

Reports of the regional committees to the Executive Board

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

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

ANNEX

Sixty-third session of the WHO Regional Committee for Africa (Brazzaville, Republic of the Congo, 2–6 September 2013)

Summary report of the President to the Executive Board, prepared by Mr François Ibovi, Minister of Health and Population, Republic of the Congo (September 2013)

1. The Sixty-third session of the WHO Regional Committee for Africa was held in Brazzaville (the Congo) from 2 to 6 September 2013. All 47 Member States of the African Region, including South Sudan, participated, which was presided by Mr François Ibovi, the Minister of Health and Population of the Congo. This report summarizes the results of the session.

PART 1: MATTERS OF GLOBAL INTEREST

WHO reform

Orientations for the implementation of the Programme Budget 2014–2015 in the African Region and information on the Financing Dialogue

2. The Member States expressed their concern regarding the imbalance in allocation of resources among and within components of the budget. An example can be found in Category 3 entitled “Promoting health through the life-course”, which includes programme areas such as reproductive, maternal, newborn, child and adolescent health, and which requires additional funding in order to meet country needs. The Member States welcomed the transition from strategic objectives to categories, which made it possible to give more visibility to certain programmes such as violence and injuries and disabilities and rehabilitation.

3. The Regional Committee recommended that Member States consider providing premises to house the WHO Representative’s offices, as a way of controlling costs. It was also recommended to WHO and other partners to continue efforts to mobilize resources in the context of the Financing Dialogue.

WHO Reform: Process for developing the proposed programme budget 2016–2017

4. Delegates approved the process for developing the proposed programme budget 2016–2017 and stressed that the process should be taken as an opportunity to correct the imbalances noted in the allocations in the Programme Budget 2014–2015 and to guarantee better alignment with country priorities. The Regional Committee asked the Secretariat to periodically notify Member States of progress made in implementing WHO reform.

Proposed changes to the Rules of Procedure of the Regional Committee and the new terms of reference of the Programme Subcommittee

5. The Regional Committee applauded the work done in enhancing oversight by WHO governing bodies and the alignment of such bodies, and on harmonization of governance practices. The Member States approved the proposed new terms of reference of the Programme Subcommittee. The following are the principal changes made to the Rules of Procedure of the Regional Committee:

Rule 2: to adopt the same rules of engagement between WHO, non-Member States and nongovernmental organizations as those that may be adopted by the World Health Assembly;

Rule 5: to limit the right to convene an extraordinary session of the Regional Committee to Members only;

Rule 52: *Paragraph 2* – Candidates for the post of Regional Director are proposed by their own country, and each Member State may propose only one person for the post; *Paragraph 3* – A Regional Director reaching the end of his or her first term of office is eligible for reappointment for a second five-year term only, in accordance with the provisions of Rule 48 of the Rules of Procedure of the Executive Board; *Paragraph 8* – The Regional Director is elected by a simple majority.

6. The Regional Committee adopted the proposed changes to the Rules of Procedure of the Regional Committee and the new terms of reference of the Programme Subcommittee, as well as the resolution relating thereto.

Health in the post-2015 development agenda

7. The Regional Committee noted that future discussions aiming to define the framework and objectives of the post-2015 development agenda would be facilitated primarily by the foreign affairs ministries and the permanent missions to the United Nations in New York. The Regional Committee therefore recommended that health ministries keep their national representatives constantly informed of developments in the situation by sending them a clear account of the role and importance of health in reaching such objectives and on the actions to be taken to ensure universal health coverage. The Regional Committee also recommended that the African Union Commission guide efforts to ensure that African interests are taken into account in the post-2015 objectives.

Immunization in the African Region: Progress Report on the African Regional Immunization Strategic Plan 2009–2013, the Global Vaccine Action Plan and the Polio Endgame

8. The Regional Committee noted that despite the remarkable progress made in improving immunization services, significant challenges remain in terms of access to new vaccines, particularly for countries that are not eligible for support from the GAVI Alliance, given the high cost of such vaccines. Delegates pointed to the need to ensure local manufacturing of vaccines. Regarding the planned completion of the Global Polio Eradication Initiative in 2018 and the subsequent programme closure, the Regional Committee emphasized that scenario 2 is the best option for preserving the gains made through the Initiative and ensuring transmission of such gains.

9. The following was recommended to WHO and partners: to continue advocacy efforts to make vaccines available at affordable prices; to support studies on the cost-effectiveness ratio concerning the integration of immunization activities; and to place emphasis on monitoring reports.

PART 2: MATTERS OF REGIONAL INTEREST

Healthy ageing

10. The Regional Committee highlighted the physical, mental and social vulnerability of the elderly and the importance of identifying and satisfying their needs. A resolution was adopted in which the Regional Committee urges Member States, *inter alia*,:

- (a) to increase political willingness and commitment;
- (b) to encourage the forming of partnerships for the development of a holistic and multisectoral approach;
- (c) to strengthen appropriate service delivery for the elderly through preventive, palliative and specialized care;
- (d) to improve gender-sensitive interventions by taking gender into account in all policies and programmes and in legislation, and by creating a favourable and supportive environment for the elderly.

WHO and partners were encouraged:

- (a) to work together with Member States to place greater emphasis on ageing in the Region;
- (b) to provide technical support to Member States for the development of policies and the prioritization of interventions targeting the elderly;
- (c) to support the creation of a commission to study the impact of ageing on health systems and make recommendations to guide policies, strategies and resource mobilization;
- (d) to align and harmonize reporting between resolutions of the World Health Assembly and Regional Committee on the elderly in order to avoid multiple reporting.

Addressing the challenge of women's health in Africa

11. The Regional Committee endorsed by resolution AFR/RC63/R4 the recommendations of the Commission on Women's Health in the African Region in its report entitled "Addressing the challenge of women's health in Africa". These recommendations include encouraging good governance and leadership to improve, promote, support and invest in women's health; implementing political and legislative initiatives to translate good governance and leadership into concrete action; implementing multisectoral interventions to improve women's health; empowering girls and women to be effective agents in pursuing their own interests; improving the responsiveness of health care systems in properly addressing the health needs of women; and collecting data to monitor the progress made towards achieving the targets for girls' and women's health.

12. Concerned about the slow pace of progress in achieving Millennium Development Goals 4 and 5, the delegates recommended that action be taken to ensure that these Goals are included in the post-2015 development agenda.

13. The Regional Committee requested WHO to ensure that its activities are constantly aligned with those of the African Union in terms of improving women's and children's health.

Enhancing the role of traditional medicine in health systems

14. The Regional Committee adopted an updated regional strategy for traditional medicine and resolution AFR/RC63/R3 relating thereto. The strategy aims to contribute to better health outcomes by optimizing and consolidating the role of traditional medicine in national health systems. The proposed interventions include the strengthening of stewardship and governance; the development and use of tools; the cultivation of medicinal plants and conservation of biological diversity; research and development; local production; the protection of intellectual property rights and traditional medicine knowledge; intersectoral coordination; and capacity building.

15. WHO and partners were encouraged:

- (a) to provide guidelines for developing national regulations and legislation in the field of traditional medicine;
- (b) to build up research capacity;
- (c) to identify and ensure the dissemination of best practices.

Strengthening the capacity for regulation of medical products in the African Region

16. The Regional Committee adopted a technical document on strengthening the capacity for regulation of medical products in the African Region. Various actions were proposed to Member States, including:

- (a) to prioritize the development of medical products regulation;
- (b) to adapt and use guidelines in line with WHO recommendations;
- (c) to set up Autonomous National Medicines Regulatory Authorities, each with its own governing body and a well-defined legal status, and to institute sustainable mechanisms to effectively manage conflicts of interest;
- (d) to ensure adequate and sustainable financing of the medicines regulatory system.

17. Delegates emphasized the need to adopt strategies to impede the circulation of sub-standard, spurious, falsely-labelled, falsified or counterfeit medical products, including in official, unofficial and emerging Internet markets.

18. The Regional Committee recommended that WHO and partners: assist Member States in strengthening their capacity to implement the proposed actions; develop a roadmap to make the African Medicines Regulatory Agency operational; and support the building of capacity for evaluating the quality, safety and efficacy of the products, as well as for inspection and drug monitoring.

