

Report of the regional committees to the Executive Board

The Director-General has the honour to transmit the report of the regional committees to the Executive Board, 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 (see Annex).¹

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

ANNEX

Sixty-second session of the WHO Regional Committee for Africa (Luanda, Republic of Angola, 19–23 November 2012)

Summary report of the Chairman to the Executive Board, prepared by Dr José Vieira Van-Dúnem, Minister of Health, Luanda, Republic of Angola (28 November 2012)

1. The Sixty-second session of the WHO Regional Committee for Africa was held in Luanda, Angola, from 19 to 23 November 2012. The session was chaired by the Minister of Health of Angola, Dr José Vieira Van-Dúnem, and attended by forty-four out of the forty-six Member States. The agenda items discussed include the Biennial Report of the Regional Director on the work of WHO in the African Region 2010–2011; regional strategies for disaster risk management, health promotion, and HIV/AIDS; scaling-up human resources for health; the Brazzaville Declaration on noncommunicable diseases; health information systems, health and human rights, the African Public Health Emergency Fund, and implementation of the International Health Regulations (2005). The Regional Committee also discussed WHO Reform as articulated in the draft 12th General Programme of Work and the proposed Programme Budget 2014–2015, as well as the implementation of the Programme Budget 2012–2013. The reassignment of South Sudan to the WHO African Region was also considered.
2. The Regional Committee adopted the Biennial Report of the Regional Director 2010–2011 and asked the Secretariat to document and share the experiences of the eight countries which have reduced maternal, child and infant mortality, as well as support the harmonization of regulatory frameworks for the production of health workers across the Region.
3. In accordance with World Health Assembly resolution WHA49.6, the Regional Committee examined the request of the Republic of South Sudan and agreed to the country being reassigned to the WHO African Region. The Regional Committee requested the Regional Director to convey its agreement, through the Director-General of WHO, to the Sixty-sixth World Health Assembly for consideration.
4. In adopting a strategy and resolution on Disaster Risk Management, the Regional Committee asked Member States to provide leadership and mobilize partners and resources for the development of national road maps for the implementation of the Strategy and institutionalize disaster risk management in the health sector.
5. The Regional Committee discussed and adopted a Road Map and resolution for scaling up human resources for health (HRH) for improved health service delivery in the Region, for the period 2012–2025. The Committee asked Member States to strengthen HRH governance, leadership and management capacity in order to improve policy dialogue and establish effective coordination mechanisms between ministries of health, finance, public service and education, as well as the private sector and other stakeholders.
6. The Regional Committee also considered and endorsed the Brazzaville Declaration on Noncommunicable Disease Prevention and Control in the WHO African Region. Member States are called upon to take appropriate action to update their health policies and national health strategic plans in line with the Declaration and to strengthen national health systems and institutional capacity for its implementation.

7. A strategy and resolution on health promotion in the African Region were adopted and aim to scale up multisectoral health promotion interventions in order to reduce the leading causes of preventable deaths, disabilities and major illnesses/conditions in the African Region. Member States were urged to reinforce the resources, capacity, authority and effectiveness of health promotion units in managing and coordinating intra- and inter-sectoral actions.

8. The Regional Committee discussed and adopted a strategy and resolution on HIV/AIDS for the African Region, which provide directions for implementing the Global Health Sector Strategy on HIV/AIDS 2011–2015. The Committee reiterated the importance of integration, decentralization and health systems strengthening as key pillars for success in implementing HIV/AIDS interventions and called upon Member States to scale up and broaden HIV interventions and include gender and human rights considerations in the design of health services.

9. The Regional Committee discussed health and human rights in the African Region for the first time, recognizing the right to health as a fundamental human right. In its resolution on health and human rights, the Committee urged Member States, among others, to uphold the right to health in legal frameworks and put in place adequate mechanisms for their implementation, monitoring and reporting. The Committee requested the Regional Director to promote the human rights approach in health development and to support Member States in designing health policies and strategies.

10. In discussing the implementation of the International Health Regulations (2005) in the African Region, the Committee expressed concern about the slow pace of IHR implementation in the Region. Member States were urged to apply officially for the two-year IHR deadline extension, conduct country-wide assessment of the status of implementation of IHR minimum core capacities, identify gaps hindering smooth implementation and revise their national IHR implementation plans accordingly.

11. The Regional Committee underscored the importance of National Health Observatories (NHOs) in supporting efforts to strengthen national health information systems, when discussing and adopting a resolution on this matter. It urged Member States to establish NHOs by, among others, constituting a country-wide, multisectoral and multidisciplinary group to coordinate their efforts, and a secretariat with sufficient capacity.

12. For all the Strategies and Resolutions adopted, the Regional Director was requested to intensify advocacy, provide technical support to Member States, especially in enhancing stewardship, coordinating partners' contributions and actions, mobilizing resources and monitoring and evaluating progress.

13. The Regional Committee discussed ways of optimizing Global Health Initiatives to strengthen national health systems. It was observed that the ability of GHIs to raise and disburse additional funds to support disease control and strengthen health systems is a unique opportunity for countries to fill critical funding gaps in addressing their health development priorities. It was recommended that Member States strengthen the stewardship role of governments and improve alignment between national health development plans and GHIs' contributions, as well as improving accountability, monitoring and evaluation of projects supported by GHIs.

14. With regard to the implementation of the WHO Programme Budget 2012–2013 in the African Region, the Regional Committee expressed concern about the 13.4% decrease in the overall budget since 2010–2011, at a time when needs for support have increased. The Committee also expressed concern about Assessed Contributions which remained proportionally low at 19% and the discrepancies in fund availability between Strategic Objectives. Member States were requested to

adapt to the current situation by being more efficient and effective, to intensify advocacy for appropriate financing of WHO at the global level, and to explore innovative mechanisms for increasing local resources to fund programme implementation.

15. In discussing the draft twelfth General Programme of Work and the proposed Programme Budget 2014–2015, the Regional Committee expressed the need to: reflect health promotion as a strategy applicable across all the categories and not limited to category 3; reduce the number of priorities and outcomes; and be explicit on the role of WHO as a leader and coordinator of global health. The importance of strengthening health systems as an underpinning of most actions to improve health outcomes should be reflected through revisiting the prioritization of categories and giving special prominence to the health system category. It was recommended that the Member States should advocate during the forthcoming Governing Bodies meetings for adequate funding for WHO to maintain its leadership and coordination role in the global health agenda.

16. The Regional Committee discussed progress made in the establishment of the African Public Health Emergency Fund. It congratulated the Regional Director for the efforts made to establish the Fund but expressed concern about the delays in its full implementation, including in the creation of the Trust Fund account by the African Development Bank (AfDB). The committee recommended that Ministers of Health engage with their respective Ministers of Finance to obtain support for the creation of the Trust Fund's account by AfDB. The Regional Director was requested to continue to mobilize, manage and disburse the contributions of the Member States to the APHEF, using the financial management and accounting system of WHO as an interim measure, while continuing negotiations with the AfDB to take up the role of Trustee for the APHEF.

