

## **Report of the regional committees to the Executive Board**

### **Report by the Director-General**

1. This report summarizes the proceedings of the WHO regional committees, based on the reports of the chairpersons. It has been prepared pursuant to the proposals for enhancing alignment between the regional committees and the Executive Board, and 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.<sup>1</sup> The report focuses on the key issues and outcomes, particularly those that are of global significance and those that respond to decisions of the Health Assembly and Executive Board.
2. The six regional committees met between 27 August and 18 October 2018 as follows:
  - Sixty-eighth session of the Regional Committee for Africa, 27–31 August, Dakar, chaired by Mr Abdoulaye Diouf Sarr, Minister of Health and Social Action, Senegal;
  - Seventy-first session of the Regional Committee for South-East Asia, 3–7 September, New Delhi, chaired by Mr Jagat Prakash Nadda, Minister of Health and Family Welfare, India;
  - Sixty-eighth session of the Regional Committee for Europe, 17–20 September, Rome, chaired by Dr Armando Bartolazzi, State Secretary of Health, Italy;
  - Fifty-sixth Directing Council of the Pan American Health Organization (PAHO)/seventieth session of the Regional Committee for the Americas, 23–27 September, Washington, DC, chaired by Dr Duane Sands, Minister of Health, Bahamas;
  - Sixty-ninth session of the Regional Committee for the Western Pacific, 8–12 October, Manila, chaired by Sir Dr Puka Temu, Minister for Health and HIV/AIDS, Papua New Guinea;
  - Sixty-fifth session of the Regional Committee for the Eastern Mediterranean, 15–18 October, Khartoum, chaired by Professor Mohamed Abu Zaid Mustafa, Federal Minister of Health, Sudan.

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<sup>1</sup> See decision WHA65(9) (2012), paragraph (4)(d).

3. Summary reports of the regional committees are posted on the WHO website.<sup>1</sup>

## TOPICS FOR GLOBAL DISCUSSION

### **Draft WHO global strategy on health, environment and climate change**

4. In January 2018, the Executive Board at its 142nd session requested the Director-General to develop a draft comprehensive global strategy on health, environment and climate change, for consideration by the Seventy-second World Health Assembly.<sup>2</sup> Regional committees were invited to comment on the draft.

5. The Regional Committee for Africa highlighted the need: to further develop the framework and consider environmental surveillance as a strategic objective; to recognize the key role of urbanization as a risk factor in environmental health; to highlight the use of technology; and to strengthen environmental and climate research capacity.

6. The Regional Committee for the Americas highlighted the need for education and awareness-raising efforts to make authorities in other sectors aware of the potential health implications of decisions and actions taken in those sectors. It stressed the importance of ensuring the participation of health sector representatives in climate change discussions, and of incorporating health considerations into policies and plans for climate change mitigation and adaptation. With regard to monitoring and reporting of progress under the global strategy, the Committee stressed the importance of aligning with other global and regional reporting requirements and of indicators that could be tracked by all countries using existing information systems.

7. The Regional Committee for South-East Asia requested the Regional Director to submit to the Director-General the summary report of the regional consultation on the draft global strategy on health, environment and climate change (New Delhi, 23 and 24 August 2018),<sup>3</sup> in order to inform the global strategy.

8. The Regional Committee for Europe noted the potential additional health benefits to be gained from activities on climate change mitigation and adaptation, using a cross-cutting and preventive approach and promoting action aimed at healthier societies. It noted that the European Environment and Health Process was a strong policy platform that could provide a good model for the future global strategy.

9. The Regional Committee for the Eastern Mediterranean drew attention to the problems of air pollution and climate change in the Region, including the challenges of dust storms and deforestation, and asked for guidance from the Secretariat on managing and monitoring the health impacts and on developing relevant public policy.

10. The Regional Committee for the Western Pacific emphasized the need for aggressive measures to mitigate potentially devastating impacts of climate change in island States. It cited several challenges to health related to the environment, including vulnerability to cyclones or typhoons, rising sea levels,

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<sup>1</sup> See <http://www.who.int/gb/statements/rc/>, accessed 28 November 2018.

<sup>2</sup> Decision EB142(5) (2018).

<sup>3</sup> <http://www.searo.who.int/mediacentre/events/governance/rc/71/sea-rc71-14add1.pdf?ua=1> (accessed 29 November 2018).

drinking water contamination and severe heatwaves, as well as the use of harmful substances and air pollution due to solid-fuel combustion.

### **Development of the road map on access to medicines and vaccines**

11. In May 2018, the Seventy-first World Health Assembly requested the Director-General to elaborate a road map report outlining the programming of WHO's work on access to medicines and vaccines, including activities, actions and deliverables for the period 2019–2023 for consideration by the Seventy-second World Health Assembly through the Executive Board at its 144th session.<sup>1</sup> The process for development of the draft road map was submitted to the regional committees and Member States were invited to participate in the consultation process.