Using ehealth solutions to improve national health systems in the African Region

19. The Regional Committee adopted a technical document on ehealth solutions in the African Region and resolution AFR/RC63/R5 relating thereto. Delegates noted that the implementation of the ehealth strategy is hampered by limited access to electricity, weak Internet connections and the fact that many experimental projects do not follow any standards, which limits their interoperability. The

Regional Committee also noted with concern the lack of financial support and viability for ehealth solutions, and the shortage of human resources trained in this field.

20. The Regional Committee encouraged WHO and partners to establish coordination and governance mechanisms for ehealth in the Region, and to provide guidelines on how to monitor and evaluate the implementation of ehealth national strategies.

The Regional Strategy on and Strategic Plan for Neglected Tropical Diseases in the African Region 2014–2020

21. The Regional Committee adopted the Regional Strategy on, and the Strategic Plan for, Neglected Tropical Diseases in the African Region 2014–2020 (resolution AFR/RC63/R6). The major thrust of the strategy is to reduce the huge burden of neglected tropical diseases and contribute to poverty alleviation, increased productivity and improved quality of life for affected people. The main strategic approaches focus on the rapid scale-up of access to interventions; enhanced planning for results; resource mobilization and financial sustainability; strengthening of advocacy, coordination and national ownership; and improved monitoring, evaluation, surveillance and research to tackle neglected tropical diseases. Member States called on the African Programme for Onchocerciasis Control to consider the possibility of placing greater emphasis on vector control in the context of interventions aiming to eliminate onchocerciasis. The Regional Committee agreed that it is necessary to expand the mandate of the African Programme for Onchocerciasis Control to include lymphatic filariasis and contribute to the preventive chemotherapy of other neglected tropical diseases during the period 2016–2020.

Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection; recommendations for a public health approach – implications for the African Region

22. The Regional Committee welcomed the 2013 WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, and delegates expressed their commitment to supporting the implementation of these guidelines. The Regional Committee voiced its concern that many people in the African Region do not know their HIV status, that the linkage between HIV testing, counselling and care is weak, and that only 28% of HIV-positive children that are eligible for antiretroviral therapy are undergoing treatment. Delegates reiterated the need to consider the impact of implementing the guidelines on health systems and to ensure that the recommended antiretroviral therapy protocols are available. The Regional Committee adopted a technical document and resolution AFR/RC63/R7 urging Member States, inter alia, to adapt their national antiretroviral therapy guidelines and service delivery tools to the new WHO consolidated guidelines on the use of antiretroviral drugs according to the specific context of each country.

23. WHO and partners were encouraged to play the leading role in providing normative guidance and technical support to Member States for the adoption and adaptation of the new WHO guidelines on antiretroviral medicines. It was also recommended that WHO and partners continue lobbying international and national institutions for additional resource mobilization that could help with the roll-out of the WHO consolidated guidelines.

24. WHO and partners must continue lobbying the pharmaceutical industry to reduce antiretroviral treatment costs and produce quality-assured medicines.

52ND DIRECTING COUNCIL OF THE PAN AMERICAN HEALTH ORGANIZATION, 65th Session of the WHO Regional Committee for the Americas (WASHINGTON, DC, 30 SEPTEMBER TO 4 OCTOBER 2013)

Summary report by the President (Hon. Carina Vance Mafla, Minister of Public Health, Ecuador)¹

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO reform and WHO's Twelfth General Programme of Work 2014–2019 and Programme Budget 2014–2015

25. The Regional Committee underscored the importance of human resources reform and of the development of a policy on engagement with non-State actors. It was emphasized that any interaction with non-State entities must be in accord with the priorities and strategic agenda approved by Member States. Support was expressed for a proposal put forward by the member for Argentina during the 133rd session of the Executive Board for the creation of a standing ethics committee composed of representatives of Member States, which would be responsible for examining and managing conflicts of interest.

26. The Regional Committee also stressed the importance of clear criteria and a fair, equitable and transparent methodology for the allocation of WHO resources to the regions. It was pointed out that in accordance with the strategic resource allocation validation mechanism approved by the WHO Executive Board in 2006, the Region of the Americas should receive between 6.3% and 7.7% of the WHO budget, but it is currently receiving only 5.4%. The need to improve the predictability of financing for the Region was also emphasized.

27. Attention was drawn to the statement made on the subject on behalf of the Member States of the Americas during the Sixty-sixth World Health Assembly, which is contained in a resolution adopted by a special session of the PAHO Executive Committee prior to the Health Assembly (resolution CD152.SS.R1).

28. A more detailed account of the views expressed may be found the final report of the session (document CD52/FR).

Health in the post-2015 United Nations development agenda

29. A panel discussion was held on this topic, after which the Regional Committee emphasized the importance of continuing to pursue the Millennium Development Goals until they have been fully achieved. The need to continue efforts to rectify inequalities and inequities and to eradicate poverty was also highlighted. The Committee considered universal health coverage crucial in order to ensure access to health services for vulnerable populations and also underscored the need to address social, cultural, economic and environmental determinants of health. The importance of a focus on youth in the post-2015 period was also emphasized. It was pointed out that in order to secure a central place for

¹ The full report of the session, Document CD52/FR, is posted on the website of the 52nd Directing Council: http://www.paho.org/hq/index.php?option=com_content&view=article&id=8833&Itemid=40033&lang=en#.

health on the post-2015 development agenda, it will be essential to ensure that policy-makers understand the link between health and sustainable development.

30. A more detailed report on the views expressed will be prepared by the Pan American Sanitary Bureau and submitted to the WHO Secretariat.

Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

31. The Committee voiced support for the proposed principles, functions and participants of the global coordination mechanism put forward in the first WHO Discussion Paper (dated 23 July 2013) and for the proposal that WHO should provide the mechanism's secretariat. It was emphasized that the mechanism should be flexible, transparent and action-oriented and should support the achievement of the voluntary global targets, foster innovative multisectoral collaboration and demonstrate and evaluate new ways of working. In order to attract participation from outside the health sector, it was considered important to show how the coordination mechanism could add value and what it could do that other global entities could not. It was stressed that the participation of non-State actors in the global coordination mechanism should be governed by the overarching principles agreed in the framework of WHO reform for engagement with such actors.

32. A report on the views expressed in the regional consultations on the global coordination mechanism, both during the session and by means of an online survey, will be prepared by the Pan American Sanitary Bureau and submitted to the WHO Secretariat.

33. The Committee also adopted a regional plan of action for the prevention and control of noncommunicable diseases, which is fully aligned with the WHO's global action plan and the comprehensive global monitoring framework, but includes targets and indicators reflecting regional specificities and priority health issues, including chronic kidney disease. The regional plan is contained in document CD52/7, Rev. 1 and the Committee's decision in resolution CD52.R9.

International Health Regulations (2005)

34. The Committee discussed the criteria proposed by the WHO Secretariat for obtaining an additional two-year extension for establishing the IHR core capacity requirements and adopted Decision CD52(D5), supporting the inclusion in the new IHR implementation plans of elements (1) and (3) of the proposed criteria appearing in document A66/16; encouraging the inclusion of elements (2) and (4), but noting that their inclusion would be optional for States Parties; and requesting the Director of PAHO to identify resources to hold a regional meeting of the authorities responsible for implementation of the Regulations in order to continue discussion on the procedures, methods and tools for monitoring and reporting on implementation of the Regulations after 2016.

35. Decision CD52(D5) and a summary of the Committee's discussion appear in the final report of the session, document CD52/FR. A more detailed report of the views expressed during the Council's discussion will be prepared by the Pan American Sanitary Bureau and then submitted to the WHO Secretariat for transmission to the Executive Board.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Strategic Plan of the Pan American Health Organization 2014–2019 and PAHO Program and Budget 2014–2015

36. The Committee adopted a strategic plan of PAHO for the period 2014–2019 and also adopted a budget to fund the first biennium of that period. The Strategic Plan's overarching theme is "Championing Health: Sustainable Development and Equity." It is closely aligned with the Twelfth General Programme of Work, 2014–2019 but is also responsive to issues of particular concern to the Region, such as Chagas disease and dengue, health determinants, and human resources for health. Regional specificity is also reflected in the impact and outcome indicators.