17. The Regional Committee adopted the agenda for its Sixty-third Session and confirmed that the Session would be held in Brazzaville, the Republic of Congo, from 2 to 6 September 2013. The Regional Committee also decided that its Sixty-fourth Session would be held in the Republic of Benin.

Report of the President of the 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of the World Health Organization for the Americas, to the WHO Executive Board

18. The 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of the World Health Organization for the Americas, was held at the Headquarters of the Pan American Health Organization (PAHO), Regional Office of the World Health Organization for the Americas, in Washington, D.C., from 17 to 21 September 2012. Grenada (represented by Hon. Ann Peters) was elected President for the session, Argentina and Guatemala (represented by Dr Eduardo Bustos Villar and Dr Jorge Alejandro Villavicencio Alvarez, respectively) were elected Vice Presidents, and México (represented by Hon. Salomón Chertorivsky Woldenberg) was elected Rapporteur. The Regional Committee adopted 20 resolutions and five decisions, which may be found, together with a summary of the deliberations on each item, in the final report of the session, document CSP28/FR.

19. As requested by the WHO governing bodies, regional consultations were held on the WHO draft twelfth general programme of work 2014–2019 and the draft proposed programme budget 2014–2015 and on the Report of the Consultative Expert Working Group on Research and Development (CEWG): Financing and Coordination. Reports on those consultations may be found in Documents CSP28/FR, CSP28/18/Rev.2 and CSP28/INF/1 Add.1, and in the report entitled “Summary of the Americas Regional Consultation on the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination”, which was submitted to WHO headquarters as the Region's input for the open-ended meeting convened by the Director-General in November 2012.

20. Additionally, the Regional Committee held discussions on the revised draft WHO comprehensive global monitoring framework for the prevention and control of noncommunicable diseases (NCDs) in the context of its discussion of the regional Strategy for the Prevention and Control of Noncommunicable Diseases. Those discussions followed a regional consultation held in August 2012 specifically on the draft global monitoring framework. An account of the views expressed by Member States during that consultation may be found in Document CSP28/DIV/1. Information about the Regional Committee's discussions on the regional strategy and the draft monitoring framework as revised following the Sixty-fifth World Health Assembly may be found below.

21. The Regional Committee also examined the following matters deemed to be of potential interest to the WHO Executive Board:

Programme Policy Matters

Strategy for the Prevention and Control of Noncommunicable Diseases (Documents CSP28/9, Rev. 1 and CSP28/DIV/1 and Resolution CSP28.R13.)

22. The regional strategy adopted by the Regional Committee is consistent with the WHO 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs and current efforts to update it, as well as the WHO draft comprehensive global monitoring framework. It focuses on four diseases – cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases – and four risk factors – tobacco, unhealthy diet, physical inactivity, and harmful use of alcohol. It also includes a focus on obesity and on chronic kidney disease due to exposure to environmental and occupational risks, which are particular concerns in the Region of the Americas. The strategy's overall target is consistent with the global target of a 25% reduction in premature mortality from NCDs by 2025. The strategy was initially presented to the PAHO Executive Committee in June 2012 and was subsequently revised by the Pan American Sanitary Bureau/Regional Office for the Americas following the regional

consultation on the matter, which examined both the proposed regional strategy and the draft global monitoring framework. A plan of action for implementing the strategy will be discussed by the PAHO governing bodies in 2013.

23. In the discussion on this matter, Member States welcomed the action being taken by both WHO and PAHO to address the growing epidemic of noncommunicable diseases and to follow up on the United Nations High-level Meeting with concrete action. It was pointed out that noncommunicable diseases constitute an economic and development problem as well as a health problem, and the importance of attention to social, economic, and environmental determinants of such diseases was stressed.

24. Firm support was expressed for the monitoring framework's targets relating to blood pressure, tobacco smoking, salt intake, and physical inactivity. Some delegates favoured the inclusion of additional targets relating to other risk factors, particularly obesity, fat and sugar intake, and alcohol consumption. The need for explicit attention to the problem of chronic kidney disease caused by exposure to environmental risk factors was stressed. Other delegates cautioned against expanding the list of risk factors to be monitored, as doing so might prolong discussion of and agreement on the framework. Particular concern was expressed about the suitability, measurability, and achievability of the proposed global targets on cholesterol levels, fat intake, and obesity. It was emphasized that targets must be measurable, achievable, and sufficiently flexible so that they could be adapted to specific country-level contexts.

25. Strong support was voiced for a life-course approach to prevention of noncommunicable diseases. Delegates emphasized the need for health education and promotion of healthy lifestyles beginning in childhood. The need for innovative approaches to combat childhood obesity was also highlighted. Community participation and multisectoral partnerships were seen as essential in order to address the various risk factors that contribute to noncommunicable diseases. The importance of whole-of-government, whole-of-society, and health-in-all-policies approaches was also stressed.

26. It was also considered necessary to develop a clear policy to guide WHO's and PAHO's relations with various partners, including the private sector, and to ensure that concern for public health is the primary objective pursued in such partnerships. Delegates considered that WHO has a key role to play in supporting national health authorities and bolstering their capacity to lead national efforts to combat noncommunicable diseases.

Strategy and Plan of Action for Integrated Child Health (Document CSP28/10 and Resolution CSP28.R20)

27. The strategy and plan adopted by the Regional Committee provide a framework for action consistent with Member States' commitments under the United Nations Convention on the Rights of the Child and other international human rights instruments and their principles and are aligned with various resolutions and initiatives of PAHO, WHO and other international organizations relating to the health and well-being of women and children, including the United Nations Millennium Declaration and Millennium Development Goals, the United Nations Global Strategy for Women's and Children's Health (2010), the Rio Political Declaration on Social Determinants of Health (2011), the Health Agenda for the Americas (2008–2017), the PAHO Strategic Plan (2008–2012), the PAHO Gender Equality Policy, and the activities of the Pan American Alliance for Nutrition and Development. The targets and indicators under the plan of action are in line with the accountability framework and indicators proposed by the Commission on Information and Accountability for Women's and Children's Health.

28. The overall vision of the strategy and plan is to ensure that young children survive, thrive, and go on to lead healthy, happy lives through action aimed at improving child health and ensuring high quality of life; preventing disease, disability, sexual violence, neglect, injury, and premature death; and eliminating inequities and enhancing health equity in a manner consistent with the Convention on the Rights of the Child.

29. In the discussion of the strategy and plan, Member States highlighted the impact that investment in child health and horizontal cooperation could have towards achieving the Millennium Development Goals. Support was expressed for a South–South approach that would build on the experience of the Latin American and Caribbean countries and recognize the importance of involving existing partnerships that are working to achieve the Millennium Development Goals and improve child health and development. Particular support was voiced for the strategy’s emphasis on capacity building and strengthening of integrated health systems. The strategy’s recognition of the health risk to children posed by soil-transmitted helminths was also welcomed.

