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Measles, rubella and congenital rubella syndrome elimination in the Region of the Americas

30. The Committee celebrated the formal declaration of the Region as free of endemic transmission of measles (see documents CD55/INF/10, Rev. 1 and CD55/FR) and expressed support for the adoption of a resolution during the Seventieth World Health Assembly calling for the global eradication of measles and rubella.¹

Regional strategies and plans of action

31. The Committee approved the following strategies and plans of action:

(a) Plan of action for malaria elimination 2016–2020 (document CD55/13 and resolution CD55.R7). The purposes of the plan of action are to build on the progress made towards the elimination of local malaria transmission under the Strategy and Plan of Action for Malaria in the Americas 2011–2015 and to prevent the potential re-establishment of the disease. Specific targets include a reduction of malaria morbidity by 40% or more with respect to 2015 levels, implementation of efforts to eliminate malaria in 18 of the 21 endemic countries in the Region and attainment of malaria-free status in at least four countries, and prevention of the re-establishment of malaria in countries that have been declared malaria-free. The plan includes five lines of action and is aligned with the Global Technical Strategy for Malaria 2016–2030.

(b) Plan of action for the prevention and control of HIV and sexually transmitted infections (document CD55/14 and resolution CD55.R5). The plan of action is aligned with WHO's global health sector strategies for HIV/AIDS, viral hepatitis and sexually transmitted infections for 2016–2021, the UNAIDS fast-track global strategy to end the AIDS epidemic for the same period and the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030. The plan reflects the transition from the Millennium Development Goals to the Sustainable Development Goals and is intended to contribute to the achievement of the relevant target 3.3: ending the epidemic of AIDS by 2030. Its four strategic lines of action are aligned with the strategic directions of WHO's global health sector strategies.

(c) Plan of action for the elimination of neglected infectious diseases and post-elimination actions 2016–2022 (document CD55/15 and resolution CD55.R9). The plan establishes a series of general objectives and strategies for addressing the cross-cutting issues and underlying causes that account for the continued occurrence of neglected infectious diseases in the Region. The plan's objectives and priorities include interruption of the transmission of eight neglected infectious diseases for which cost-effective tools are available. It also calls for the prevention and control of five diseases for which there are integrated and innovative management tools. It comprises six strategic lines of action that are in accord with WHO's road map for accelerating work to overcome the global impact of neglected tropical diseases.

(d) Strategy for arboviral disease prevention and control (document CD55/16 and resolution CD55/R6). The strategy upgrades the Region's current Integrated Management Strategy for Dengue Prevention and Control to a comprehensive, holistic approach to arboviral diseases. It

¹ The Region of the Americas was declared free of rubella and congenital rubella syndrome in April 2015.

puts forward four lines of action with a view to guiding Member States in strengthening surveillance, diagnosis and case management. The expected outcomes include clear guidelines for the diagnosis and clinical management of arboviral diseases, strengthened capacity for differential diagnosis in health services and a country-level network for strengthening integrated vector management and entomological surveillance.

(e) Plan of action for disaster risk reduction (document CD55/17, Rev. 1 and resolution CD55.R10). The plan of action is intended to build on the lessons learned from the implementation of the Regional Plan of Action on Safe Hospitals 2010–2015. Its objective is to strengthen country capacity to reduce disaster risks and take action in accordance with the Sendai Framework for Disaster Risk Reduction 2015–2030, with the aim of preventing deaths, disease and disabilities.

Regional policies

32. In addition, the Committee discussed and expressed support for policy papers on the following topics:

(a) Resilient health systems (document CD55/9 and resolution CD55.R8)

The policy document defines health system resilience as the ability to absorb disturbances and respond and recover with the timely provision of needed services, as well as the capacity of health actors, institutions and populations to prepare for and effectively respond to crises, maintain core functions in a crisis and reorganize as required. It describes the characteristics of a resilient health system and provides policy guidance to support the development of such systems.

(b) Access to and rational use of strategic and high-cost medicines and other health technologies (document CD55/10, Rev. 1 and resolution CD55.R12)

The policy document provides an overview of the multidimensional problem of access to high-cost medicines and other health technologies, proposing policy options for ensuring sustainable access to such products. The policy is in line with resolutions WHA61.21 (2008), on the Global strategy and plan of action on public health, innovation and intellectual property and WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage.

(c) Health of migrants (document CD55/11, Rev. 1 and resolution CD55.R13)

The policy document presents an analysis of the current migrant health situation in the Americas and puts forward a set of policy options that Member States can consider in order to address the health needs of this group. It proposes that the regional Strategy for Universal Access to Health and Universal Health Coverage (adopted in resolution CD53.R14) should constitute the overarching framework for health system actions to protect the health and well-being of migrants.

Sixty-ninth session of the WHO Regional Committee for South-East Asia, Colombo, Sri Lanka, 5–9 September 2016

Summary report by the Chairman (Dr Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine, Sri Lanka)

33. The sixty-ninth session of the WHO Regional Committee for South-East Asia was held in Colombo, Sri Lanka, from 5 to 9 September 2016. It was attended by representatives of all 11 Member States of the Region, United Nations and other agencies, and nongovernmental organizations having official relations with WHO. The inaugural session was held on 5 September 2016 in which Mr Ranil Wickremesinghe, Prime Minister of the Democratic Socialist Republic of Sri Lanka, delivered the inaugural address.

34. In the absence of the Chairperson and Vice-Chairperson of the sixty-eighth session of the Regional Committee, the Regional Director opened the meeting in accordance with Rule 12 of the Rules of Procedure of the WHO Regional Committee for South-East Asia. Dr Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine, Sri Lanka, and Mr Zahid Maleque, State Minister, Ministry of Health and Family Welfare, Bangladesh, were elected Chairperson and Vice-Chairperson, respectively. A drafting group on resolutions, comprising a representative from each Member State, was constituted.

PART 1: MINISTERIAL ROUNDTABLES

35. As part of the sixty-ninth session of the Regional Committee, two ministerial roundtable discussions were conducted. These were on: strengthening health systems to address noncommunicable diseases at the primary health care level; and Sustainable Development Goals and universal health coverage. A summary of the proceedings was reported to the plenary as follows:

(a) Strengthening health systems to address noncommunicable diseases at the primary health care level

Member States shared concern on the impact of noncommunicable diseases on health and society, including high and increasing health care costs. Health ministers commented on the rapid changes in demographic profiles as well as lifestyle of populations as determinants and correlates of the challenge of noncommunicable diseases. The major gaps in the current health care system were recognized, particularly with regard to primary health care, including inadequate financial and human resources and lack of a robust health information system.

All Member States in the Region have demonstrated policy commitment in tackling noncommunicable diseases, including setting national targets, multisectoral plans and strategies, increasing resource allocation to noncommunicable disease programmes and establishment of dedicated units responsible for prevention and control.