37. The 2014–2015 budget provides for zero nominal growth in Member States' assessed contributions and assumes the same level of regular budget funding from WHO as in 2012–2013. Voluntary contributions are expected to decline by some US\$ 48 million with respect to 2012–2013. The funding gap at the start of the biennium is expected to amount to around US\$ 200 million, or about 38% of the total PAHO/AMRO budget. The resolution adopting the budget encourages Member States to make fully flexible voluntary contributions to a special fund created in order to offset the regular budget reduction resulting from zero growth in assessed contributions.

38. The relevant documents and resolutions are Official Document 345 and resolution CD52.R8 (Strategic Plan) and Official Document 346 and resolutions CD52.R3 (Program and Budget) and CD52.R4 (Assessed contributions).

Evidence-based policy-making for national immunization programs

39. The Committee endorsed a policy proposal for strengthening the capacity of national immunization programmes through evidence-based decision- and policy-making, particularly with respect to the introduction of new vaccines. The Committee expressed strong support for the expansion of PAHO's ProVac initiative in order to enhance Member States' capacity to generate evidence. There was agreement that immunization policies should be based on considerations other than technical aspects and cost-effectiveness and that they should also take into account pragmatic operational issues, financial feasibility, and long-term sustainability, as well as social issues such as equity.

40. The policy is contained in document CD52/9 and the Committee's decision in resolution CD52.R14. The Committee also adopted a resolution on the PAHO Revolving Fund for Vaccine Procurement (see below).

Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement

41. The Committee adopted resolution CD52.R5 affirming support for the PAHO Revolving Fund for Vaccine Procurement, acknowledging its value in ensuring timely and equitable access to vaccines and its contribution to the financial sustainability of immunization programmes, and calling for strict adherence to the Fund's principles, objectives, and terms and conditions, in particular with respect to the requirement that procured products be made available to participating Member States at the same single price and that the price be the lowest available globally.

Addressing the causes of disparities in health service access and utilization for lesbian, gay, bisexual and trans (LGBT) persons

42. The Committee adopted resolution CD52.R6 expressing the desire to address the political, sociocultural, and historical causes of disparities in the access to quality health care services and utilization (including mental health) for stigmatized, discriminated and marginalized persons of the LGBT community, by giving priority to promotion of equal access to health services in policies, plans, and legislation and to consider developing and strengthening universal comprehensive social protection policies. This would require the collection of data about access to health care and health facilities for LGBT populations. In doing so, the rights to privacy regarding all personal health-related information should also be taken into account.

Social protection in health

43. The Committee stressed that access to quality health care was a human right. It was agreed that there were many ways to achieve social protection, and that a multisectoral approach was needed.

44. The Committee then adopted resolution CD52.R11 which recognizes the significant progress in reforming health systems that has been made; it also recognizes the need to develop policies and programs focused on the construction of more integrated, equitable, and solidarity-based health systems that support the right to the enjoyment of the highest attainable standard of health by strengthening the health components of social protection programs (especially focusing on primary health care and social determinants of health). The strong interrelationship between the social protection in health and the achievement of universal health coverage was noted.

Human resources for health

45. The Committee adopted resolution CD52.R13 on human resources for health, which focuses on the need to increase access to qualified health workers in primary health care-based health systems which is of strategic importance to achieve the goal of universal health coverage. It recognizes the need to establish and strengthen a strategic planning and management for human resources for health, the need to identify, monitor, and report on specific health professional shortages, and the need to promote reforms in health professions education to support primary health care -based health systems, among other considerations.

Chronic kidney disease in agricultural communities in Central America

46. The Committee analysed a concept paper on this issue recognizing the need to fill in the gaps in the knowledge about this form of chronic kidney disease, given that its etiology was not linked to usual causes, and that its occurrence was increasing.

47. The Committee then adopted resolution CD52.R10 which recognizes the inordinate burden of chronic kidney disease in agricultural communities in Central America and that additional research is urgently needed for a comprehensive, integrated, and solidarity-based and evidence-based response through the promotion of partnerships with other sectors of government, development agencies, civil society, affected communities, academia, private enterprise, and others through coordinated efforts and

resource mobilization. Reference was made to the Declaration of San Salvador,¹ which recognizes chronic kidney disease from non-traditional causes in Central America as a serious public health problem.

Cooperation for health development in the Americas

48. The Committee also adopted resolution CD52.R15, which recognizes that traditional development assistance for health is declining among middle-income countries, that complementary health development and cooperation mechanisms must be fostered and strengthened in order to continue advancement of the regional and global health agendas; and that the collaboration between the Organization, Member States, and other donors for South-South cooperation, triangular cooperation, and resource mobilization efforts is a viable and sustainable modality of cooperation for health development.

49. The sixty-fifth session of the WHO Regional Committee for the Americas approved a total of 15 resolutions and five decisions.

¹ Available [in Spanish] at: http://www.salud.gob.sv/archivos/comunicaciones/archivos_comunicados2013/pdf/Declaracion_San%20Salvador_ERCnT_26042013.pdf.

Sixty-sixth session of the WHO Regional Committee for South-East Asia, New Delhi, India, 10–13 September 2013

Summary report by the Chairman, Dr Ahmed Jamsheed Mohamed, Minister of Health, Maldives¹

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO Reform

50. The evolution and goals of the WHO reform process were discussed. The Committee emphasized its strong support for the reform process, which would allow greater predictability and transparency of financing within the Organization. The financing dialogue was viewed as especially timely and important, being a platform to discuss concerns and seek solutions to address a possible budget deficit. The Committee requested that the proposed assessed and voluntary contributions be made known after the financing dialogue meeting to be held in November 2013.

51. The Committee noted the working paper and the information documents, including the concept note for the bottom-up operational planning process for 2016–2017, and endorsed the recommendations of the Subcommittee on Policy and Programme Development and Management, held in July 2013, which were for Member States to:

- ensure appropriate participation, particularly from health ministries, in the November 2013 financing dialogue
- review the 2016–2017 bottom-up operational planning process for consideration of its future application.

52. The Subcommittee's recommendation for the South-East Asia Region was to provide full support to Member States in their preparation for participating in the financing dialogue.

Health in the post-2015 United Nations development agenda

53. This topic was discussed in detail at the Thirty-first Meeting of Ministers of Health of Countries of the South East Asia Region (New Delhi, 10 September 2013) and the Committee's delegates referred to the discussions during their interventions.

54. Health ministers highlighted the importance of carrying forward the unfinished agenda of the Millennium Development Goals into the post-2015 agenda and recognized that the thematic, national, regional and global consultations on health in the post-2015 development agenda appear to converge on the theme of "Maximizing Health at All Ages" through universal health coverage. They welcomed the regional consultation vision for post-2015 development agenda of "human well-being and happiness" and opined that sustainable development goals and targets need to be further discussed and refined. Special attention was deemed necessary for population groups, such as children with special needs, and for social dimensions of health.

¹ The full report is available on <http://www.searo.who.int/mediacentre/events/governance/rc/66session/en/index.html> (accessed 16 December 2013).

55. Health ministers recommended that WHO continue supporting acceleration of attainment of health-related Goals by 2015 and facilitate Member States to effectively promote centrality of health in the post 2015 development agenda. Member States are to engage actively in discussions on the post-2015 development agenda at the national/regional levels, and ensure national coordination and representation at the international level so that health is adequately reflected in the development agenda.

Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

56. The Committee noted with concern that noncommunicable diseases were the leading cause of mortality globally and in the South-East Asia Region. Member States called for addressing those diseases through multisectoral actions throughout the life course. They shared country-level initiatives, including health promotion and prevention interventions to reduce exposure to noncommunicable diseases, strengthening primary health care systems and progress made in collection of data through surveillance systems. They expressed a need to mobilize additional resources to comprehensively address the huge burden of noncommunicable diseases.