Health Technology Assessment and Incorporation into Health Systems (Document CSP28/11 and Resolution CSP28.R9)

30. The Regional Committee discussed and endorsed a proposed approach to evidence-based assessment of health technologies and recommended that consideration be given in 2014 to the development of a regional strategy and plan of action for the assessment and incorporation of health technologies into health systems. The proposed approach is in line with a number of PAHO and WHO resolutions, including those on access to and rational use of medicines and on public health, innovation, and intellectual property.

31. In the discussion on this item, Member States requested support from the Regional Office in evaluating health technologies with a view to maximizing the impact of existing technologies and ensuring cost-effective modernization of health services. The Regional Office was also requested to facilitate the sharing of best practices in relation to health technology assessment.

32. A number of delegates highlighted the importance of ensuring equitable access to health technologies. The need to ensure the quality of medical supplies and equipment was also underscored. It was suggested that a mechanism for providing regional certification of the quality of medicines, biologicals, and high-technology equipment should be put in place in order to assist countries that lack capacity for quality validation at the national level. The Health Technology Assessment Network of the Americas was seen as a means of augmenting national capacity and offsetting the shortage of qualified human resources, particularly in the area of biomedicine.

Strategy and Plan of Action on Knowledge Management and Communications (Document CSP28/12, Rev. 1 and Resolution CSP28.R2)

33. The regional strategy and plan of action adopted by the Regional Committee are based on the WHO Knowledge Management Strategy and the Regional strategy for knowledge management to support public health of the Eastern Mediterranean Region (Resolution EM/RC53/R.10) and draws on resolutions, documents, and recommendations of various other organizations, including a report entitled “Knowledge management in the united nations system” (JIU/REP/2007/6), as well as on the PAHO Strategy and Plan of Action on eHealth, the Knowledge Management And Communication Strategy for all PAHO/WHO Entities, and other earlier initiatives in the area of information and knowledge management.

34. The aims of the strategy and plan are to guide Member States in the adoption of standards, policies, and procedures with regard to knowledge management and communications and to close the gap between knowledge and decision-making on health in the Region, promoting an environment that encourages production, exchange, communication, access, and effective application of knowledge for the benefit of health. The strategy and plan also seek to ensure more equitable access to health-related information.

35. In the discussion of the strategy and plan of action, it was pointed out that inequalities in social, economic, technical and legal resources would hinder some countries' ability to ensure the necessary infrastructure to support knowledge management and communication platforms, particularly where widespread and reliable Internet access is lacking. The need to improve connectivity and expand and strengthen telecommunications infrastructure was highlighted. It was suggested that it would be useful to have a glossary of terms related to knowledge management and that the definition of the term should perhaps be broadened beyond the definition put forward in the WHO Knowledge Management Strategy. Facilitating access to information and databases for Member States and devising strategies for improving access to information were identified as key roles for the Regional Office.

Coordination of International Humanitarian Assistance in Health in Case of Disasters (Document CSP28/13 and Resolution CSP28.R19)

36. The Regional Committee examined a report which provided background on the various resolutions of the United Nations and of PAHO and WHO that have established the framework for humanitarian response activities in the Region, including, most recently, resolution WHA65.20 on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies. The report also assessed the current situation and the lessons learnt from the response to past disasters and humanitarian crises in the Region and put forward a proposal for enhancing the coordination and management of international assistance and, at the same time, overcoming the challenges posed by the increased availability of such assistance. The resolution adopted by the Regional Committee calls on Member States, inter alia, to establish systems to identify a roster of experienced professionals in the different fields of response to disasters and public health emergencies and to make them available to the Regional Disaster Response Team administered by PAHO/WHO.

37. In the discussion of the report and proposal, the need for multidisciplinary disaster response teams was affirmed, as was the importance of aligning humanitarian assistance in disasters with the system already in place in Member States and of coordinating with the wider international system. In particular, the importance of working in close coordination with the Global Outbreak Alert and Response Network was emphasized. The unique role that the Office for the Coordination of Humanitarian Affairs (OCHA) plays in coordinating humanitarian action was highlighted.

38. It was stressed that in the event of a humanitarian crisis, the affected country is the lead stakeholder and decision-maker, that the role of national disaster management authorities must be respected, and that the response coordination system must remain flexible in order to meet the country's needs. The Regional Office was asked to assist Member States in strengthening the capacity of national health personnel to manage humanitarian aid, particularly at the local level, where timely and appropriate response is most urgent. The need to develop clear and objective criteria for selecting national experts to serve on disaster and emergency response teams was noted.

Bioethics: Towards the Integration of Ethics in Health (Document CSP28/14, Rev. 1 and Resolution CSP28.R18)

39. The Regional Committee endorsed a concept paper which provided information on the work of PAHO in the area of bioethics and underlined the importance of integrating ethical considerations into health policy, medical care, health-related research involving human beings, and the development and adoption of new technologies that impact on health. The paper also proposed approaches for strengthening capacity in the field of bioethics and incorporating bioethics into the formulation and implementation of policies, plans, programmes, and regulations in the different areas of health. In order to accomplish those objectives, the Regional Office proposes to strengthen coordination between the Regional Programme on Bioethics, the WHO Ethics and Health Unit, the PAHO/WHO collaborating centres for bioethics in the Region, and the UNESCO Bioethics Programme.

40. In the discussion of the concept paper, it was noted that advances in medicine and the development of new health technologies are creating complex ethical dilemmas and that public policies to address those dilemmas are needed. It was stressed that the aim of such policies must be to ensure respect for human dignity and rights. The need for training and the systematic integration of bioethical principles into all spheres of health care was highlighted, as was the importance of building a bioethics culture.

41. It was suggested that Member States should form independent, multidisciplinary, and pluralistic national bioethics committees, in keeping with the UNESCO Universal Declaration on Bioethics and Human Rights. It was also suggested that a reference in the concept paper to the World Medical Association Declaration of Helsinki, Ethical Principles for Medical Research Involving Human Subjects, should be followed by mention of the Declaration of Córdoba emanating from a bioethics congress organized by the UNESCO Bioethics Network for Latin America and the Caribbean (Redbioética) in Argentina in November 2008, which opposed several amendments made to the Helsinki Declaration concerning the use of placebos and the obligations of research sponsors at the conclusion of research.

42. The Regional Committee noted that Mexico will host the Twelfth World Congress of Bioethics in 2014.

Plan of Action for Maintaining the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (CRS) in the Region of the Americas (Document CSP28/16 and Resolution CSP28.R14)

43. The Regional Committee adopted an emergency plan of action aimed at strengthening measles and rubella immunization and surveillance and reducing the risk of imported cases in order to maintain the Region's status as free of endemic transmission of the two diseases.

44. In the discussion of the emergency action plan, Member States affirmed the need to continue working to strengthen surveillance; maintain high population immunity; identify weaknesses in surveillance systems and gaps in vaccination coverage, especially among high-risk populations, including indigenous communities; and ensure timely detection and response to outbreaks. It was pointed out that strengthening measles and rubella surveillance systems will also strengthen surveillance of other diseases, thereby developing a critical core capacity required under the International Health Regulations (2005).