It was noted that there is an urgent need to promote a comprehensive and integrated noncommunicable diseases management system, ranging from primary prevention to screening and palliative care in the community. Noncommunicable diseases management at the primary health care level should be well harmonized with other components of noncommunicable diseases prevention and control systems, including risk reduction and primary prevention, school health programmes and health promotion.

The Colombo Declaration on Strengthening Health Systems to accelerate Delivery of NCD Services at the Primary Health Care Level was adopted by the ministers and endorsed by the ninth Regional Committee in resolution SEA/RC69/R1.

(b) Sustainable Development Goals and universal health coverage

The Committee noted that the Sustainable Development Goals include “unfinished business” from the era of the Millennium Development Goals and emphasized the need for stronger health systems. Ministers discussed the lessons learned from implementing the latter. They highlighted some gaps and challenges: the Millennium Development Goals addressed only part of a country’s health needs; there are critical health workforce gaps in many countries; out-of-pocket payments for health care are high in some countries and are difficult to reduce; and there are inequalities in service delivery. There is a need for more intersectoral actions and collaboration for greater health literacy, ways to work with the private sector and non-State actors, and stronger health monitoring systems and more disaggregated data. The Committee noted the importance of prevention and health promotion, as well as primary health care, in ensuring good health and well-being.

PART 2: TOPICS FOR GLOBAL DISCUSSION

I. Programme budget matters

1. Programme budget 2016–2017: implementation

36. The Committee noted the status of financial implementation of the Programme budget 2016–2017. The Committee was informed that in addition to the periodic mandatory reporting, which was previously done twice in the biennium (“end-of-first-year” and “end-of-biennium”), a six-monthly assessment has been in place. The Committee was reminded that recommendations for action in the area of budget implementation had been made by the Subcommittee on Policy and Programme Development and Management at its ninth meeting held in the Regional Office on 15 July 2016. Broad support was expressed by the Committee for the recommendations made by the Subcommittee and appreciation expressed for the ongoing collaborative and support efforts made by WHO in this area.

37. The Committee was provided with updates of national initiatives and progress in budget implementation, and expressed appreciation for the impetus which continued to be provided by the Regional Director. It was noted that although the Region has performed relatively well in the global context, there was scope for further improvement and performance enhancement. The Committee noted with appreciation the regional achievements in terms of both technical and financial implementation and highlighted the need for continuous resource mobilization to ensure that funding gaps are filled.

38. The Committee was informed of the strengthened mechanisms to expedite high-quality implementation of programme management, including enhanced administrative and programmatic reviews of all country offices and joint collaboration monitoring mechanisms between health ministries and WHO country offices.

2. Programme budget performance assessment: 2014–2015

39. The 2014–2015 Programme Budget Performance Assessment, a self-assessment exercise, is the first Organization-wide end-of-biennium review implemented within the Twelfth General Programme of Work 2014–2019.

40. The Committee noted with appreciation the new format of the joint report of the Programme Budget Performance Assessment, with information on technical as well as financial monitoring.

41. The Committee also noted the Programme Budget Performance Assessment exercise conducted in the South-East Asia Region and requested an in-depth analysis of the lessons learned, which could be applied to strengthen the efficiency of support, including preparation of timely and accurate financial and donor reports at the WHO country office level. This would help to increase the extent and quality of implementation for the current biennium.

3. Proposed programme budget 2018–2019

42. The Committee reviewed and considered the Regional Committee version of the draft proposed programme budget 2018–2019. It noted that the programme budget for the biennium 2018–2019 is the third and last such budget within the Twelfth General Programme of Work and the outcome of the work on WHO reform in response to emergencies, as well as in line with leadership priorities and strategic directions indicated and programmatic structures set therein, especially taking into account that the global health road map now extends to 2030 with the Sustainable Development Goals in place.

43. The Committee noted that the Proposed programme budget 2018–2019 has been developed through a robust process, starting with the identification of priorities from the country level and aligned to regional and global commitments.

44. The Committee noted that the Regional Committee version of the Proposed programme budget 2018–2019 incorporates the new WHO Health Emergencies Programme. The draft proposed programme budget 2018–2019 presents the new single Programme, its programmatic structure, one budget and one set of performance metrics.

45. The Committee noted that the WHO Health Emergencies Programme saw an increase of US\$ 160 million for the biennium 2016–2017 and a further increase is proposed for the biennium 2018–2019. The Committee appreciated the changes in emphasis that the Regional Director has initiated in the programme budget submission to focus on the regional flagship priority areas and ensuring transparency, accountability and risk management. In this context, the importance of dialogue and bottom-up planning was very important.

46. The Committee noted with concern that the significant decrease in the budget for polio eradication could negatively impact the implementation of polio transition and end-game activities. The Committee also discussed the increased budgetary needs arising out of the proposed renovation/reconstruction of the Regional Office building and requested the Regional Director to negotiate and secure at the appropriate forums the additional budgetary requirements for these two needs.

47. The Committee adopted a resolution on this agenda item.

II. Overview of WHO reform

48. The Committee acknowledged the significant progress made by the Organization towards meeting the objectives and deliverables of WHO reform, in all the three components – programmatic, governance and managerial – which includes provision of effective policy and technical support to Member States; alignment of financing and staffing needs to match priorities and requirements; efficient mechanisms for compliance, accountability and risk management; and a culture of evaluation and strategic communication.

49. The Committee noted the adoption of the Framework of Engagement with Non-State Actors and looked forward to guidelines on implementation.

50. The Committee recognized the South-East Asia Region's active participation in the WHO reform process and demonstrated measurable improvement in organizational performance.

51. The Committee noted the progress in programmatic reform with refined deliverables, the Region's focus on results with 75% of measurable top tasks and the development of a regional evaluation framework, with two independent evaluations completed.

52. The Committee noted the regional contribution to governance reform that included a reduction in the number of agenda items, pre-session documents and draft resolutions at the Regional Committee's session, reduction of the use of paper during high-level meetings, and review and "sunsetting" of 32 past resolutions of the Regional Committee.

53. The Committee recognized the Region's efforts and contributions towards managerial reform, including development and implementation of management and compliance dashboards; conduct of administration and programme review missions in five country offices to identify best practices and areas for improvement in administration and programmatic management; and expansion of the Annual Representation letter. These would include WHO Representatives and department directors to verify compliance and accuracy of financial records; development and implementation of electronic monthly Imprest returns; establishment of the regional compliance network with active participation and involvement of all country offices and departments at the Regional Office; and overall improvement in compliance, demonstrated by reduced number of outstanding audit recommendations, outstanding direct financial cooperation reports, implementation of risk registers and Internal control framework checklists.