57. While supporting the regional action plan and targets, Member States expressed concerns about the lack of baseline data for some targets and about the limited capacity at the country level to collect, analyse and use data effectively. Member States called for investment in surveillance and monitoring systems to enable reporting on global and regional targets.

58. The Committee noted the Regional Oral Health Strategy (2013–2020) and called for integration of oral diseases into the context of noncommunicable diseases, recognizing that oral diseases share common risk factors, determinants and benefits from interventions aimed at the four main noncommunicable diseases.

59. The Committee endorsed the regional action plan (2013–2020) and adopted 10 regional targets for prevention and control of noncommunicable diseases to be achieved by 2025. The Committee adopted resolution SEA/RC66/R6 urging Member States to develop costed national action plans and set national targets for prevention and control of noncommunicable diseases. The Committee requested WHO to build national capacity to undertake surveillance and monitoring, set national targets, analyse and use surveillance data effectively and enable reporting on the global voluntary targets.

International Health Regulations (2005)

60. The Committee noted the Member States' self-monitoring assessment of national IHR core capacities, and the progress that has been made, including on legislation, surveillance, response and laboratory capacity. Some Member States also reported progress in strengthening points-of-entry and human resource capacity. However, some country-specific challenges and gaps remained, particularly regarding limited health workforce and geographical constraints in smaller Member States. The need for intersectoral collaboration and a multisectoral response was reaffirmed, as was the need for cooperation between Member States and those in other WHO regions. A regional framework had been drafted to address the particular challenges of chemical and radiation hazards, also focusing on multisectoral involvement. Several Member States expressed their intention to apply for an extension of full implementation of Regulations to 2016, and endorsed the proposed criteria.

61. It was requested that WHO provide full support to facilitate the development of implementation plans required to accompany a request for an extension until 2016.

Global Vaccine Action Plan (discussed within context of “2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for Increasing and Sustaining Coverage”)

62. It was noted that all countries implemented the intensification plan of action between 2012 and 2013 that focused on reaching previously unreached populations and using country resources to the extent possible. Sustaining the gains, and achieving its immunization goals, including for measles elimination, will require countries to incorporate the intensification elements into their costed multi-year national immunization plan and to continue to invest national resources in immunization. Concerns were expressed about vaccine availability and the high cost in relation to the introduction of new vaccines. The strong vaccine manufacturing base in the region was also noted. One Member State with a strong vaccine industry and advanced regulatory and surveillance capacity offered to take the lead in strengthening this capacity in other Member States of the Region.

63. The Committee encouraged countries to stay focused on high-risk areas, reaching the many children in the Region still not being vaccinated, and on reducing the drop-out rates. It recommended WHO and partners to work together to explore mechanisms for ensuring adequate supply of quality and affordable vaccine for small countries. The Secretariat will disseminate to Member States the recently developed regional criteria and algorithm for selection and introduction of a new vaccine in the national immunization schedule.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Universal health coverage

64. Progress on the recommendations of the Regional Strategy on Universal Health Coverage was deliberated, following a technical discussion held in the Regional Office (New Delhi, 10–12 July 2013), at which Member States reviewed the findings of a set of studies commissioned on universal health coverage experiences in countries. The working paper underlined the relevance of the actions proposed by the Regional Strategy, specifically, improving health equity through social protection by shifting away from out-of-pocket spending to prepayment and pooling based on tax-based funding and/or social insurance; and improvements in efficiency in service delivery particularly restoring a balance between prevention and curative care for sustainable universal health coverage in the context of the increasing burden from noncommunicable diseases.

65. The Regional Committee endorsed resolution SEA/RC66/R6 on health technology assessments for universal health coverage calling for a joint effort between Member States and development partners, including WHO, to strengthen national institutions and capacities for evidence-based decision making for universal health coverage.

MEASLES AND RUBELLA

66. The Committee noted that the South-East Asia Region accounted for about half the estimated global measles deaths in 2011 and, despite progress made in reducing measles morbidity and mortality, there was no regional goal to eliminate measles. Recognizing that through regional and country initiatives to intensify routine immunization, rejuvenate primary health care and accelerate implementation of measles mortality reduction strategies, the stage was set to pursue elimination of

measles. The Committee decided to adopt the goal of measles elimination and rubella/congenital rubella syndrome control in the South-East Asia Region by 2020 (resolution SEA/RC66/R5).

Pandemic Influenza Preparedness

67. The Committee noted the work of Member States to strengthen influenza surveillance and pandemic preparedness and agreed that it must be further enhanced. The Committee requested specific attention on acceleration of negotiation of type 2 Standard Material Transfer Agreements and technology transfer to strengthen regional capacity to manufacture influenza vaccine. The capacity building that will follow distribution of the Partnership Contribution is welcomed. The Regional Office committed to supporting the establishment of National Influenza Centres in all Member States and a WHO Collaborating Centre for influenza at the animal-human interface.

Malaria

68. The Committee endorsed the recommendations of the High-Level Preparatory Meeting (held in July 2013) on this agenda item, which were for Member States: to sustain political and financial support for malaria control and elimination; to invest in strengthening technical and management capacities; and to implement measures to contain artemisinin resistance. The recommendations for the Regional Office were to provide support to develop public health specialists in malaria control and elimination; provide technical support for malaria surveillance and response and research; and facilitate intercountry collaboration for malaria control and elimination.

Challenges in polio eradication

69. The Committee was pleased to note that the Region was on track for polio-free certification in February 2014, three years after the last reported wild poliovirus case and acknowledged the continued risk of importation from polio endemic countries in other regions. Countries acknowledged the need to conduct risk mitigation activities, including high-quality/sensitive acute flaccid paralysis surveillance, high population immunity through routine immunization, and particular focus on containment activities related to international travel and health. Once polio-free certification is achieved, the major task will be the shift to post-polio eradication activities. High-level discussions are on-going regarding issues around availability and cost of vaccine and operational challenges.

70. The Committee agreed on actions for Member States related to strengthening routine immunization and surveillance, developing plans of action for the Polio Eradication and Endgame Strategic Plan 2013–2018, and strengthening national policies on vaccination for travellers. The Committee further agreed on actions for the Regional Office in supporting Member States on these initiatives and on promoting technology transfer for vaccine development in the Region.

Drug policy/use of medicines

71. In the sixty-fourth session of the Regional Committee (September 2011), Member States resolved to undertake national situational analyses to develop an action plan to promote rational use of medicines. Such analyses were done by the Regional Office with health ministries in all 11 Member States in the Region, followed by a regional consultation on effective management of medicines (Bangkok, 23–26 April 2013). Meeting attendees concluded that medicine management is under-resourced in most countries and that partner support is limited and fragmented. Recommendations were made in the areas of medicines supply, selection and use, regulation and policy.

72. The Committee adopted resolution SEA/RC66/R7, which urges Member States to implement the recommendations of the regional consultation, and to undertake a situational analysis of medicines in health care delivery at least every four years. The resolution includes several actions for the Regional Director to support this analysis and information sharing, as well as to explore options of assisting smaller countries with procurement of medicines to achieve economies of scale and quality assurance.

Consultative Expert Working Group on Research and Development: Financing and Coordination

73. A resolution adopted by the Regional Committee at its sixty-fifth session (September 2012) on follow-up of the Consultative Expert Working Group, urged Member States and the Secretariat to strengthen health research and development capacities and investments for diseases that disproportionately affect developing countries and to establish a global health research and development observatory to monitor and to analyse relevant information on health research and development. In this context, a regional consultation was held in July 2013 for developing a strategic workplan as a follow-up of the Working Group, which resulted in proposing specific demonstration projects to meet these goals and a classification grid for health research and development.

74. The Committee requested the Regional Director to convey the work of this consultation meeting to the Director-General, for inclusion in the global consultative meeting of the Working Group later in 2013, and for use by the global health research and development observatory.

Rules of Procedure for the Regional Committee of South-East Asia

75. To comply fully with decision WHA65(9) requesting harmonization of procedures of the regional committees, the Regional Committee adopted resolution SEA/RC66/R8 to amend its Rules of Procedure in order to reflect the same language as used in other regions with respect to review of credentials and participation of observers.