45. It was emphasized that the Region will remain at risk as long the measles and rubella viruses continue to circulate in other regions. The need for new approaches was emphasized, including use of social media and mobilization of support among academics and future medical practitioners, in order

to achieve the commitment needed to bring about global elimination of the diseases. The resolution adopted by the Regional Committee requests the Regional Director to continue to advocate with other WHO regions and their development cooperation partners to step up their efforts to increase measles and rubella vaccination coverage, with a view to achieving elimination worldwide.

Radiation Protection and Safety of Radiation Sources (Document CSP28/17, Rev. 1 and Resolution CSP.R15)

46. The Regional Committee reviewed and endorsed the revised International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources, which were noted by the WHO Executive Board in May 2012 (decision EB131(3)).

47. In the discussion on this item, the need to use the revised standards to develop guidelines and update regulations at the national level was emphasized. It was pointed out that while increased use of radiation for diagnostic and therapeutic purposes has enhanced health care, it has also created greater risks of harmful exposure to radiation. The need for training and capacity building to minimize such risks was underlined, and the Regional Office was asked to continue partnering with other agencies to facilitate such training and strengthen capacity for the application of ionizing radiation in health services. It was suggested that the Regional Office should prepare an additional document setting out specific measures to be taken to address current deficiencies with respect to technical capacity in the area of radio-nuclear safety and security. Several delegates pointed out that building capacity to implement the standards at the national level would help countries to fulfil the core capacity requirements of the International Health Regulations (2005) with respect to radio-nuclear events, and ongoing assistance from the Regional Office for that purpose was requested.

Other Matters

48. The Regional Committee also examined interim evaluations of the Region's two major strategic policy and planning documents, the Health Agenda for the Americas 2008–2017 and the PAHO Strategic Plan 2008–2012, and adopted a new regional budget policy to guide the allocation of PAHO and WHO resources at the regional, subregional, and country levels. In addition, the Committee examined the report of the regional Advisory Committee on Health Research and welcomed the recently adopted long-term research policy for the Region, which is harmonized with the WHO Strategy on Research for Health and is the first such policy to be put in place in any of the WHO regions.

49. Under progress reports on technical matters, the Regional Committee examined a report on social determinants of health. Member States emphasized the need for attention to health determinants in the Twelfth General Programme of Work of WHO. Concern was expressed that the cross-cutting approach proposed in the discussions of WHO reform during the Sixty-fifth World Health Assembly might lead to a loss or dilution of focus on such determinants.

50. The Regional Committee also examined a report on Implementation of the International Health Regulations (2005) in the Region, noting the large number of countries that had requested an extension beyond the target date of June 2012 for fulfilment of the core capacity requirements. It was emphasized that efforts must be stepped up in order to ensure that the core capacities are in place and fully operational within the two-year extension period, and it was pointed out that failure to meet the new 2014 deadline would damage the credibility of both PAHO and WHO.

51. Additional information on the foregoing matters may be found in the final report of the session, document CSP28/FR.

Sixty-fifth Regional Committee for South-East Asia, Yogyakarta, Indonesia, 5–7 Sept 2012

Summary report by the Chairperson and Vice Chairperson, presented by HE Dr (Ms) Nafsiah Mboi, Chair, Honourable Minister of Health, Republic of Indonesia and HE Dr Ahmed Jamsheed Mohamed, Vice Chair, Honourable Minister of Health, Republic of Maldives

52. The 65th session of the WHO Regional Committee for South-East Asia was held in Yogyakarta, Indonesia, from 5 to 7 September 2012. It was inaugurated by HE Prof Boediono, Vice President, Republic of Indonesia, and attended by representatives of all 11 Member States of the Region, UN and other agencies, nongovernmental organizations in official relations with WHO, as well as observers. The Committee elected HE Dr (Ms) Nafsiah Mboi, Hon Minister of Health, Republic of Indonesia, as *Chair*, and HE Dr Ahmed Jamsheed Mohamed, Hon Minister of Health, Republic of Maldives, as *Vice Chair* of the session. Member States deliberated key health challenges facing the Region and passed a number of decisions and resolutions in response. The Committee reviewed and endorsed the *report of the Regional Director* covering the period 1 January 2010 to 31 December 2011. It decided to hold its 66th session in 2013 in the WHO Regional Office for South-East Asia, New Delhi, and noted with appreciation the invitation by Bangladesh to host the 67th session in 2014. The Committee resolved to modify their rules of procedure (amendment to rule 49) with respect to the *process for nomination of the Regional Director*. The modified process incorporated criteria to assess candidates and a presentation by candidates in a private session of the Committee. Both changes take effect immediately.

53. The WHO Director-General, in her address to the Committee, as well as all Member States of the Region, commended India's achievement for *polio eradication*, providing proof that eradication is feasible. It is an achievement for SEAR as a whole, setting the Region on track for certification in January 2014 provided surveillance and response remain strong. The Committee underscored the importance of *universal health coverage* as a key development goal, for health as well as poverty reduction, beyond 2015. Members resolved to balance preventive and curative aspects of universal health coverage, which were well reflected in the regional strategy adopted. The regional strategy places primary health care at the centre of universal health coverage, aims to improve efficiency in service delivery, enhance equity through social protection and strengthen capacity. Capacity building for universal health coverage, with technical support from WHO, and various aspects of health system strengthening, are thus cornerstones of the regional strategy. Furthermore, the Committee decided to hold *technical discussions* on the subject of *universal health coverage* prior to its 66th session in 2013.

54. The Committee noted that formulation of the *12th General Programme of Work 2014–2019* and the *programme budget 2014–2015* were proceeding in parallel as an integral part of the current WHO reform process and stressed the importance of ownership by Member States, including country level engagement. The Committee also emphasized that all levels of the Organization should be involved in their finalization and in resource allocation. Member States reviewed and commended the *2010–2011 programme budget performance assessment* as a useful tool for the Organization as well as national health planning. The Committee resolved to strengthen *health workforce training and education* in the Region, including at community level. In this context, it requested WHO technical support to Member States to conduct an assessment of current health workforce training and education as well as in developing a regional strategy in this field, to be placed for consideration at the 66th session. Member States discussed challenges posed by *noncommunicable diseases, mental health and neurological disorders*, and passed a resolution in which addressing risk factors, capacity building, advocacy, monitoring, national policy development were highlighted. Discussion furthermore emphasized that adoption of targets should be realistic and country specific. A separate resolution was passed for *comprehensive and coordinated efforts for the management of autism spectrum disorders and developmental disabilities*, featuring strategy development, research promotion and capacity strengthening.

55. Considering the recommendations by the *Consultative expert working group on research and development (financing and coordination)*, the Committee urged Member States to strengthen capacity for health research and development specific to the needs of developing countries. Sustainable financing is a key issue in this regard. The possibility of pooled funding from different sources at global level should be explored to support health research and development relevant to the Region. WHO support was requested to support Member States in capacity development, including national health research & development observatories, complemented by facilitation of regional and global health research & development observatories. The Committee noted and endorsed the respective work on important global initiatives, viz. *pandemic influenza preparedness*, and *substandard-spurious-falsely labeled, falsified counterfeit medical products* and *strengthening drug regulatory authorities*.