54. In line with WHO reform, the Committee recognized the work of the consultative meeting on the process for nomination of the Regional Director by the Regional Committee for South-East Asia held in 2012. Subsequently, resolution SEA/RC65/R1 was adopted, and Rule 49 of the Rules of Procedure of the WHO Regional Committee for South-East Asia was revised. The Committee decided to set up an informal working group comprising some Member States of the Region to review the measures adopted by the other WHO regional offices in aligning the process for election of the Regional Director relating to the introduction of a code of conduct and a standardized curriculum vitae.

PART 3: TOPICS OF REGIONAL SIGNIFICANCE

I. Antimicrobial resistance

55. The Committee noted that actions had been taken at the country level to counteract antimicrobial resistance. In adherence to the commitment made in the Health Assembly's resolution WHA68.7 (2015), the development and/or alignment of national action plans to the global action plan on antimicrobial resistance has progressed well in all countries in the Region. The Committee emphasized the importance of intersectoral collaboration involving the human health, animal health and environmental sectors. Applying the "one-health approach" is the key to preventing and combating antimicrobial resistance.

56. The Committee noted that the comprehensive approach of conducting situational analyses and planning, and of conducting activities across priority areas jointly with other sectors would improve the response to antimicrobial resistance. Other important aspects were regulation of the sale of antibiotics in pharmacies, guidance on their prescription for medical practitioners, guidance on their use in the animal sector and information, education and communication materials for the general public. The Committee noted the importance of innovative research and development of new antibiotics, based on strengthened public-private partnerships.

57. The Committee welcomed the high-level meeting on antimicrobial resistance to be held at the time of the United Nations General Assembly on 21 September 2016.

58. The Regional Director, responding to comments, said that she was gratified that all Member States in the Region were taking action against antimicrobial resistance, following the ministerial Jaipur Declaration on Antimicrobial Resistance (2011) and Regional Committee resolutions. She had included antimicrobial resistance among the seven flagship areas and noted progress in achieving key deliverables in countries. Antimicrobial resistance is a global problem due to which the safety net generated by antimicrobial agents was shrinking. The health, agriculture, animal and environmental sectors needed to work together. She emphasized the coordinated approaches across sectors, especially through surveillance systems to prevent and combat antimicrobial resistance. Commendable actions, with growing momentum, were being taken by the Member States. Strong political leadership was needed, with enforcement mechanisms, to ensure good prescribing practices. She reiterated WHO's commitment to support Member States in combating antimicrobial resistance through capacity-building and technical assistance.

II. International Health Regulations (2005) post-2016

59. The Committee noted the progress made in Member States in achieving the core capacities defined by the International Health Regulations (2005). The Committee urged strengthening of certain areas of the global implementation plan, specifically National IHR Focal Points; soliciting and sustaining high-level political support; working with other sectors; and facilitating capacity-building for the health workforce through regional networks. The Committee also called for support for improving the following capacities: laboratories, addressing chemical and radionuclear events, and at points of entry.

60. The Committee was further informed that the Secretariat will continue to support the scaling up of core capacities required under the Regulations in countries in the Region and in implementation of the global implementation plan. The Regional Director also informed the Committee that, with the WHO Health Emergencies Programme, the Secretariat will be further strengthened to provide adequate support to Member States.

III. Ending preventable maternal and child mortality

61. The Committee noted the significant decline in child mortality in the Region over the past few years. The Committee appreciated WHO's leadership role in providing evidence-based guidelines and technical support to countries to continue to strengthen health systems and services to build on the achievements of the Millennium Development Goal era to make further gains on reducing maternal and child mortality from preventable causes. Member States appreciated that the Regional Director had made "Ending preventable maternal, newborn and child deaths with focus on neonatal deaths" one of the regional flagship priorities.

62. The Committee was informed of the innovative strategies used by Member States to reach the unreached, so that "no one is left behind". They also expressed their commitment to operationalize the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030, and to expand infrastructure and the health workforce to provide quality care to mothers and children. In doing so, Member States look upon the Secretariat to provide technical assistance and, where feasible, even financial support to take this agenda forward. In addition to initiatives on maternal and child health, the well-being of adolescents was highlighted, with a special focus on prevention of adolescent pregnancy. Member States also emphasized the importance of strengthening the health management information system, including strong civil registration of vital statistics and surveillance of and response to maternal and perinatal death.

63. The Committee adopted a resolution on this agenda item.

IV. Time-bound elimination of neglected tropical diseases

64. The Committee noted that at least one neglected tropical disease is endemic in each Member State in the Region, which bears the second highest burden of these debilitating infections globally. The Committee noted that elimination of the targeted neglected tropical diseases is a regional health priority and one of the flagship priority areas for the Region.

65. The Committee noted the commendable progress towards WHO's targets in the road map for implementation of policies and strategies against neglected tropical diseases. India has been formally recognized as being free of yaws, while elimination of lymphatic filariasis and malaria as a public health problem has been verified in Maldives and Sri Lanka. The Committee requested the Secretariat's support in strengthening cross-border collaboration, information sharing between countries, strengthening vector control and provision of critical flexible funds to accelerate progress and address some of the last mile challenges.

66. The Committee also highlighted the possibility of re-emergence of some of the eliminated neglected tropical diseases and underscored the need for continued vigilance and for a strong surveillance system. The importance of continued political commitment and resource allocation to sustain the gains and accelerate progress was emphasized.

V. The Decade for Health Workforce Strengthening in the South-East Asia Region 2015–2024: the first review of progress, challenges and opportunities

67. The Committee expressed its support for the decade-long commitment to strengthening the health workforce in the Region and for this first progress report by the Secretariat. Several countries emphasized the need to make the health workforce fit for purpose in the face of changing health service needs. The synergies between a strengthened health workforce, progress on universal health coverage and advancing the health-related Sustainable Development Goals were noted. Persistent challenges were noted, which include low levels of health-care worker remuneration, high turnover and delivering health care in rural and remote areas. There remains a clear emphasis on interventions to improve rural retention and transformative education. In addition, growing attention is being paid to health workforce governance and leadership, and to the need to improve health workforce data.

68. The Committee endorsed recommendations of the High-Level Preparatory Meeting (New Delhi, 11–14 July 2016) with the clarification that the Regional Office will work with Member States to develop indicators to track the progress and impact of interventions to strengthen human resources for health.

VI. Emergency reform

69. The Committee took note of the various hazards and risks that Member States in the Region face, and recounted recent events such as the Nepal earthquake of 2015 and the monsoon floods in several countries. The Committee was provided with updates on the risk assessment-based preparedness that countries are currently doing for the Zika virus infection, which, together with its associated complications of microcephaly and neurological symptoms and syndromes, was declared early in 2016 a public health emergency of international concern.¹

70. The Committee noted the progress on the reform of WHO's work in health emergency management and welcomed the adoption of an all-hazards approach to emergencies and a focus on preparedness of Member States.