Nomination of the Regional Director for South-East Asia

76. Following the procedures approved by the Regional Committee at its sixty-fifth session in September 2012, which align with those used for election of the Director-General, the Regional Committee nominated Dr Poonam Khetrpal Singh, of India, for the position of Regional Director. In resolution SEA/RC66/R1 the Regional Committee requests the Director-General to propose to the Executive Board the appointment of Dr Singh from 1 February 2014.

77. Resolution SEA/RC66/R2 was adopted noting appreciation of the contributions of Dr Samlee Plianbangchang as the Regional Director from 2004 to 2014 and appointing him as Regional Director Emeritus.

Sixty-third session of the WHO Regional Committee for Europe, Çeşme Izmir, Turkey, 16–19 September 2013

Summary report by the President, Dr Mehmet Müezzinoğlu, Minister of Health, Turkey¹

78. The sixty-third session of the WHO Regional Committee for Europe was held in Çeşme Izmir, Turkey, from 16 to 19 September 2013 with representatives of 51 Member States of the Region and representatives of partners.

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO reform: implications for the Regional Office for Europe

79. The Secretariat reported that the Regional Office's results chain, which was pilot-tested during the current biennium 2012–2013, had inspired the global Programme Budget 2014–2015. The compliance of the Regional Office with the WHO policy on engagement with global health partnerships and hosting arrangements was described. Further reform of internal governance had been undertaken by the Standing Committee of the Regional Committee (see paragraphs 99–100).

80. Operational planning for 2014–2015 in the Regional Office was well advanced and was informed by two specific features, namely the particular business model of the Regional Office and the Health 2020 policy. Operational plans were built on the assumption that the budget would be fully funded at the level approved by the World Health Assembly. The Financing Dialogue in November 2013 would allow contributors to express their financing commitments or intentions and would indicate areas that were still underfunded. It would be important for senior representatives from development agencies and ministries of foreign affairs to attend the meeting.

81. Representatives said that the reform process was making WHO more effective, transparent, accountable and financially consistent, and they congratulated the Organization on progress achieved. Nonetheless, reforming the way in which WHO planned its work, obtained its finances and distributed resources remained a challenge. In particular, the uneven distribution of resources among strategic objectives was problematic; WHO must not end up in a situation where it was unable to carry out tasks that were vital to the Member States. WHO was qualified to play a leading role in changing the health paradigm as it had done with primary health care at the Alma-Ata Conference 35 years previously. By continuing to promote reform, WHO could strengthen its position as the most important champion of global health.

82. Strong support was expressed for the new bottom-up planning process and for the development of a new strategic resource allocation method, as well as for the principles on which the proposed programme budget 2016–2017 would be developed. Although preparation of the Programme budget 2014–2015 had not been perfect, it provided a basis for allocating funds in line with agreed priorities. The proposed programme budget for 2016–2017 must follow a two-way process, combining bottom-up and top-down with a strong focus on WHO's comparative advantage. Work must continue to ensure transparent, fair allocation of funds. Work on results-based management, the results chain and

¹ http://www.euro.who.int/__data/assets/pdf_file/0005/234734/Report-of-the-sixty-third-session-of-the-WHO-Regional-Committee-for-Europe-Eng.pdf (accessed 19 December 2013).

costing of outputs must continue to be a priority in order to ensure a fully costed budget for 2016–2017. A call was made for a detailed programme budget proposal to be presented to the Regional Committee at its sixty-fourth session in September 2014, costed on the basis of the results chain. The Secretariat's deliverables should be separated from joint outcomes to be achieved by the Secretariat in collaboration with Member States. Discussion on action to be taken with regard to priorities of the Twelfth General Programme of Work, 2014–2019 that had not received adequate funding during the biennium should begin at an early stage.

83. The principles for strategic resource allocation endorsed by the Executive Board at its 118th session (in May 2006) would be a useful basis for discussion of a new mechanism. Allocation of resources must be driven by strategic planning and results-based budgeting, with budgets planned from the bottom up, standardized costing of outputs and robust, measurable output indicators that did not overlap with outcome indicators. The report of the task force on the roles and responsibilities of different levels of the Organization should be considered in strategic resource allocation.

84. The resource mobilization efforts being made by the Organization were welcomed. Member States recognized that, while WHO had to provide oversight in terms of accountability and transparency, countries and donors must participate actively in the Financing Dialogue. Support was expressed for the key positions adopted for the Financing Dialogue: aligning resources with national priorities, increasing transparency and accountability through the establishment of a web portal and extending the donor base. The Director-General's commitment to allocate flexible funding to ensure that core programmes were operational was welcomed, and representatives looked forward to a full report on allocation of such funding to the Executive Board. It was important to ensure, however, that WHO reform did not impose a heavy burden on Member States and did not lead to an increase in their assessed contributions.

HEALTH IN THE UNITED NATIONS POST-2015 DEVELOPMENT AGENDA

85. The Secretariat described the process for determining the United Nations development agenda after the deadline for achieving the Millennium Development Goals. Representatives welcomed the chance to participate in formulating WHO's contribution to the deliberations, although work to achieve the health-related Goals must continue. The priorities should be maximizing health for all throughout the life-course and universal health coverage, which should be clearly defined as comprising both access to services and social protection. The new development framework should address noncommunicable diseases and the right to sexual and reproductive health services, emphasize human rights and take account of demographic change. WHO was urged to review guidance on human organ and tissue transplantation, with a view to the development of a United Nations initiative on illegal trade.

FOLLOW-UP TO THE POLITICAL DECLARATION OF THE HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

86. The Secretariat sought feedback from Member States on a proposed global mechanism to coordinate the work of multiple actors, as outlined in the Global action plan for the prevention and control of noncommunicable diseases 2013–2020 and as requested in resolution WHA66.10. Such a mechanism was needed to ensure effective action while safeguarding against conflicts of interest.

87. Representatives welcomed the proposal, calling for the global mechanism to have a lean structure with a time limited mandate, which should be led by WHO and report to its governing

bodies. Consideration should be given to what new aspects the mechanism would add, to avoid duplication. Information sharing and coordination should be the main functions of the global coordination mechanism and the necessity of the proposed working groups was questioned. While the policy orientation of the proposed indicators in the action plan was welcomed, the need to streamline future reporting and not increase reporting burden was emphasized.

INTERNATIONAL HEALTH REGULATIONS (2005)

88. The Secretariat recalled that the International Health Regulations (2005) included a requirement for States Parties to have core capacity in surveillance and response and at points of entry. The deadline for doing so had been extended and criteria were now being developed for the Director-General to grant further extensions.

89. Representatives commended the regulations as a remarkable achievement for the improvement of global health security and noted the low number of requests for extension in the European Region. They urged all countries to build and maintain their core capacity and to integrate the Regulations into their national legislation and activities. The establishment of a new geographically dispersed office for preparedness for humanitarian and health emergencies (see paragraphs 101–103) should increase the Regional Office's capacity for implementing the Regulations. WHO should continue to promote the Regulations globally, provide guidance and training to support for their implementation, including through regular simulation exercises, and to incorporate its measures and provisions into international standard operating procedures for points of entry and international transport. Additional comments were received from three Member States through a web-based consultation. They emphasized that all State Parties should submit more detailed and standardized information before June 2014, regardless of whether they will request an extension, in order to identify best practice, prioritize actions and to ensure global coherency. With involvement of the IHR Review Committee indicators should be developed and monitored by WHO, especially for the performance of the IHR National Focal Points and for emergency plans at points of entry. Comments were made that the proposed criteria did focus only on the procedure for requesting extensions in 2014, but not on assessed capacity achievements.

GLOBAL VACCINE ACTION PLAN

90. The Secretariat described the objectives of the new Polio Eradication and Endgame Strategic Plan 2013–2018. The Region had generally strong immunization programmes, with high national coverage, although there were gaps at subnational level among marginalized populations and anti-vaccination sentiments. Building on the Global Vaccine Action Plan, the Regional Office proposed to produce an updated plan that was harmonized with the Health 2020 policy. It was agreed that a draft regional vaccine action plan would be submitted to the Regional Committee in 2014.