56. The Committee, in the context of *WHO's role in managing emergencies*, affirmed that the SEAR Health Emergency Fund (SEARHEF) should continue to focus on support for emergency response, affirmed the oversight role of its working group and provided suggestions for replenishment, resource mobilization and advocacy. Member States noted and discussed the progress reports on selected past resolutions, viz. *challenges in polio eradication*, *progress towards achieving immunization targets adopted in the framework to increase and sustain immunization coverage*, and *capacity building of Member States in global health*.

57. The Committee nominated Maldives as member of the *Policy and Coordination Committee* of the UNDP-UNFPA-WHO-World Bank special programme of research, development and research training in human reproduction, for a term of three years commencing 1st January 2013.

58. Member States agreed to the Vice Chair's proposal that this report be prepared in coordination with the Chair and provided to the WHO Executive Board. The Committee resolved to thank HE Vice President, Republic of Indonesia, HE Sultan and Governor of Yogyakarta special region, the WHO Director General, the national authorities of Republic of Indonesia, Hon Health Ministers of SEAR and the Regional Director. The Regional Director, as Secretary of the Committee, and the Chair and Vice Chair, appreciated the regional solidarity expressed in this session to move forward with health development in SEAR.

Report by the Chairs of the sixty-second session of the WHO Regional Committee for Europe¹

Introduction

59. The sixty-second session of the WHO Regional Committee for Europe was held in Malta from 10 to 13 September 2012. It was attended by delegations from 51 Member States in the WHO European Region and observers from other United Nations agencies, intergovernmental and nongovernmental organizations. Her Royal Highness Crown Princess Mary of Denmark also attended the meeting, as Patron of the WHO Regional Office for Europe. The Regional Committee was addressed by the European Commissioner for Public Health and Consumer Protection and the Deputy Secretary General of the Organisation for Economic Co-operation and Development (OECD). During the session, a joint action plan was signed between the WHO Regional Office for Europe and the OECD, which aimed to stress the important role of public health, establish the fiscal sustainability of health and enable credible data collection.

60. In her address to the Regional Committee, the Director-General emphasised the important role that European countries played in making health gains and by maintaining their commitment to health at the domestic, regional and international levels. She sought Member States' guidance as they and WHO addressed two major issues: WHO reform and the inclusion of health on the post-2015 development agenda.

61. The main items on the Regional Committee's agenda were the report of the Regional Director for Europe; Health 2020 – the European policy framework supporting action across government and society for health and well-being; the strategy and action plan for healthy ageing in Europe; the European action plan for strengthening public health capacities and services; and WHO reform, including the regional perspective, the Twelfth General Programme of Work (GPW12) and the proposed programme budget (PPB) 2014–2015.

Report of the Regional Director for Europe

62. The Regional Director provided a comprehensive report on the work of the Regional Office over the past two years (EUR/RC62/5), giving highlights of the WHO Regional Office's work to achieve better health in the WHO European Region, and listing its plans in six areas: tackling Europe's overall challenges and priorities; strengthening health systems; addressing noncommunicable diseases (NCDs) and promoting health; continuing work on communicable diseases; improving disaster preparedness, surveillance and response; and strengthening the Regional Office's governance, partnerships and strategic communication. Work was either complete or well advanced in all areas.

63. Member States commended the progress made by the Regional Office towards improving health in the European Region and welcomed the support the Office provided at country level, to improve the health of populations. They called on the Regional Office to prioritize its activities in order to avoid being overstretched at a time of financial constraint, and they advised on directions for WHO reform and future work for the Regional Office.

¹ See EUR/RC62/Chairs' Report (15 November 2012; 122758).

Health 2020

64. The Regional Committee adopted the new European framework for health and well-being, Health 2020, which had been developed over a period of two years by gathering evidence, sharing and documenting experience and conducting stakeholder and peer review. The Regional Office had worked actively with numerous policymakers and experts in public health, economics and a wide variety of other academic disciplines, across the European Region and beyond, to gather information and identify effective ways of addressing today's health challenges. Health 2020 addressed the Region-wide need to make a strong economic case for health and to establish well-being as a barometer of development, underpinned by whole-of-society and whole-of-government approaches for health. It further provided a platform for championing and protecting social rights and values at a time when European welfare states were being restructured. It aimed to support action across government and society in four priority areas: investing in health through a life-course approach and empowering citizens; tackling Europe's major disease burdens of NCDs and communicable diseases; strengthening people-centred health systems and public health capacity, including capacity for preparedness and response to emergency situations; and creating supportive environments and resilient communities. It offered inspiration and a variety of approaches for health policy development relevant to all Member States in the European Region, all of which had different circumstances and were approaching policy building from different starting points.

65. The Regional Committee pledged its wholehearted support to the Health 2020 policy, which it described as an important milestone that gave the European Region a leading role in tackling health inequalities and covered all areas of health of concern to both Europe and the world. All Members welcomed the policy document, commended the process used to develop it and praised its quality and usefulness for informing work at national level. Many Member States reported that they had based their health plans for the coming years on earlier versions of the policy framework. Health 2020 would be of significant value to all public health work: in ministries, communities, academic institutions, municipalities, cities, intergovernmental agencies and civil society. Its adoption marked the launch of a new phase of public health policy in Europe, with European countries expressing common and shared goals to significantly improve the health and well-being of their populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

Policy and technical topics

66. During the session, the Regional Committee adopted a European action plan for strengthening public health capacities and services, which contained 10 essential public health operations (EPHOs) to be integrated into national health strategies and systems as an integral part of the Health 2020 policy. Public health functions, infrastructure and capacity would be strengthened for health protection, disease prevention and health promotion in an integrated approach, including primary health care. Member States expressed their willingness to undertake reviews of their public health services and integrate the EPHOs into their national strategies.

67. It also adopted a strategy and action plan for healthy ageing in Europe for the period 2012–2020, in line with Health 2020 and European Commission initiatives. The strategy considered healthy ageing from the perspective of the life-course and supportive environments, while also addressing health and long-term care, and emphasizing the importance of evidence and research. More than 40 Member States welcomed the action plan, which was aligned with Health 2020 and European Commission initiatives, and said they had already adopted national policies on healthy ageing. The Regional Office

would work together with them to identify policy gaps and assist in implementation, and it would promote exchanges of experience and best practice between countries.

68. The Committee noted the progress made in developing a new country strategy and underscored the need to develop flexible and effective mechanisms for closer cooperation between WHO and countries, taking account of individual countries' needs and capacity, and giving due consideration to the ongoing development of the new country cooperation strategy (CCS) model. While several Member States expressed the value of Country Offices in supporting their work, they also emphasized the importance of defining functions at all three levels of the Organization, in line with WHO reform.

69. Finally, with regard to strengthening the role of geographically dispersed offices (GDOs), the Regional Committee acknowledged the high quality of the work done by the existing GDOs, recognizing the value of the additional technical capacity they provided and the resulting benefits to Member States. The Committee decided that work to establish the new GDO on NCDs should continue, as mandated to the Secretariat, and that the Secretariat should, in consultation with the SCRC, develop business models for potential new GDOs in the areas of primary health care and humanitarian crisis response.