71. The Committee was assured that systems already in place such as those for emergency funding, efforts for organizational readiness and the focus on country preparedness will continue. It was observed that the Region has learned its lessons from the tsunami of 2004 and has built on these in the past years. The Committee cited the regional benchmarks for emergency preparedness and response and the South-East Asia Regional Health Emergency Fund. The Committee was also updated on the progress of emergency reform in the Region in the areas of programme development and planning, staffing in the Regional Office, readiness assessments and financing issues.

¹ After this report was written, the Director-General declared the end of the Public Health Emergency of International Concern on 18 November 2016, see <http://www.who.int/mediacentre/news/statements/2016/zika-fifth-ec/en/> (accessed 12 December 2016).

VII. Promoting physical activity in the South-East Asia Region

72. The Committee acknowledged that insufficient physical activity is the fourth leading health risk factor globally. Promoting physical activity is a cost-effective approach and has a long-term impact on healthy lifestyles for individuals, communities and entire populations when applied strategically and implemented effectively in all settings and across all walks of life. The Committee underscored that promoting physical activity requires a multisectoral approach to operationalizing policies, plans and strategies that are in place with appropriate measurable targets to reduce physical inactivity and sedentary lifestyles, and the engagement of stakeholders at all levels.

73. The Committee noted that effective interventions within and beyond the health sector focusing on policy, the environment, media, schools, workplaces, communities and cities can increase levels of physical activity among populations. Physical activity can also significantly contribute towards achieving many of the Sustainable Development Goals and is an important factor in ensuring sustainable and healthy lifestyles.

74. The Committee also enunciated the need to promote knowledge and experience-sharing within and across Member States. Monitoring and evaluation of the situation and the effectiveness of policy to promote physical activity are crucial challenges in the Region, and the Committee urged the Secretariat to play a major role in supporting countries in this area, as well as to share good practices, such as yoga and other traditional approaches to physical activity.

75. The Committee adopted a resolution on this agenda item.

VIII. Strategic action plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025

76. The Committee took note of the fact that malnutrition in all its forms threatens human development. Both undernutrition and overweight and obesity throughout the life course are public health problems in the Region, affecting Member States to varying degrees. Undernutrition, including micronutrient deficiencies, contributes to about 45% of preventable deaths of children under 5 years of age annually, while overweight resulting from unhealthy diets and sedentary lifestyle underpins high rates of noncommunicable diseases in Member States. Therefore, urgent attention is needed to reduce malnutrition.

77. The Committee noted that double burden of malnutrition, characterized by persistent undernutrition (stunting, wasting and micronutrient deficiencies) and coexisting overweight and obesity, affects most Member States in the Region. The Regional Office has developed a strategic action plan to reduce the double burden of malnutrition in the Region, through extensive consultation with Member States, technical experts and WHO country offices and headquarters. The plan focuses on creating an enabling environment that will facilitate the implementation of interventions focused towards both undernutrition and overweight and obesity.

78. The Committee noted the achievements made by Member States in reducing stunting and wasting, and the issues faced in attempting to reduce micronutrient deficiencies, which are persistent. The added burden of overweight and obesity which was occurring in varying degrees across Member States was considered to be a multidimensional challenge. The importance of addressing overweight and obesity without deprioritizing the undernutrition agenda was reiterated.

79. The Committee agreed that the strategic action plan will serve Member States as an advocacy and reference tool, to ensure that interventions covering the double burden of malnutrition are addressed comprehensively and simultaneously in Member States' policies, strategies and actions, while taking into account individual country contexts.

80. The Committee adopted a resolution on this agenda item.

IX. Migration and health

81. The Committee fully supported the actions proposed in the background paper but suggested that the title be changed to "Health of migrants", in line with the title and the discussion in the Health Assembly. The Committee proposed that rapid situation analyses be conducted in both individual countries and the Region on the health of migrants and that a report be made available before the second consultation to be held in Sri Lanka in February 2017.

82. The Committee noted the need for migrant-sensitive legislation, policies and health systems, emphasizing that the focus on migrant health in the health sector must be comprehensive, covering all public health functions and health system strengthening, with focused interventions and tailored services to address the special needs of different migrant groups.

83. The Committee noted that several countries in the Region are both recipients and areas of origin of migrants and expressed concern about the vulnerability and health issues of migrants in recipient countries. They highlighted the need for appropriate health screening, including pre-departure medical check-ups.

84. The Committee emphasized that the focus should be on not only communicable diseases but also other health conditions and services, like accident and emergency services.

85. The Committee requested guidelines and global standards for the health of migrants to support Member States in their efforts to provide health services to migrants.

PART 4: MANAGEMENT AND GOVERNANCE MATTERS

I. Status of the South-East Asia Regional Office building

86. Expressing concern over the seismic safety of the current building, the Committee agreed that the condition of the Regional Office building warranted an immediate decision on temporary relocation and construction of new premises. The host Member State (India) confirmed to the Committee that the current lease arrangements for the land will continue and pledged support to the temporary relocation in New Delhi as well as a substantial contribution to the building project. Sri Lanka also assured a contribution. The Committee was informed that a full report, including a financing plan for the new building, should be submitted for the Executive Board's consideration by the end of October 2016 in order for the matter to be addressed and considered by the Seventieth World Health Assembly.

Resolutions and decisions adopted

87. The Regional Committee adopted eight resolutions, on: Colombo Declaration on strengthening Health Systems to accelerate Delivery of NCD Services at the Primary Health Care Level (SEA/RC69/R1); Proposed Programme Budget 2018–2019 (SEA/RC69/R2); Ending preventable maternal, newborn and child mortality in the South-East Asia Region in line with the Sustainable Development Goals (SDGs) and Global Strategy on Women’s, Children’s and Adolescents’ Health (SEA/RC69/R3); Promoting physical activity in the South-East Asia Region (SEA/RC69/R4); Strategic action plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025 (SEA/RC69/R5); Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (SEA/RC69/R6); Amendment to the Rules of Procedure of the WHO Regional Committee for South-East Asia (SEA/RC69/R7); and Resolution of thanks (SEA/RC69/R8). It also adopted five decisions, on: Overview of WHO reform, Review of Regional Committee resolutions, Policy and Coordination Committee membership, time and place of future sessions of Regional Committee, and SEA Regional Office building.

Sixty-sixth session of the WHO Regional Committee for Europe (Copenhagen, Denmark, 12–15 September 2016)

Summary report by the President (Dr Kristján Pór Júlíusson, Minister of Health, Iceland)¹

PART 1: TOPICS FOR GLOBAL DISCUSSION

Governance reform issues resulting from the Open-ended Intergovernmental Meeting on Governance Reform

88. The Regional Director described the measures undertaken to promote governance reform. A representative expressed concern over the growing number of action plans, strategies, road maps, frameworks for action and similar documents. Several calls were made for an in-depth discussion on the principles governing the adoption of regional instruments and the preparation of resolutions inspired by ministerial meetings.