REPORT ON THE EIGHTH GLOBAL CONFERENCE ON HEALTH PROMOTION (HELSINKI, FINLAND, 10–14 JUNE 2013)

91. The representative of Finland reported on the Eighth Global Conference on Health Promotion, which had explored implementation of the health-in-all-policies approach. Its outcomes included the Helsinki Statement on Health in All Policies with recommendations to governments and WHO.

92. Representatives thanked the Finnish Government and WHO and supported the whole-of-government approach to health promotion and health-in-all-policies as essential to reduce social

inequalities in health and improve the effectiveness of health policies. An integral part of the Health 2020 policy is already one of the Region's strategic objectives – that it is essential to reduce the inequalities in health. The Regional Committee also recommended and strongly welcomed further discussions on this topic during the next year's Executive Board and World Health Assembly sessions in order to capture the main elements of the Helsinki Declaration in a global resolution and to give support to the implementation of WHO's work in the coming years as laid down in the Twelfth General Programme of Work.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Implementing Health 2020¹

93. The Secretariat described the activities undertaken since adoption of Health 2020 in 2012, in three main areas: spreading awareness to international and regional audiences, aligning and integrating Health 2020 values, principles and approaches with every aspect of the work of the Regional Office and, most importantly, developing capacity for implementation.

94. A package of tools, best practices and services was being prepared to assist countries in aligning their existing policies and strategies and developing new ones inspired by Health 2020. The aim was to introduce Health 2020 to sectors other than health, introduce whole-of-government, health-in-all policies and life-course approaches, systematically address inequalities, establish universal health coverage and strengthen health systems and public health services. The Regional Office was proposing targets and indicators to measure and evaluate outputs; the indicators had been developed after extensive consultation with Member States. The *Review of social determinants and the health divide in the WHO European Region* showed that the causes of inequalities in health were now known and could be reduced by intersectoral action, including universal access to high quality health care and social policies. A further important basis was *Implementing a Health 2020 vision: governance for health in the 21st century*. New approaches to governance for health were needed to support intersectoral work and health in all policies. The study provided valuable guidance for pursuing the strategic objectives of Health 2020.

95. In a panel discussion health ministers and their equivalents said that a multisectoral approach to health required strong overall technical and political leadership. The recent financial crisis had led to very difficult situations in some countries, requiring reprioritization of policy goals and in some instances reconfiguration of service delivery. In some cases this had resulted in more efficient, more creative use of resources. Indicators and algorithms were needed to measure the effectiveness of health systems in achieving the priorities of Health 2020, such as health equity.

96. Representatives recommended that the Regional Office provide more opportunities for sharing experience and exchanging best practices of Health 2020 implementation. The findings of the *Review* should be fully taken up and monitored in the strategic, technical and political work of WHO.

¹ Resolution EUR/RC63/R3 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc63r3-indicators-for-health-2020-targets>, accessed 15 October 2013).

EUROPEAN MENTAL HEALTH ACTION PLAN 2014–2020

97. The Secretariat said that neuropsychiatric conditions had a considerable impact on the burden of disease in the Region, exacerbated by the current economic climate. Despite the long-term commitment to mental health in Europe and the advanced nature of many national health services, many people with those conditions remained untreated. The Action Plan, which presented a model for mental health throughout the life-course, was aligned with Health 2020 and offered a human rights-based approach.

REGIONAL FRAMEWORK FOR SURVEILLANCE AND CONTROL OF INVASIVE MOSQUITO VECTORS AND RE-EMERGING VECTOR-BORNE DISEASES¹

98. The Secretariat said that vector-borne diseases were both an old and a new problem in the Region: old, because previously most had been eradicated, and new, because their presence had recently increased significantly. The Regional Office provided technical support to Member States where necessary and had drafted the Regional Framework to support interventions, in line with Health 2020. It was essential to improve monitoring and surveillance, although many countries no longer had functioning entomological services. Coordinated efforts were required nationally and regionally, and implementation of International Health Regulations (2005) could play a significant role.

GOVERNANCE OF THE REGIONAL OFFICE FOR EUROPE²

99. The Standing Committee of the Regional Committee's working group on governance had reviewed eight areas of governance, listed in resolution EUR/RC63/R7.

100. Representatives requested that work plans and the texts concerning criteria for candidates and overviews of vacant seats on the Executive Board and the Standing Committee be shared with all Member States at the time of the call for nominations. The financial implications of measures proposed in draft resolutions should be quantified and multilingualism should be respected.

GEOGRAPHICALLY DISPERSED OFFICES³

101. Two new geographically dispersed offices were proposed: one for primary health care and one for preparedness for humanitarian and health emergencies. The Secretariat said that the Health Service Delivery Programme had inadequate human resources to cover all the areas in its workplan and the

¹ Resolution EUR/RC63/R6 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc63r6-regional-framework-for-surveillance-and-control-of-invasive-mosquito-vectors-and-re-emerging-vector-borne-diseases>, accessed 15 October 2013)

² Resolution EUR/RC63/R7 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc63r7-governance-of-the-who-regional-office-for-europe>, accessed 15 October 2013)

³ Decision EUR/RC63(1) (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc631-decision.-establishment-of-a-new-geographically-dispersed-office-gdo-for-primary-health-care-in-kazakhstan>, accessed 15 October 2013) and decision EUR/RC63(2) (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc632-decision.-establishment-of-a-new-geographically-dispersed-office-gdo-for-preparedness-for-humanitarian-and-health-emergencies-in-turkey>, accessed 15 October 2013)

work of the proposed geographically dispersed office for primary health care would fill that gap. The offer made by the Government of Kazakhstan met all the essential requirements for hosting a geographically dispersed office.

102. The Secretariat described the many humanitarian and health emergencies that had occurred in the Region between 1990 and 2012 and the Health Assembly's urging of Member States to strengthen all-hazards health emergency and disaster risk management. The work of the proposed geographically dispersed office would fulfil that request. The Government of Turkey had offered to host the office and the offer met all the necessary conditions; it had also offered additional technical support for the programme.

103. The representative of the Russian Federation reported that good progress had been made towards opening the geographically dispersed office for noncommunicable diseases in Moscow early in 2013. The Secretariat assured the Committee that the work of all geographically dispersed offices would be fully integrated into the work of the Regional Office.

WHO EUROPEAN MINISTERIAL CONFERENCE ON NUTRITION AND NONCOMMUNICABLE DISEASES IN THE CONTEXT OF HEALTH 2020 (VIENNA, AUSTRIA, 4–5 JULY 2013)¹

104. The Secretariat said that 15 of the 20 most important risk factors in the global burden of disease were related to nutrition and physical activity. While many countries had enacted policy for information and awareness-raising, relatively few had made environmental legislative changes and a renewed mandate for action had been necessary. The Vienna Declaration adopted at the Ministerial Conference addressed all aspects of healthy life styles.

105. Representatives said that preventive measures would be effective only if they addressed as many risk factors as possible and high-level government commitment and multisectoral cooperation were crucial. The proposal by conference participants to draw up an action plan on food and nutrition and a strategy on physical activity was welcomed; however, new strategies should complement Health 2020, and the rationale, added value and financial and other implications should be presented.

HIGH-LEVEL MEETING ON HEALTH SYSTEMS IN TIMES OF GLOBAL ECONOMIC CRISIS (OSLO, NORWAY, 17–18 APRIL 2013)²

106. The Secretariat said that the Regional Office had been providing technical support, including robust new evidence, to Member States to respond effectively to the economic crisis since its onset. The High-level Meeting, hosted by the Norwegian Directorate of Health, had resulted in 10 WHO policy lessons and recommendations, which were referred to in resolution EUR/RC63/R5 adopted by the Committee. The resolution provided a powerful instrument for health ministries to advocate for health in other ministries. The next steps would be to facilitate dialogue between health and finance

¹ Resolution EUR/RC63/R4 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc63r4-vienna-declaration-on-nutrition-and-noncommunicable-diseases-in-the-context-of-health-2020>, accessed 15 October 2013)

² Resolution EUR/RC63/R5 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc63r5-health-systems-in-times-of-global-economic-crises-an-update-of-the-situation-in-the-who-european-region>, accessed 15 October 2013)

sectors, generate further evidence, hold country policy dialogues and improve monitoring of health impacts.