70. During the session, the Secretariat also provided technical briefings, as side events, on the following topics; the Consultative Expert Working Group on Research and Development; human resources for health; WHO budget and its financing; targets, indicators and monitoring for Health 2020 and health promotion and prevention of age-related chronic diseases.

WHO reform

71. The Regional Committee agreed that while generally GPW12 was a positive step towards making WHO more efficient, effective and accountable, it failed to give a clear strategic direction. Members asked for clarification on what was *not* to be prioritized, and they expressed concern about the number of priorities. The Committee requested more information on how the tasks and work would be shared throughout the three levels of WHO, and on the budget needed to undertake specific tasks for each priority.

72. Many members of the Regional Committee expressed concern about the logic of reviewing a budget without any details of funding. It was agreed that making new priorities might well require "sunsetting" others, but that greater efficiencies and effectiveness, more concentration on implementation of existing guidelines and resolutions, and better organized approaches to resource mobilization would all contribute to the Director-General's goal of ensuring that the Organization lived within its means. A more detailed discussion of WHO reform was held in two working groups, a full report of which is contained in document EUR/RC62/WG/1.

73. The principles of WHO reform were endorsed and the Organization was called on to clearly define its national, regional and global roles, maintain a transparent and strategic dialogue with Member States and other stakeholders, and ensure accountability, as reflected in the Twelfth General Programme of Work 2014–2019 (GPW12) and the Proposed programme budget 2014–2015. A streamlined organization was sought, within which WHO headquarters defined common approaches and the regional offices applied them in line with regional realities, while WHO's country presence should be evaluated with a view to rationalization.

74. The perspective of the WHO Regional Office for Europe on the proposed programme budget 2014–2015 (EUR/RC62/16 Add.1) defined targets and outputs for the European Region, considered the business model in which the Regional Office was operating and focused on the Regional Office's comparative advantage. The Regional Office had already identified 27 key priority outcomes for 2012–2013, as well as 57 other priority outcomes. A review of the outcome portfolio was currently under way and a 20% change was expected for 2014–2015.

75. Many representatives commended the document and said that they had found the two budget scenarios that it presented particularly useful. Several Member States emphasized the importance not only of devolution to the regions, but also of strengthening WHO's in-country presence.

Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board

76. The Regional Committee was informed about the resolutions and decisions taken by the World Health Assembly and the Executive Board, and it supported the Regional Office's proposals for their implementation.

77. The Committee agreed that the establishment of a global monitoring framework for NCDs was essential, and that the targets set must be relevant, realistic and achievable. The existing knowledge base should be used as far as possible, and additional reporting burdens should be minimized, including avoiding setting targets that were too difficult to achieve or using indicators that were too costly to measure. The Committee agreed in principle that there should be one indicator for each main NCD risk factor and one policy indicator related to health systems performance. The Regional Committee was informed that a European mental health action plan would be drafted, informed by the global mental health action plan. Member State opinions were divided with regard to research and development (R&D). While some acknowledged the efforts made by the Consultative Expert Working Group on Research and Development (CEWG) to explore and assess models dissociating the costs of R&D from the price of medicines, others cautioned that the recommendations in the CEWG report would require further discussion before they could be implemented. More reliable statistics on spending on health research were necessary. Although there was an obvious lack of R&D on diseases that disproportionally affected developing countries, a binding convention would not be the best way to redress the balance. The Regional Committee agreed that the ongoing web-based consultation with European Member States should be extended to give countries further opportunities to comment. The summary of the web-based consultation would then be discussed with the Standing Committee of the WHO Regional Committee for Europe (SCRC) before being submitted to WHO headquarters.

78. The Committee agreed that its next session would be held in Portugal from 16 to 19 September 2013.

Summary report of the Chairperson, Regional Committee for the Eastern Mediterranean, Fifty-ninth session, to the Executive Board

Mr Bahar Idris Abu Garda, Federal Minister of Health, Sudan, Chair, Regional Committee for the Eastern Mediterranean, 59th session

79. The 59th session of the Regional Committee for the Eastern Mediterranean was held in the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, 1–4 October 2012. Twenty-two Members of the Committee were represented. Observers from Turkey, other UN organizations and agencies and intergovernmental and nongovernmental organizations also attended. Key agenda items included the annual report of the Regional Director for 2011, including progress on eradication of poliomyelitis, the current status of WHO reform and the regional perspective, revision of the Rules of Procedure of the Regional Committee, the 12th General Programme of Work and the Programme Budget 2014–2015. Key technical areas discussed were health system strengthening, implementation of the Political Declaration of the United Nations General Assembly on Prevention and Control of Noncommunicable Diseases, and national core capacities for the International Health Regulations (2005).

80. With reference to harmonization across regional committees, as requested by the World Health Assembly in decision WHA65(9) on WHO reform, the Committee decided to amend the Rules of Procedure of the Regional Committee, including criteria for selection and assessment of candidates for the post of the Regional Director, entrustment of the task of reviewing credentials to the officers of the committee, and participation in the Committee by non-Members, and to implement the amendments with immediate effect. It also decided that the recently introduced practice of arranging technical meetings immediately prior to the Regional Committee should continue and be open to the representatives of all Members of the Committee.

81. It further decided to accept the request of the Government of South Sudan to be reassigned to the WHO African Region and requested the Regional Director to convey its views to the Sixty-sixth World Health Assembly for consideration. The Regional Committee decided to hold its Sixtieth Session in Tunisia between 26 and 31 October 2013, subject to final agreement of exact dates with the Government of Tunisia.

82. The Committee discussed and endorsed the annual report of the Regional Director for 2011 and requested the Regional Director to follow up on implementation of resolution EM/RC57/R.2 on emergency preparedness and response and regional solidarity fund, and to implement, as soon as possible, the second stage of the regional pooled vaccine procurement mechanism. The Committee recognized the efforts made by Afghanistan and Pakistan to address the eradication of poliomyelitis as a national health emergency, and reaffirmed its solidarity with them in this regard. It expressed concern at the situation in the Syrian Arab Republic and the humanitarian conditions affecting refugees and internally displaced persons, and at the impact on neighbouring countries, and asked Member States to provide support to alleviate the suffering of refugees and internally displaced persons in the Syrian Arab Republic and neighbouring countries.

83. The Committee welcomed the strategic directions proposed by the Regional Director for the next five years and requested him to take the necessary steps to implement these. The strategic directions are: health system strengthening, maternal, reproductive and child health and nutrition, noncommunicable diseases, communicable diseases, and emergency preparedness and response. Three of these priorities were discussed in depth by the Committee: health system strengthening, noncommunicable diseases, and communicable diseases, specifically implementation of the International Health Regulations (2005).