Framework of Engagement with Non-State Actors

89. The WHO Representative to the European Union described the principles and parameters of the Framework of Engagement with Non-State Actors and the checks and balances that had been built into its operation. Representatives of several Member States welcomed the adoption of the Framework and noted the importance of coherent implementation across all levels of the Organization.

WHO's work in outbreaks and emergencies with health and humanitarian consequences

90. The Secretariat described the structure and main priority areas of the new WHO Health Emergencies Programme at the level of the European Region.

91. In an extensive discussion, representatives stressed the crucial role of WHO in coordinating prompt action and in providing authoritative information during a health emergency – a task that it should not delegate to external partners and for which it required adequate and sustainable financial and staffing resources at all levels. A representative requested more information about the respective roles of Member States, WHO headquarters and country offices, and other actors in the joint external evaluation process. In view of the significant budget increase associated with the Programme's creation, the outputs to be delivered by WHO must be clearly specified. Representatives expressed concern about the shortfall in financing of the Programme.

¹ The full report of the session (document EUR/RC66/REP) and all working documents and resolutions mentioned in the report are available from: <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation> (accessed 9 December 2016).

Health in the 2030 Agenda for Sustainable Development and its relation to Health 2020, midterm progress report on Health 2020 implementation, and midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services

92. The Regional Director summarized progress on the 2030 Agenda for Sustainable Development and noted that all countries in the European Region had started to work on localizing the Agenda. The Regional Office would develop a regional road map to implement the Sustainable Development Goals. The Committee adopted resolution EUR/RC66/R4.

93. The Secretariat presented the midterm progress report on Health 2020 implementation 2012–2016. Monitoring of progress towards Health 2020 targets and indicators showed that Member States were on track to increase life expectancy and to reduce health inequities and premature mortality; however, absolute differences between countries remained substantial. Since the adoption of Health 2020, national health policy development and all WHO European Region's strategies, action plans, ministerial conferences and other high-level meetings had been aligned under the Health 2020 umbrella.

Proposed programme budget 2018–2019

94. The Secretariat reported on the draft proposed programme budget 2018–2019 and drew attention to the letter from the Director-General dated 19 July 2016 to all Member States, asking them to consider an increase in their assessed contributions.

95. The Secretariat described trends in budget levels and programme implementation in the European Region for the initial period of the Twelfth General Programme of Work, 2014–2019. The proposed programme budget 2018–2019 showed an increase of 7.6% over the budget for current biennium, which was largely attributable to the WHO Health Emergencies Programme. The top three priorities identified by Member States for the biennium 2018–2019 were noncommunicable diseases, health services and tuberculosis. According to current projections, it appeared likely that financing would be available for 48% of the proposed budget, with considerable reliance on a few major donors, a high proportion of earmarked funding, and some remaining pockets of poverty.

96. The Committee welcomed the opportunity to discuss the proposed programme budget at an early stage of the budgeting process and requested more details about the rationale behind the proposed changes in priority for funding. One representative expressed reservations about the large increase in the budget for health emergencies compared with other important programmes, including those related to implementation of the Sustainable Development Goals. The increase in the global budget for activities to combat antimicrobial resistance was welcomed, although the figure for the European Region had been reduced by 11%.

97. Concerns were expressed with regard to the proposed reduction in the budget allocation for activities related to transparency, accountability and risk management at corporate level. Representatives queried the proposed cuts for the European Region in the areas of environment and health and promoting health through the life course, citing their importance for the attainment of the Sustainable Development Goals.

98. Some representatives expressed support for the increase in assessed contributions proposed by the Director-General, despite the fact that the amount of the increase had not been specified. Others said that, instead of asking for an increase, the Secretariat should make more strategic use of existing assessed contributions, remedy inefficiencies in its work and reassess programme priorities.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

The Minsk Declaration on the Life-course Approach in the Context of Health 2020

99. A life course approach to health and well-being builds on the interaction of multiple promotive, protective and risk factors throughout people's lives. The Minsk Declaration, adopted by the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 (Minsk, 21–22 October 2015), emphasizes the complex lifelong and cumulative interaction of risk factors and the need for timely action by the health and other sectors, with the involvement of government as a whole and the empowerment of civil society. Representatives underscored the relevance of the Minsk Declaration to the Health 2020 policy framework in the wider context of the 2030 Agenda for Sustainable Development. The Committee adopted resolution EUR/RC66/R3. A ministerial lunch on health promotion through the life course was held on 13 September.

Action plan for the prevention and control of noncommunicable diseases in the WHO European Region

100. The Secretariat introduced the draft action plan for the prevention and control of noncommunicable diseases in the WHO European Region. The Region was, for the most part, on track for reaching global targets but national and gender-based variations were considerable. A representative of the Standing Committee expressed support for the proposed action plan.

101. Representatives expressed broad support for the proposed action plan, welcoming the link to the broader global health and development agendas and the inclusion of mental, oral and musculoskeletal health and air pollution. Clarification was requested on the added value of a regional plan compared with the global action plan for the prevention and control of noncommunicable diseases 2013–2020. Greater emphasis should be placed on new, emerging evidence of the epigenetic influence of endocrine disruptors; the health risk posed by air pollution; the importance of early action; and the value of addressing the four major noncommunicable diseases jointly. The Committee adopted resolution EUR/RC66/R11.

Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery

102. The Secretariat presented the draft framework for action on integrated health services delivery, covering individuals and communities, services delivery, systems enablers and change management, and drew attention to the new geographically dispersed office for primary health care in Almaty, which would act as an implementation hub for primary health care and services delivery in the European Region.

103. Representatives expressed strong support for the draft framework for action, commending its emphasis on the life course approach, accountability, governance and patient engagement and its timeliness in the current context. People, services, health systems and change management were cited as the key areas for action. The Committee adopted resolution EUR/RC66/R5.

Strategy and action plan for refugee and migrant health in the WHO European Region

104. The Secretariat introduced the draft strategy and action plan for refugee and migrant health in the WHO European Region, which laid down the guiding principles governing all interventions, including respect for human rights and gender equity and a multisectoral approach. The draft action plan defined nine strategic priority areas, with associated action to be taken by Member States and the Regional Office.

105. The Standing Committee underscored the complex nature of the relationship between migration and health, which required close collaboration between sectors, governments and international organizations and a coherent approach to migration and health in countries of origin, transit and destination.

106. Representatives recommended that action should be targeted at the most vulnerable groups, including unaccompanied children, pregnant women, elderly people and people with disabilities. The potential contribution that migrants could make to their host countries was underscored. Epidemiological monitoring for early warning of possible epidemics was particularly important, although one representative questioned the potential reporting burden on Member States. The Committee adopted resolution EUR/RC66/R6.

Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in the WHO European Region – leaving no-one behind

107. The Committee considered the draft action plan, which had been under negotiation since 2014. In a lengthy discussion, many representatives welcomed the draft action plan, and some expressed deep disappointment that revisions to the draft had weakened its content considerably, notably by removing the reference to sexual and reproductive rights in the title. Others deplored the remaining references to “sexual and reproductive health and rights” in the body of the draft and said that care should be taken to consider which aspects of children’s and adolescents’ health were the responsibility of the State and which were the responsibility of parents and guardians. The Committee adopted resolution EUR/RC66/R7. Three Member States dissociated themselves from both the action plan and the resolution.

Strategy on women’s health and well-being in the WHO European Region

108. The Secretariat introduced the draft strategy on women’s health and well-being in the WHO European Region. In a panel discussion, participants noted that the promotion of women’s health required a multisectoral approach, with the economic sector being particularly relevant. Women’s contribution to the health economy in paid and unpaid work had never been quantified. Women involved in the global care chain were mostly in precarious employment and underpaid, but still contributed to development elsewhere through remittances.

109. Speakers noted that gender was a powerful determinant of health and called for women to be more closely involved in a gender-responsive, whole-of-government approach to policy-making. Several participants commended the link between the promotion of women’s sexual and reproductive rights and the promotion of health and well-being; the strategy should therefore be delivered in tandem with the action plan for sexual and reproductive health. However, one representative took issue with the sexual and reproductive rights aspect of the proposed strategy, and reservations were expressed about the proposed categories for the collection of disaggregated data, which might interfere with the right to privacy. The Committee adopted resolution EUR/RC66/R8.

Action plan for the health sector response to HIV in the WHO European Region

110. The Secretariat introduced the draft action plan, aimed to end the AIDS epidemic as a public health threat by 2030. Representatives noted that migration and the nature of communicable diseases meant that HIV could not be tackled by countries acting on their own: cross-border collaboration and the exchange of experience would be required, and some countries would require continued financial support from international donors. They stressed the importance of surveillance and research, but recommended that cross-border sharing of information should take place only with the informed consent of the patient.

111. All speakers endorsed the new regional action plan and expressed support for the draft resolution. The Committee adopted resolution EUR/RC66/R9.

Action plan for the health sector response to viral hepatitis in the WHO European Region

112. Chronic viral hepatitis causes more than 170 000 deaths per year in the European Region. The Secretariat introduced the draft action plan for the health sector response to viral hepatitis, aiming to eliminate viral hepatitis as a public health threat in the WHO European Region by 2030.

113. Many representatives expressed their support for the draft action plan. New hepatitis C treatments were particularly expensive, and steps should be taken to make them available and accessible. Representatives drew attention to the need for measures to prevent the use of counterfeit medicines, which were arriving in European countries through new smuggling routes. The Committee adopted resolution EUR/RC66/R10, with two amendments.

Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

114. The Secretariat introduced the draft action plan, which is the first of its kind for WHO and aimed to promote the generation and use of multidisciplinary and intersectoral evidence for policy, including existing policy frameworks such as Health 2020 and the 2030 Agenda for Sustainable Development. The plan and accompanying resolution outlines concrete actions for Member States and WHO to strengthen the use of evidence in four key areas.

115. Representatives welcomed the plan and its focus on e-health and health information systems. Care must be taken to harmonize and rationalize the collection of data in order to minimize the burden on Member States. The Committee adopted resolution EUR/RC66/R12, with one amendment.

Sixty-third session of the WHO Regional Committee for the Eastern Mediterranean (Cairo, Egypt, 3–6 October 2016)

Summary report by the Chairman (Dr Ahmed Emad El Din Rady, Minister of Health and Population, Egypt)

116. The sixty-third session of the Regional Committee for the Eastern Mediterranean was held at the Regional Office in Cairo, Egypt, 3–6 October 2016. Twenty-two Members of the Committee were represented. Observers from other United Nations and intergovernmental organizations and non-State actors also attended.

PART 1: TOPICS FOR GLOBAL DISCUSSION

Implementation of the International Health Regulations (2005)

117. The Committee was informed that the independent regional assessment commission, established in accordance with resolution EM/RC62/R.3 to assess and advise Member States on implementation of the International Health Regulations (2005), had made recommendations to countries to accelerate implementation in the Region. It was also noted that joint external evaluation assessments had been conducted in six countries in the Region, with nine more planned before April 2017. The Committee was invited to consider the recommendations of the regional assessment commission and provide comments on WHO's draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The Committee noted the importance of compliance with the Regulations and maintaining core capacities, along with the key role of multisectoral coordination in this, and the need to focus on mass gatherings.

WHO reform

118. The Committee was reminded of the comprehensive WHO reform agenda, and in particular of the recommendations of the Executive Board and World Health Assembly aimed at strengthening and increasing the harmonization of the procedures and processes of governing bodies across the Organization. The Committee was accordingly invited to discuss proposed amendments to its Rules of Procedure, including a code of conduct for nomination and duration of appointment of the Regional Director, election of Regional Committee officials, establishment of a programme subcommittee, and proposed reforms to regional processes for nomination of Executive Board members and a country in the Region for President and other elected officials of the Health Assembly. Representatives expressed appreciation to WHO for the ongoing efforts to improve governance processes and proposed that a review of governance reforms be conducted on a regular basis. Following discussion, the Committee adopted the changes proposed.¹

¹ Resolution EM/RC63/R.6.

Proposed programme budget 2018–2019

119. The Committee discussed the Proposed programme budget 2018–2019. It highlighted the need for synergy in the use of resources among all partners, especially in the area of emergencies, as well as the need to increase voluntary contributions and to advocate with partners for unearmarked funds. Concerns were raised over several issues including: the budget for emergencies in the Region; reflecting the Sustainable Development Goals in the budget; delegation of authority to heads of country offices and priority-setting in countries; and support for country offices. The Secretariat acknowledged that, although WHO is taking several approaches to ensure optimum use of resources among partners, such as the health cluster approach in emergencies, more work could be done to improve the way it works with other organizations. The Secretariat was making continuous improvements in efficiency, and robust flexibility is built in to ensure that funds can be reallocated to address emerging priorities. In terms of country allocations, the approved budget share for country offices had risen to over 80% in 2016–2017.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Improving access to assistive technology

120. The Committee discussed the need to increase access to assistive technology and ensure its integration into universal health coverage, and noted its particular importance for the Region in light of the protracted crises and the resulting numbers of people with disabilities. The Committee suggested the need to redefine assistive technology on a broader basis and to change the way assistive products are designed, distributed and financed. Several representatives drew attention to multisectoral collaboration as critical for the identification of needs and the provision of assistive products. The role of primary health care in needs identification, provision and follow-up of utilization was emphasized. Representatives highlighted the importance of a legal framework for the adoption of policies and programmes related to assistive technology, and for capacity-building and mechanisms to provide assistive products at affordable cost. The Committee urged Member States *inter alia* to develop an evidence-based integrated policy to improve access to assistive technology for all as an essential component of health service delivery systems, supported by adequate financing, and to conduct a needs assessment using appropriate WHO tools to inform adequate planning of services.¹ The committee requested the Director-General to include this subject in the provisional agenda of the 140th session of the Executive Board.