107. Representatives said that resilient health systems were better able to weather crises and reduce their negative effects. Crises offered opportunities to make structural reforms to health systems and to explore new ways to generate resources. However, health systems also needed investment and those that could prove their value in health and economic terms were more likely to secure sustainable financing. Member States called upon the Regional Office to maintain its leadership on the issue.

REVIEW OF THE STATUS OF RESOLUTIONS ADOPTED BY THE REGIONAL COMMITTEE DURING THE PAST TEN YEARS (2003–2012)¹

108. The Secretariat presented its review of the 46 resolutions adopted by the Regional Committee between 2003 and 2012. New reporting requirements were defined for 28 of the resolutions, and sunseting was proposed for the remaining 18. The Standing Committee of the Regional Committee recommended that future resolutions reference the resolutions they superseded, that they be reviewed for compatibility with the programme budget, and that they be in line with Health 2020. The Secretariat was asked to develop a searchable database, with links to supporting documents, to monitor resolutions in force. It should discontinue open-ended reporting.

109. Representatives suggested that certain indicators could also be sunsetted and that the number of new resolutions be limited.

¹ Resolution EUR/RC63/R8 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-third-session/resolutions-and-decisions/eurrc63r8-review-of-the-status-of-resolutions-adopted-by-the-regional-committee-at-previous-sessions-and-recommendations-for-sunsetting-and-reporting-requirements>, accessed 15 October 2013)

Sixtieth session of the WHO Regional Committee for the Eastern Mediterranean, Muscat, Oman, 27–30 October 2013

Summary report by the Chair, Dr Ahmed bin Mohamed bin Obaid Al Saidi, Minister of Health, Oman

110. The sixtieth session of the Regional Committee for the Eastern Mediterranean was held in Muscat from 27 to 30 October 2013. All Members of the Committee were represented. The agenda included topics for general discussion and technical issues of regional concern, including the current poliomyelitis emergency situation, universal health coverage, health and the environment, maternal and child health, and civil registration and vital statistics.

PART 1: TOPICS FOR GENERAL DISCUSSION

WHO reform

Preparation of the proposed programme budget 2016–2017

111. The Committee urged Member States to play an active role in suggesting ways to improve the bottom-up planning process for the biennium 2016–2017, and to advocate for an open budget envelope allocated to countries for the prioritization exercise without prior subdivision by category. It requested the Regional Director to encourage coordinated and country-based planning involving all three levels of WHO along the principle of subsidiarity, and to improve the mechanisms for monitoring and evaluation.

Report of the launch of WHO's financing dialogue

112. The Committee noted the importance of ensuring presence of both regional Member States and development agencies in the financing dialogue meeting at the end of November. It noted also that the Eastern Mediterranean was the only WHO region that had specifically requested an increase in assessed contributions while being, at the same time, the region with the lowest overall contributions, accounting for less than 10% of the regional budget. It emphasized the importance of avoiding the influence of non-State actors.

Health in the post-2015 United Nations development agenda

113. The Committee confirmed the need to focus on universal health coverage and noncommunicable diseases in the post-2015 development agenda, as well as to continue to focus on the unfinished Millennium Development Goal agenda. It also emphasized sustainable development, health and the environment, and social determinants of health as key issues. Delegates noted that health should continue to be advocated and included as a key component in all government policy-making.

Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

114. The Committee expressed continuing support for implementation of the political declaration, through the regional framework for action, and for regular monitoring of implementation. It noted the need for a guide on the roles of different ministries and other partners in multisectoral work towards the prevention on noncommunicable diseases. It urged Member States to conduct consultations with

their permanent representatives to the United Nations on the scope, modalities, format and arrangements for the General Assembly's comprehensive review and assessment in 2014 on the progress achieved, and to request the President of the Assembly to consider holding a high-level meeting on the comprehensive review and assessment and to consider appointing one of the Permanent Representatives to the United Nations from the WHO Eastern Mediterranean Region as one of the two co-facilitators for the preparations of this exercise. It also requested the Regional Director to update the regional framework for action as and when necessary.

International Health Regulations (2005)

115. Member States were invited to provide comments and feedback to the proposed extension process and in particular to the criteria for extension proposed to the Executive Board at its 132nd session by the Secretariat.¹ Member States broadly agreed with the process and noted that they were working to achieve the necessary capacities by 2014. However, several countries noted that it remained a complex exercise and requested continued WHO technical support, sharing of experiences with other countries and regions and strengthened cooperation with other international agencies to accelerate implementation of the regulations.

Global vaccine action plan

116. This topic was not discussed. However, Member States were updated in a technical meeting immediately preceding the session on a proposed pooled vaccine procurement system to enable middle-income countries to better manage procurement of vaccines. The Committee urged interested Member States to take immediate action to participate in the system and to sign a memorandum of understanding with WHO and UNICEF to complete the participation process by the end of 2013.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Poliomyelitis

117. Member States added the escalating emergency situation with regard to poliomyelitis in the Region to the agenda for discussion. It was noted that the Region accounted in 2013 for 75% of all polio cases and that the primary challenge to completing eradication in the Region remained the persistent endemic transmission in Pakistan and the intimidation and attacks on health workers in that country. There had been a serious outbreak in Somalia and an outbreak in Syrian Arab Republic was confirmed during the session. There was concern about the high number of unvaccinated children in areas that were difficult to reach owing to insecurity or a local ban on vaccination. The Committee declared the new international spread of wild poliovirus an emergency for all Member States of the Region and made several recommendations. These included a request to Pakistan to intensify the necessary steps to ensure all children are accessed and vaccinated, particularly in the Federally Administered Tribal Areas, as a matter of the utmost urgency to prevent further international spread, and a request to the Syrian Arab Republic and adjoining countries to coordinate, and if possible synchronize, intensified mass vaccination campaigns to interrupt the new outbreak within six months. It also requested enhanced coordination with the African Region to ensure heightened monitoring of eradication efforts in the Horn of Africa, rapid interruption of the outbreak in that area, especially in Somalia, and the protection of adjoining at-risk areas of the Eastern Mediterranean Region,

¹ Document EB132/15 Add.1.

particularly Djibouti, Sudan and Yemen. It urged all Member States to, among other things, extend all possible support to Pakistan, Somalia and the Syrian Arab Republic in their work to negotiate and establish access to those children who are currently unreached with polio vaccination, and to support the intensified eradication efforts throughout the Region, particularly in countries at high risk of new importations and outbreaks.

Regional strategy on health and the environment

118. The Committee endorsed a regional strategy on health and the environment 2014–2019 and framework for action. In its discussions the Committee acknowledged the action taken by the Regional Director to consolidate related programmes under the umbrella of the regional Centre for Environmental Health Action in Jordan and the efforts being made to strengthen the centre, and it took note of the important role that ministries of health could play in highlighting and guiding action in the area of health and the environment. The Committee called on Member States to establish a national plan for implementation of the strategy. It also called on Member States to integrate environmental concerns into national development plans and public health policies and strategies, and to strengthen the institutional capacities of ministries of health to work with other relevant ministries and sectors in this regard.

Universal health coverage

119. The Committee discussed a proposed set of strategies and a roadmap of actions to accelerate progress towards universal health coverage. Member States noted a lack of clear definition and understanding of the concept, and the need for guidance on a core package of health services and for needs assessment and research within countries. The Committee called on Member States to ensure sustained political commitment to universal health coverage and to develop evidence-based national health financing strategies that support the pursuit of universal health coverage. It also called for the expansion of the provision of integrated people-centred health services that address the major burden of ill-health and are based on primary health care, progressively expanded coverage to all the population and monitoring and evaluation of progress towards universal health coverage. The Committee requested the Regional Director, among other things, to support Member States in moving towards universal health coverage, and to develop a framework that allows monitoring of universal health coverage in line with its three dimensions in Member States.