84. Health system strengthening was the subject of the technical discussion. An in-depth analysis of the challenges facing health systems in the Region was presented to the Committee, together with proposed priorities for action by Member States and WHO. The Committee asked Member States, among other things, to make national strategic health plans the basis for all health development programmes and activities and ensure their sound implementation and monitoring; to review and update public health laws and develop norms and standards in order to ensure equity, quality and safety of care delivered in the public and private sector; and to strengthen and integrate the network of primary health care facilities, considering family practice as an effective approach to service provision. The Committee requested the Regional Director, among other things, to support Member States in building capacity in the area of health systems strengthening; to set up mechanisms to share experience among countries in health system strengthening and support sub-regional cooperation; to establish networks of health systems experts to support health system strengthening in the Region; and to submit a progress report on health systems performance to its 60th Session.

85. The Committee discussed and endorsed a regional Framework for Action on the commitments of Member States to implement the United Nations Political Declaration on Noncommunicable Diseases and urged Member States to implement the core set of actions in the regional Framework. It also urged Member States, among other things, to establish/strengthen mechanisms for engaging non-health sectors in implementing the regional Framework for Action, and to scale up the integration of the essential interventions for the prevention and management of noncommunicable diseases into primary health care. The Committee requested the Regional Director, among other things, to develop a set of indicators to monitor the engagement of non-health sectors in implementing the key actions included in the United Nations Political Declaration, in collaboration with other United Nations agencies and relevant international partners; to develop model legal instruments to guide the development of national legislation for implementing the commitments of the United Nations Political Declaration; to further develop the package of essential noncommunicable disease interventions for primary health care, as well as the necessary guidance to implement the best buys; and to report annually to the Regional Committee on the progress of Member States in implementing the United Nations Political Declaration, based on the regional Framework for Action.

86. The Committee expressed its concern that States Parties are at risk of not meeting the technical obligations for implementation of the International Health Regulations (2005) by 15 June 2014. It therefore urged States Parties to review and implement the national plans based on the gaps identified, and to take all the required steps, including putting in place supportive legislation and adequate human and financial resources, to implement the national plans. It also requested States Parties to report annually to WHO on the progress in strengthening and maintaining national core public health capacities required under Articles 5.2 and 13.2 of the International Health Regulations (2005) and in line with the national implementation plan and requested the Regional Director, among other things, to report annually to the Regional Committee on the progress of States Parties in implementing the International Health Regulations (2005).

87. In regard to Executive Board decision EB130(1) on implementation of the action plan for the prevention of avoidable blindness and visual impairment, the Regional Committee requested the Director-General to consider including the prevention of blindness as a priority area of work within WHO reform.

88. The Committee endorsed the managerial actions associated with the WHO reform process taken by the Regional Director with respect to staff mobility and rotation, performance management and human resources planning and management. It also endorsed the regional governance reforms, including the establishment of a technical advisory committee to the Regional Director. This will involve renaming the current Regional Consultative Committee to the Advisory Committee to the

Regional Director and adjusting the terms of reference to reflect the current needs of the Organization. It supported the structure of the 12th General Programme of Work in its categories and priorities noting that the latter are in line with the strategic priorities agreed upon for the Eastern Mediterranean Region. It emphasized the need for a country-based (bottom-up) budget planning process based on the needs of Member States.

89. The Committee reaffirmed the critical importance of the decentralized nature of WHO as enshrined in its Constitution and welcomed the recent move of the Regional Office to further strengthen joint work with headquarters and other regional offices.

90. There were no proposals with regard to the sequence of governing bodies meetings and no changes to the financial year.

91. The Committee requested me, the Chair, to convey to the Executive Board its concern that the value of assessed contributions has decreased in real terms over the years and the need to consider an increase in the level of assessed contributions. It underscored the adverse impact of over-reliance of the Organization on earmarked voluntary contributions. It requested Member States to consider the possibility of increasing the level of assessed contributions to the Organization through collective action in the governing bodies and requested those countries that can afford it to increase voluntary contributions at the regional level to agreed priority areas. It also requested Member States to continue to engage actively in the process of WHO reform, including finalization of the 12th General Programme of Work and Programme Budget 2014–2015.

Summary of the Sixty-third session of the Regional Committee for the Western Pacific ¹

Report by Dr Nguyen Thi Kim Tien (Viet Nam), Chairperson of the Sixty-third session

92. The Sixty-third session of the Regional Committee for the Western Pacific (Hanoi, 24–28 September 2012) was attended by representatives of 28 Members of the Committee as well as France, the United States of America, other organizations in the United Nations system and nongovernmental organizations.

Overview of agenda and action

93. Major items on the agenda included budgetary matters (the performance of the Programme budget 2010–2011 and the draft proposed programme budget 2014–2015); a code of conduct for the nomination of the Regional Director; coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee; and the membership of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction. The main technical issues covered were: violence and injury prevention; neglected tropical diseases; measles elimination; the International Health Regulations (2005); and progress of technical programmes;

94. The Committee adopted 10 resolutions. Its adoption in resolution WPR/RC63.R7 of a code of conduct for the nomination of the Regional Director makes the Region the first within WHO and the larger United Nations family to establish such a code to guide the nomination and election of its senior official.

Regional Director's report

95. The Regional Director acknowledged the serious health challenges that confront the Region and outlined important achievements in nutrition and food security, injury and violence prevention, noncommunicable diseases, avoidable blindness, emergency and disaster preparedness and response, malaria, multidrug-resistant tuberculosis, neglected tropical diseases, universal health care, and health system strengthening. He also discussed WHO reform in the Region and country-specific support.

Technical agenda items

Nutrition

96. The Committee noted a range of challenges Members faced: unbalanced diets and the ready availability of processed foods, resulting in high rates of obesity, diabetes and tooth decay; the impact of climate change on food crop cultivation; aggressive marketing of infant formula; helminth infestations; anaemia; micronutrient deficiencies; and the difficulty of ensuring that legislation and guidelines to encourage healthy lifestyles were followed in practice.

¹ See also http://www.wpro.who.int/about/regional_committee/63/reports/en/

97. Representatives cited examples of progress on nutritional issues, such as higher rates of breastfeeding; enactment of legislation to comply with the International Code of Marketing of Breast-milk Substitutes; extension of paid maternity leave and greater flexibility for working mothers; banning the advertising of certain foods; selective taxation of unhealthy foods and drinks; encouraging people to grow their own fruits and vegetables; nutritional supplements for children, students and rural populations; food fortification; and school-based programmes to educate young people about the importance of diet and physical exercise. Many noted that their governments had adopted action plans and strategies for nutrition directly or in the context of noncommunicable diseases. In some cases nutrition indicators had been integrated into national social and development agendas. In resolution WPR/RC63.R2 the Committee endorsed the Call to Scale Up Nutrition in the Western Pacific Region.