Strategic frameworks for strengthening health laboratories and blood transfusion services

121. The Committee discussed the proposed strategic frameworks, which were aimed at enabling countries to ensure that their national laboratory systems were well-coordinated, sustainable, accessible for all, and able to generate safe, reliable and timely results for public health purposes and patient care, and to develop and strengthen their national blood systems to ensure the continuity, sufficiency, sustainability and security of national supplies of safe and efficacious blood and blood components to meet national needs. It highlighted the need to integrate laboratory and blood transfusion services into vertical health programmes, for support in quality assurance and laboratory

¹ Resolution EM/RC63/R.3.

accreditation, and to strengthen the public health and epidemic preparedness roles of health laboratory services. The Committee endorsed the proposed strategic frameworks for strengthening health laboratories and blood transfusion services. It urged Member States to develop national plans accordingly and requested the Secretariat to provide support in this regard.¹

Scaling up family practice: progressing towards universal health coverage

122. The Committee discussed the need for comprehensive and sustainable national policies and programmes on family practice, together with a framework for action for Member States and the Secretariat for advancing family practice towards universal health coverage in the Region. Representatives highlighted some of the constraints to scaling up family practice in the Region and stressed the need for reform of medical education curricula, an operational guide, linkages of family practice with secondary care, and standardization of bridging programmes as a transitional arrangement to upgrade general practitioners as family practitioners. The Committee called on Member States *inter alia* to incorporate the family practice approach into primary health care services as an overarching strategy to advance towards universal health coverage, to strengthen the capacity of family medicine departments in the public health institutes and medical education institutions in order to increase the number of family physicians, and to establish bridging programmes for general physicians.²

Nomination of the Regional Director

123. The Regional Committee, in a private session, nominated Dr Mahmoud Fikri to serve as Regional Director for the Eastern Mediterranean and requested the Director-General to propose to the Executive Board the appointment of Dr Mahmoud Fikri from 1 February 2017.³

Expression of appreciation to Dr Ala Alwan

124. The Regional Committee expressed appreciation of the commitment of Dr Ala Alwan to international health, his dedicated leadership and invaluable contribution to health development in the Eastern Mediterranean Region during his tenure as Regional Director. In this regard, the Regional Committee decided that Dr Alwan be made Regional Director Emeritus.⁴

¹ Resolutions EM/RC63/R.4 and EM/RC63/R.5.

² Resolution EM/RC63/R.2.

³ Resolution EM/RC62/R.7.

⁴ Resolution EM/RC63/R.8.

Sixty-seventh session of the WHO Regional Committee for the Western Pacific (Manila, Philippines, 10–14 October 2016)

Summary report by the Chairperson (Datuk Seri Dr S. Subramaniam, Minister of Health, Malaysia)

PART 1: TOPICS FOR GLOBAL DISCUSSION

Implementation of the International Health Regulations (2005)

125. The Regional Committee for the Western Pacific considered the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), which built on the Asia Pacific Strategy for Emerging Diseases (APSED) endorsed by the Regional Committee in 2005 and subsequently updated in 2010. In its first 10 years, the latter has served as a de facto implementation plan for Member States in developing core capacities under International Health Regulations (2005). As such, the strategy has made significant contributions to health security. An evaluation in 2015 confirmed that the strategy had been crucial in developing core capacities under the Regulations. In the evaluation, Member States also requested that the strategy be updated to address continuing health security threats.

126. In response, APSED III has incorporated lessons from recent regional and global outbreaks and taken into consideration the results of parallel global discussions on the Regulations triggered by the Ebola virus disease outbreak, as well as the new IHR (2005) Monitoring and Evaluation Framework with the Joint External Evaluation tool. Member States noted that the APSED approach could serve as a model for other countries, as a useful, all-hazards strategy for preparedness and response not only to communicable diseases outbreaks but also to health emergencies from natural and humanitarian disasters.

127. Member States discussed the draft global strategic plan for carrying out recommendations on implementation of the Regulations at a side event on health security. They confirmed that APSED III, like its predecessor, can serve as an implementation plan for the Regulations in the Region, noting that APSED III is already aligned with the global recommendations and includes the new Monitoring and Evaluation Framework and the Joint External Evaluation tool. Member States voiced strong support for the updated approach, with some sharing positive results of completed joint external evaluation that will be used to inform their workplan for implementation of APSED III.

128. After consideration, the Regional Committee endorsed the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) as a tool to implement the IHR (2005) Monitoring and Evaluation Framework, including the joint external evaluation process, and to strengthen political commitment for investment in human and financial resources required to advance the implementation of Regulations (resolution WPR/RC67/R.6).

WHO reform

129. Approval was expressed for the ongoing WHO reform process, which has been a recurring agenda item for the Health Assembly. The Secretariat considered three issues raised in decision WHA69(8) (2016):

(a) *Process of nomination of regional directors.* The Region has a strict code of conduct governing the selection process for the Regional Director. Member States expressed satisfaction with the Region's process, which preceded but closely tracks the global code of conduct.

(b) *Recommendations regarding oversight of standing and subcommittees.* Since the issue was raised at last year's session, the Secretariat prepared a detailed analysis of the Region's practices compared with those used globally and in other WHO regions. Member States expressed appreciation for the analysis to inform regional discussions, which are in harmony with those at the global level.

(c) *Reporting of the regional and country offices.* The Region continues to improve oversight and coordination of the work at all three levels of WHO in Member States. This year Member States were connected directly with WHO country offices to discuss the Organization's work at the country level. Representatives expressed strong support for more direct discussion of WHO reforms and related work at the country level, especially with the aid of enhanced video links. The Regional Director reiterated his strong commitment to the one-WHO concept.

130. In addition, discussions at last year's session prompted review of the process for developing the provisional agenda for Regional Committee sessions. The process must ensure that the needs and priorities of Member States are faithfully reflected in the agenda. To provide an historical context, the Secretariat presented an information document that reviewed the evolution and influences that have shaped the sessions of the Regional Committee since 1951. Member States expressed gratitude for the information and analysis provided by the document and its author.

131. While the review is ongoing, eight technical agenda items were proposed for the sixty-eighth session of the Regional Committee in 2017, although historically only five can be accommodated each year. The Regional Committee considered the eight proposed items with a view to distilling or reducing them down to five. In addition, Member States proposed other technical agenda items for consideration, including rheumatic fever, as well as health security, WHO reform and noncommunicable diseases as recurring agenda items.

The role of the health sector in the Strategic Approach to International Chemicals Management

132. This topic was introduced in panel and plenary discussions on environmental health. Member States made no interventions to amend the topic as presented before endorsing the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet.

Proposed programme budget 2018–2019

133. The Regional Committee discussed the Organization-wide draft Proposed programme budget 2018–2019 in order to provide feedback to the Executive Board. The Regional Committee also discussed in detail the financing of the budget.