12. The Regional Committee for Africa noted various challenges, including the high cost of medical products and vaccines, especially for middle-income countries that are not eligible for support from Gavi, the Vaccine Alliance; poor quality of medicines; inadequate pharmacovigilance and regulation of medical products; and the need for coordinated efforts at regional and subregional levels to increase access to medicines and vaccines. It recommended that the Secretariat and WHO's partners provide support for local manufacturing to reduce cost and improve access to health products.

13. The Regional Committee for South-East Asia noted the progress made in the development of the draft road map. It endorsed the Delhi Declaration on Improving Access to Essential Medical Products in the Region and Beyond (2018).<sup>2</sup>

14. The Regional Committee for Europe asked for a calendar to be drawn up for key deliverables and milestones over the following five years, so that the discussion at the Health Assembly each year could focus on a specific topic. The road map should also identify demand-side factors, such as patients' behaviours and health literacy, and diagnostics. It noted that the European Region could provide examples of valuable initiatives in the area of medicines pricing.

15. The Regional Committee for the Eastern Mediterranean highlighted the importance of the road map for efforts to improve health security in the Region. It referred to the challenges of access, quality and affordability of medicines and vaccines, and requested the Secretariat to support countries in tackling these issues. The Green Light Committee and Global Drug Facility were cited as successful models for facilitating provision of high-quality and low-price medicines for tuberculosis, and it was suggested that similar mechanisms could be established for other medicines.

### **Development of a draft global action plan on the health of refugees and migrants**

16. In May 2017, the Seventieth World Health Assembly requested the Director-General to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region, in order to contribute to the development of a draft global action plan on the health of refugees and migrants to be considered for adoption by the Seventy-second World Health Assembly.<sup>3</sup> The process for

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<sup>1</sup> Decision WHA71(8) (2018).

<sup>2</sup> <http://apps.who.int/iris/bitstream/handle/10665/274331/Delhi-Declaration.pdf?sequence=5&isAllowed=y> (accessed 29 November 2018).

<sup>3</sup> Resolution WHA70.15 (2017).

development of the draft global action plan was submitted to the regional committees and Member States were invited to comment and participate in the consultation process.

17. The Regional Committee for Africa noted discrepancies in wording and content between the version of the printed document being reviewed and the online version. Members also noted that some of these discrepancies related to issues that were in conflict with the laws and values of Member States, and sought the assurance of the Secretariat that these concerns would be taken into account during finalization of the draft global action plan.

18. The Regional Committee for Europe commended the inclusive consultation process for the draft global action plan. It requested the Secretariat to continue its close collaboration with the Office of the United Nations High Commissioner for Refugees, International Organization for Migration, and the European Union, to establish guidance for good practices in respect of specific groups of migrants, such as children or elderly people. The Committee indicated that robust evidence, good surveillance systems and more disaggregated data are required in order to develop informed policies and enhance high-quality health service delivery by competent health professionals. In addition, accurate communication and public information would help to eliminate discrimination, stigmatization and barriers to health care.

19. The Regional Committee for the Eastern Mediterranean noted that a global action plan was a priority for a region so severely affected by emergencies, with increasing numbers of displaced people. It highlighted the need for the global plan to meet the health needs in countries with large numbers of internally displaced persons, such as Afghanistan and Iraq. Changing patterns of population movement were noted, including a greater number of women and children in transit.

### **Proposed programme budget 2020–2021**

20. Following adoption by the Seventy-first World Health Assembly of the Thirteenth General Programme of Work, 2019–2023, a proposed high-level programme budget 2020–2021, including the results of the prioritization process at the country level, was submitted for consideration by the regional committees.

21. The regional committees welcomed the Proposed programme budget's alignment with the goals of the Thirteenth General Programme of Work, the results-based approach to budgeting and the focus on countries. They also welcomed the bottom-up consultation process and the opportunity to provide input in the early stages of the planning and budgeting process. They urged that measurement of the indicators of the Thirteenth General Programme of Work be aligned with those of the Sustainable Development Goals and existing frameworks to avoid adding to the data burden for Member States. Concern was expressed about the insufficient time allowed for the prioritization exercise, how this would be carried out and how technical support would be provided in Member States that lacked a country office. A clear chain of results – showing the results for which the Secretariat would be responsible and those for which Member States would be responsible – was considered essential, and it was emphasized that the targets and indicators must take account of regional realities and specificities.

22. The Regional Committee for Africa requested that implementation of the budget be driven equally by countries with due consideration for their specific needs. It underscored the importance of strengthening human resource capacity at country level to ensure the successful implementation of strategic priorities and the relevance of adopting a more flexible approach to financing in order to align resources to country needs.

23. The Regional Committee for South-East Asia requested the Director-General to take into account the disease burden and population size of the Region in the development of the programme budget 2020–2021 and future budgets.

24. The Regional Committee for the Americas questioned whether the proposed increase in the allocation to base programmes was feasible in the current context and encouraged the Secretariat to strive to broaden its donor base. The need for a risk analysis to determine the impact of failure to mobilize the required funds was highlighted. It was stressed that national authorities and WHO country offices must share ownership of the prioritization process. The PAHO-adapted Hanlon method was considered a solid and objective means of priority-setting at both national and regional levels, and the Secretariat was urged to publish in the *Bulletin of the World Health Organization* the paper prepared by the PAHO Strategic Plan Advisory Group on the method.