Violence and injury prevention

98. Representatives welcomed the inclusion of the subject on the agenda. According to statistics cited by several speakers, violence and injuries (in particular violence against women and domestic violence in general, and road traffic injuries, often exacerbated by the harmful use of alcohol) ranked high among the causes of preventable mortality and morbidity, particularly among young people. Many called for reliable data so that interventions could be prioritized. In addition, several representatives discussed the institutional context in which action could best be taken, governed by instruments such as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

99. The Committee adopted a resolution on violence and injury prevention (WPR/RC63.R3).

Neglected tropical diseases

100. The Committee, in resolution WPR/RC63.R4, endorsed the Regional Action Plan for Neglected Tropical Diseases in the Western Pacific (2012–2016). Many speakers reported the progress their countries had made in controlling those diseases, and noted the difficulties encountered. A willingness to share experiences was expressed, and there was a call for zoonotic diseases to be given greater emphasis in the plan.

101. The assets of the Western Pacific Region – expertise and industry that produced medicines for the treatment of neglected tropical diseases – were acknowledged. Discussion points included interregional collaboration, as for example between China and countries of Africa, and the value of public–private partnerships in securing donations of medicines. Nevertheless, a major effort to mobilize resources would be needed to meet targets.

Measles elimination

102. The Region was close to becoming the second WHO region to eliminate measles; surveillance data indicated that 32 countries and areas may have interrupted endemic measles transmission. An independent Regional Verification Commission had been established in January 2012 and had drafted guidelines for completing elimination in the Region. The Commission had recommended that Member States establish independent national verification committees.

103. Representatives described a range of national situations, from Member States where elimination had long been certified to those where a certain level of endemicity remained or only imported cases were found. Even after massive immunization campaigns, maintenance of strict surveillance was urged.

104. Several representatives explained how their governments were combining measles elimination with the management of other diseases: rubella and congenital rubella syndrome in the first instance, but also other vaccine-preventable diseases, and then in combination with low-cost measures, such as hand washing, deworming, vitamin A supplementation, and distribution of bednets against malaria. These activities fit into the Integrated Management of Childhood Illness.

105. Representatives called for further efforts, including more engagement from international organizations in ensuring stringent laboratory criteria, to support national verification committees. Those committees should report to the Regional Verification Commission, except in cases where notification had, for administrative reasons, to go through central governments.

106. The Regional Committee adopted resolution WPR/RC63.R5, reaffirming its commitment to eliminate measles and accelerate rubella control.

International Health Regulations (2005)

107. It was noted that 14 Member States in the Region had requested two-year extensions to meet their obligations to develop core capacities required under the International Health Regulations (2005), and that effective implementation plans, as well as national investment and external technical and financial support, were needed for those Member States facing the new deadline of 15 June 2014.

108. Representatives broadly agreed the value of the Regulations in ensuring international health security and that the Asia Pacific Strategy for Emerging Diseases (2010) was an invaluable regional road map for helping Member States to implement the core capacities required. Specifically, it was noted with approval that the Strategy was tailored to the needs of the Region and advocated long-term sustainable measures. Countries needed to implement core capacities more or less in a coordinated way, but without a commitment to share information the effectiveness of the international surveillance mechanism might be compromised. It followed, therefore, that countries that lagged behind should be offered technical assistance; that the up-to-date status of core capacity implementation in each Member State should be disseminated in a spirit of transparency; and that cooperation should be sought with other regions, specifically the South-East Asia Region.

109. Representatives from small island countries cited some recurring problems, namely the difficulty of designating a national focal point to cover vast and sparsely inhabited areas that lacked appropriate institutional infrastructure.

110. The Committee adopted resolution WPR/RC63.R6 on the implementation of the International Health Regulations (2005), inter alia reaffirming its commitment to the Asia Pacific Strategy for Emerging Diseases (2010).

Progress reports on technical programmes

111. Based on the outcomes of two regional meetings, a document on the draft set of global targets and indicators for prevention and control of noncommunicable diseases was prepared for discussion by the Regional Committee. Several representatives expressed support for the set, but some concerns were voiced about the large number of targets and indicators, the cost of collecting information about them, and certain technical and methodological issues. Representatives agreed that the set of indicators should be well rounded and take into consideration the four major risk factors, striking a balance between prevention, treatment and care.

112. The Committee also noted: progress in work to combat the tobacco industry's interference in tobacco-control efforts; increasing interest in multisectoral approaches to healthy settings programmes; and progress towards achieving the health-related Millennium Development Goals, with the need to intensify efforts to reduce child mortality and improve maternal health. In addition, the Committee noted progress in health financing, malaria control and elimination in the context of malaria and artemisinin resistance, the Expanded Programme on Immunization, and HIV/AIDS prevention and treatment.

Agenda items related to WHO reform

Draft proposed programme budget 2014–2015 and the draft twelfth general programme of work

113. Representatives commended the documents and the clear manner in which the new process had been presented. There was general appreciation of the six new categories, which could enhance flexibility in funding, but specific budget figures would have to be proposed in the next versions. Several suggestions were made about the individual categories. Speakers warned against spreading the Organization too thin, and proposed that it concentrate on efficiency, setting priorities and its relative strengths, which included normative and standard-setting roles, and privileged access to governments.

114. The Regional Committee adopted a resolution on the draft proposed programme budget 2014–2015 and draft twelfth general programme of work (WPR/RC63.R1).

Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee (Rules of Procedure)

115. In response to the World Health Assembly's decision regarding governance reforms and harmonization of practices in relation to the nomination of regional directors, the review of credentials and the participation of observers (decision WHA65(9)), the Committee noted that its Chairperson would submit a summary report of the Committee's deliberations to the Executive Board. It also adopted resolution WPR/RC63.R8, in which it decided to amend Rule 2 and Rule 3 of the Rules of Procedure of the Regional Committee.

Nomination of the Regional Director: code of conduct

116. Speakers raised various points on how the proposed code of conduct would work in practice, specifically the method whereby travel by the current Regional Director would be determined to be campaign-free, and on disclosing and setting the boundaries of campaign activities. It would also be important to ensure that the draft code was entirely consistent with the Rules of Procedure of the Regional Committee. A request was made for the curriculum vitae of each candidate to be made available in all the official languages of the Regional Committee.

117. For reasons of economy and on principle, the Committee had deliberately chosen not to set up a cumbersome mechanism to monitor compliance; it was a political instrument, and it was expected that Member States would act in good faith. All internal candidates would be subject to WHO's Staff Regulations and Staff Rules, which specified that candidates should always put the interests of the Organization first. Several possible solutions could be envisaged to ensure full disclosure of campaign activities, for example the use of a dedicated, password-protected web page.

118. As noted in paragraph 2, the Committee adopted the Code of Conduct for the Nomination of the Regional Director of the Western Pacific Region of the World Health Organization.

Special Programme of Research, Development and Research Training in Human Reproduction: membership of the Policy and Coordination Committee.

119. The three Member States from the Region on the Policy and Coordination Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction were Malaysia, Philippines and Viet Nam. As the term of office of the Philippines would expire on 31 December 2012, the Regional Committee selected the Lao People's Democratic Republic to replace the Philippines (decision WPR/RC63(1)).

Time and place of the sixty-fourth session of the Regional Committee

120. The Regional Committee decided to hold its sixty-fourth session at the Regional Office in Manila, with the date to be determined in further consultation with Member States.

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