134. Regional Committee representatives were generally positive regarding the proposed budget, expressing appreciation in particular for the comprehensive consultations with Member States in the bottom-up planning process. They added, however, that more detailed reporting on cost savings and the benefits of increased operational efficiencies would be needed in order to make a final decision on the increased budget.

135. Representatives also voiced strong support for the rationale of the new WHO Health Emergencies Programme. In general, Member States supported the increase in the Proposed programme budget 2018–2019, which is largely due to the new programme.

136. Member States also pointed out the difficulty of clarifying some budget allocations, especially for cross-cutting initiatives in which the work spans multiple categories and divisions. For example, Member States questioned the apparently small allocation to combat antimicrobial resistance in the Region. The Secretariat explained that the figure was misleading: the budget only specifies resources for surveillance of antimicrobial resistance in the Region, but work to combat antimicrobial resistance is also comprehensive under the divisions of Health Systems and Communicable Diseases (Categories 1, 3 and 4).

137. Member States also questioned the increase in research in human reproduction by US\$ 26 million, as well as tropical disease research by US\$ 1 million, commenting that allocations to fight noncommunicable diseases generally do not reflect the enormity of the Region's burden of those diseases. Pacific island delegates, in particular, emphasized the need to increase the commitment to fight noncommunicable diseases.

138. In general, there was no objection to the proposal to increase assessed contributions by 10%; however, Member States requested more detailed information, which was expected to be provided during the Financing Dialogue in November.

139. There was concern that further reductions in voluntary contributions could threaten significant health gains made in the Region and limit the Organization's flexibility in ensuring that ongoing priorities are funded. Member States expressed support for further refinement of the criteria for prioritizing work in the face of budget constraints.

140. After consideration, the Regional Committee noted its appreciation of the continuous improvement of the draft proposed programme budget 2018–2019 within the context of WHO reform, including clearly defined outcomes and outputs in consultation with Member States (resolution WPR/RC67.R1).

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Dengue

141. The Western Pacific Region is, in the words of the Director-General, the world capital for dengue. More than 7000 dengue-related deaths and some 2.8 million cases had been reported in the Region between 2008 and 2015. Although fatality rates had been halved, the number of annual cases has doubled despite the best efforts of Member States, WHO and its partners.

142. The targets set by the Dengue Strategic Plan for the Asia Pacific Region (2008–2015) had not been met, and the sharp increase in the number of cases put stress on health-care systems during outbreaks. An evaluation of the strategy to combat dengue revealed that more efforts are needed to slow the spread of the disease, for example by investing in the development of vaccines and more effective vector-control methods. These measures also would help to control other diseases carried by *Aedes* mosquitoes, such as Zika virus disease and chikungunya. Communities and individuals also need to take greater ownership of the issue, and more effective campaigns for risk communications and environmental cleanliness to reduce mosquito-breeding sites must be pursued.

143. After discussion, the Regional Committee considered a draft resolution on dengue. The resolution, in which the Regional Committee among other actions endorsed the Western Pacific Regional Action Plan for Dengue Prevention and Control (2016), was adopted (resolution WPR/RC67.R4).

Malaria

144. Malaria remains a major public health problem in the Western Pacific Region, with a large portion of the population facing significant risks and 10 malaria-endemic countries at greatest risk. A regional action plan endorsed by the Regional Committee in 2009 helped to bring about a 48% drop in the number of malaria cases and an 85% drop in the number of malaria-related deaths between 2009 and 2015. Despite these gains, malaria continues to be a serious global public health threat, particularly with drug-resistant strains such as those resistant to artemisinin in the Greater Mekong Subregion. In May 2015, on the side-lines of the Sixty-eighth World Health Assembly, the Regional Director launched the Strategy for Malaria Elimination in the Greater Mekong Subregion 2015–2030.

145. Six months later, leaders at the 10th East Asia Summit (Kuala Lumpur, 22 November 2015) had agreed on a road map developed by the Asia Pacific Leaders Malaria Alliance to achieve a malaria-free Asia–Pacific region by 2030. These efforts had been further strengthened by the Health Assembly’s endorsement of the Global Technical Strategy for Malaria 2016–2030. In response to requests from Member States, a series of consultations were organized to tailor the global strategy to respond to the specific needs of the Region, leading to the development of the Regional Action Framework for Malaria in the Western Pacific 2016–2020.

146. After discussion, the Regional Committee considered a draft resolution on malaria. The resolution, which among other actions endorsed the Regional Action Framework for Malaria in the Western Pacific 2016–2030, was adopted (resolution WPR/RC67.R6).

Environmental health

147. In the Western Pacific Region, environmental determinants – including unsafe drinking water, poor sanitation, inadequate waste management, and air and marine pollution – are responsible for more than one quarter of the burden of disease. These determinants of health are further exacerbated by climate change, which most severely impacts vulnerable populations and low-lying Pacific islands.

148. The health sector alone cannot solve these problems. New levels of multisectoral collaboration and cooperation are necessary. The Sustainable Development Goals provide a mandate for the international community to address environmental and health risk factors. They also underpin the basic approach of the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet.

149. The Framework provides guidance for Member States to ensure that development does not compromise the ecosystem and stresses the need to break down barriers between the environment and health sectors. Just before the opening of the Regional Committee, the Regional Office was the venue for the concluding session of the Asia-Pacific Regional Forum on Health and the Environment (Manila, 6–8 October 2016) at which ministers and officials from 14 countries issued the Manila Declaration on Health and the Environment.

150. After discussion, the Regional Committee considered a draft resolution on environmental health. The resolution, which among other actions endorsed the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet, was adopted (resolution WPR/RC67.R2).

Emerging diseases and public health emergencies

151. This topic is discussed in detail in Part 1 of this report (paragraphs 125–128).

Sustainable Development Goals

152. The Region had made remarkable progress under the Millennium Development Goals, but gains had not benefited all groups equitably and had neglected to build on the connections between the Goals. The Sustainable Development Goals go further, with the commitment to leave no one behind, while recognizing that health and development challenges are complex, integrated and interconnected.

153. The agenda item this year built on discussions of the Sustainable Development Goals during a side-event at last year’s session of the Regional Committee. In addition, there was recognition that the Regional Committee had taken an important step forward last year by endorsing the action framework “Universal health coverage: moving towards better health”, as universal health coverage will play a key role in achieving Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and other health-related targets.

154. Extensive consultations with Member States, experts and partners led to the development of the Regional Action Agenda on achieving the Sustainable Development Goals in the Western Pacific. The action agenda addresses new ways of working across sectors and stakeholders, and also builds on existing information systems, policies, reporting and coordination arrangements.

155. After discussion, the Regional Committee considered a draft resolution on the Sustainable Development Goals. The resolution, which among other actions endorsed the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific, was adopted (resolution WPR/RC67.R5).

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