25. The Committee also examined a report on the draft impact framework for the Thirteenth General Programme of Work, prepared in response to a request from the Region. It expressed concern about the possible use of estimates to report on indicators for which no official data were available or for targets and indicators that fell outside the purview of the health sector. It emphasized that, if estimates were to be used, the source of the information and the method used to arrive at the estimate must be specified. It noted that some of the indicator definitions were unclear or qualitative and therefore open to different interpretations. It was suggested that the WHO Secretariat should set up a formal consultation process and formulate a road map for the development and approval of indicators.

26. The Regional Committee for Europe raised some queries about the level of detail in the programme budget and the budget envelope proposed for the Regional Office for Europe, for which there was no increase compared with other regions. It also queried the application of the proposed increase only to the country component of the budget and requested that this be reviewed, noting that that different regions would need to implement different business models. The proposed 12% increase in the global budget was felt to be unrealistic. The Committee also raised concerns over issues around the reflection of thematic areas, such as noncommunicable diseases and antimicrobial resistance. It requested further information on the functions to be carried out at the three levels of the Organization, stressing that the emphasis should be on increasing investment at the country level and not in country offices. It called for a timetable and key points for the development of the next programme budget to be provided in good time for discussions at the regional committees. It welcomed the steps already taken to transform WHO following the adoption of the Thirteenth General Programme of Work and emphasized the importance of involving Member States in major decisions concerning the transformation plan, and notably in the further development of the Proposed programme budget 2020–2021.

27. The Regional Committee for the Eastern Mediterranean welcomed the increased focus on countries. It highlighted the importance of resource mobilization, including at country level, and called for more investment in building capacity in this area in order to capitalize on the Organization's convening power. It asked for more transparency and predictability in the budget allocation from regional to country level and a more holistic view of priorities across regions, and noted a need to consider overall national expenditures when allocating budgets to countries. It called for the Organization to move away from its traditional approach in allocating country budgets in favour of more flexibility for country offices and a review of budget ceilings.

28. The Regional Committee for the Western Pacific took note of the intent to broaden the Organization's donor base, while expressing concern about the feasibility of funding the budget in the current donor environment. It was supportive of the planned reduction in funding for WHO headquarters, but sought clarification on its potential impact on the work of the Organization at

its three levels. It requested greater detail on several budget areas, to be provided well in advance of the next session of the Executive Board. The Committee also noted the continued reliance on voluntary contributions and the attendant risk of unpredictability, expressing concerns that identified priorities would not be fully funded.

## **TOPICS OF REGIONAL SIGNIFICANCE**

29. The Regional Committee for Africa adopted a proposed code of conduct for the nomination of the Regional Director and a standardized curriculum vitae, together with amendment of its Rules of Procedure. It reviewed the progress made in the implementation of the Transformation Agenda in the Region, and in improving managerial compliance and internal controls. Among the other agenda items it considered were a regional framework for the implementation of the global strategy for cholera prevention and control 2018–2030 and a framework for certification of polio eradication in the Region.

30. The Regional Committee for the Americas agreed on a road map for developing a strategic plan for the period 2020–2025. It examined a report prepared by the Pan American Sanitary Bureau in response to a request by Member States to transform the yearly report on WHO reform into a report on issues of strategic importance to the relationship between PAHO and WHO. It approved regional plans of action on: women's, children's and adolescents' health 2018–2030; cervical cancer prevention and control 2018–2030; human resources for universal access to health and universal health coverage 2018–2023; and entomology and vector control.

31. The Regional Committee for South-East Asia adopted resolutions on intensifying activities towards the control of dengue and elimination of malaria, and on strengthening emergency medical teams. It reviewed progress in, for example: health workforce strengthening; survival of newborns, children and mothers; and universal health coverage. Dr Poonam Khetrapal Singh was nominated for a second term as Regional Director.

32. The Regional Committee for Europe adopted decisions and resolutions on: the joint monitoring framework in the context of the road map to implement the 2030 Agenda for Sustainable Development; advancing public health for sustainable development; health systems strengthening for universal health coverage; an action plan to improve public health preparedness and response; and a strategy on the health and well-being of men.

33. The Regional Committee for the Eastern Mediterranean adopted resolutions on advancing universal health coverage, and private-sector engagement for advancing universal health coverage. It endorsed regional frameworks for action on: obesity prevention; tobacco control; health and the environment; preconception care; and a regional tobacco control strategy. It also discussed protecting people from the impact of health emergencies.

34. The Regional Committee for the Western Pacific endorsed regional action frameworks for the control and elimination of neglected tropical diseases; rehabilitation; improving hospital planning and management; and regional action agendas on strengthening legal frameworks for health in the sustainable development goals and harnessing e-health for improved service delivery.

## **ACTION BY THE EXECUTIVE BOARD**

35. The Board is invited to note the report.

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