Saving the lives of mothers and children

120. The Committee discussed the regional initiative on saving the lives of mothers and children, launched early in 2013, and noted the action taken by the countries with a high burden of maternal and child mortality to develop action plans to accelerate achievement of Millennium Development Goals 4 and 5. It noted that, even as these plans were beginning to be implemented, additional funding was needed both from countries themselves and from donors and several countries were still likely to fall short of the targets set for 2015. The Committee endorsed the Dubai Declaration: Saving the lives of mothers and children: rising to the challenge, and called on Member States to fulfil the commitment expressed in the Dubai declaration to prioritize and promote maternal and child health and to ensure regional solidarity to support the implementation of acceleration plans. It urged the high-burden countries to strengthen multisectoral partnership in order to implement their national acceleration plans, allocate to the extent possible the necessary national human and financial resources and work on mobilizing additional resources from donors, partners and development agencies.

Regional strategy for the improvement of civil registration and vital statistics systems

121. The Committee, in its discussion on how to improve civil registration and vital statistics systems in the Region, recognized the importance of the issue for national development as well as the local challenges. It endorsed a regional strategy for the improvement of civil registration and vital statistics systems 2014–2019 and urged Member States to give priority to the strengthening of these systems. It called on Member States to develop, or strengthen, a national multisectoral strategic plan, and to strengthen infrastructure and capacities within the health ministry and develop regulations and procedures to assure quality standards for medical certification and coding of cause of death using the International Statistical Classification of Diseases and Related Health Problems. It also called for awareness-raising and mobilization of support for civil registration systems in the community and relevant sectors, this being an important challenge for the Region.

Review of implementation of Regional Committee resolutions 2000–2011

122. The Committee considered a report from the Secretariat on a review of resolutions endorsed from 2000 to 2011, the purpose of which was to ensure future resolutions were responsive to regional public health challenges and in line with regional strategic directions. Taking note of the relevant decisions of the Executive Board on governance reform, the Committee decided to establish an ad hoc subcommittee to review previous resolutions and make recommendations as to which should be sunset.

Sixty-fourth session of the WHO Regional Committee for the Western Pacific, 21–25 October 2013, Manila, the Philippines

Summary report by the Chairperson: Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Samoa

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO reform

123. The WHO Regional Office for the Western Pacific is preparing for the challenges posed by WHO reform and will continue to take the lead in developing a modern programme management environment. To this end, future projects will include strengthened evaluation of technical programmes, performance indicators for budget centres and for the Programme Management Officers Network, and an awards management database. In line with the WHO reform agenda, the Regional Office has for the first time completed assessments of the functions of country offices. In addition, external assessments of country offices have been carried out in Cambodia, Papua New Guinea and Solomon Islands. The recommendations are now being implemented. The Regional Office is also helping to develop models for subnational engagement in China and the Philippines, as well as initiatives to improve primary health care through intercountry collaboration in Cambodia, the Lao People's Democratic Republic and Viet Nam.

124. At the sixty-fourth session of the Regional Committee for the Western Pacific, representatives broadly supported the presentation of a single budget figure by category of work and programme area in Programme Budget 2014–2015 and bottom-up planning based on country priorities in the proposed programme budget 2016–2017. Given that the Programme Budget 2014–2015 was transitional and Member States were unfamiliar with the new budget style, the Secretariat provided guidance on the new format. Under the strategic allocation methodology, priority areas would be identified based on national health plans, and WHO country cooperation strategy through detailed consultation. Governments were being asked to define their national priorities for WHO collaboration under considerable time pressure. The Secretariat needed to provide more flexibility of funds, allocating and reprogramming between categories and programmes of WHO programmes budget when it is required. Some indication was needed of the proportion of available voluntary contributions and the amount to be further mobilized for each country, so that governments could plan accordingly – hence the need for effective multiyear priority-setting at the country level.

125. The Secretariat needed to clarify whether reporting would continue with respect to the amount of assessed and voluntary contributions, and what budget performance measures were in place. WHO should use a minimum set of measurable indicators for budget performance evaluation that does not place additional burdens on Member States. Some indication was also needed of the relative priority accorded to emergency preparedness and the prevention and management of noncommunicable diseases within categories of work. It was noted that output indicators, baselines and targets for Programme Budget 2014–2015 had yet to be defined: that exercise should be performed in close cooperation with Member States. Further clarifications were also required on a progress review mechanism for budget outputs and deliverables, and an assurance was needed that reduced budget allocations in certain areas merely reflected transitional adjustments from one biennium to the next, rather than lower prioritization.

126. Many representatives expressed concerns over the new financing mechanism: it was still unclear how funding for the Regional Office would be affected, and whether the Western Pacific Region

would be disadvantaged under the new arrangements. The Regional Office had already undergone structural reform in anticipation of the new budget format, and assurances were sought that no further restructuring would be required.

127. In resolution WPR/RC64.R2 on the proposed programme budget 2014–2015, the Regional Director was requested to move towards bottom-up planning with country consultation and align the budget to identified priorities during the development of the proposed programme budget 2016–2017.

Health in the post-2015 United Nations development agenda

128. Universal health coverage is fundamental for achieving the Millennium Development Goals and is emerging as a central component for health in the post-2015 development agenda for improved health outcomes and equity. With universal health coverage as a common goal in strategies since 2008, the Western Pacific Region has been ahead of the curve in considering the post-2015 development agenda. Most countries in the Region already include universal health coverage or its components in their national health policies and plans. The current demographic, socioeconomic and epidemiological transitions require that health systems engage more fully with all sectors that affect health. One of the few unifying factors across the six regional strategies and action frameworks in effect in the Western Pacific Region is the overarching goal of universal access or coverage and related health equity, which treats health as a human right.

129. A review of the strategies suggests that the Secretariat should reduce the number of core indicators to those most useful to Member States for monitoring universal health coverage and equity. Monitoring indicators require robust civil registration and vital statistics, but these are not strong in many countries in the Region. Persisting health inequities in many Western Pacific countries explain why the goal of universal health coverage is essential, and why it is receiving increasing attention and support. Ten national health plans have explicit or implicit references to universal health coverage and the associated values of equity, gender and human rights.

130. As witnessed by current national health sector plans, many countries in the Region have adopted – and in some instances adapted – universal health coverage as a guiding principle for developing and strengthening their health sector. However, owing to the double burden of demographic (ageing) and epidemiological (from communicable to noncommunicable disease) transitions and exacerbated by the scarcity of human and financial resources, many countries are experiencing difficulties in providing an integrated, comprehensive health service delivery system that caters to people throughout the life course.

131. In the past year, countries in the Region have made universal health coverage central to their vision and goals. For example, Cambodia, China, the Lao People's Democratic Republic, Mongolia, the Philippines, Solomon Islands and Viet Nam have carried out policy dialogues on technical aspects of universal health coverage. Representatives also noted that universal health coverage should provide an opportunity to forge a new social compact to strengthen collective responsibility while simultaneously emphasizing the role of the family and the individual in providing for health care.

Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

132. Noncommunicable diseases continue to be a significant health problem in the Western Pacific Region. The topic generated significant discussion among representatives, particularly about the proposed global coordination mechanism for noncommunicable diseases contained in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. Member States expressed an interest in discussing this issue and others at the November 2013 global

noncommunicable disease coordination meeting. The Regional Committee acknowledged the commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2011, and in resolution WPR/RC64.R6 it endorsed the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020), acknowledging the importance of specific actions agreed by Pacific health ministers through the Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda in July 2013, including the adoption of a tobacco-free Pacific goal by 2025 and implementation of the Package of Essential NCD Interventions to respond to the noncommunicable disease crisis in the Pacific. The Regional Committee urged Member States to implement the regional action plan as appropriate to the country context, to develop national targets aligned with voluntary global targets for the prevention and control of noncommunicable diseases, to invest in strengthening health systems throughout the life course, and to work with non-health sectors to promote health and to prevent and control noncommunicable diseases.

133. In addition, the Regional Director was requested: to strengthen advocacy for investment in the prevention and control of noncommunicable diseases; to extend technical support to Member States in order to strengthen evidence-based policy and prioritization; and to build capacity for sustainable noncommunicable disease prevention and control programmes within health systems.

134. The Regional Committee also discussed the proposed global coordination mechanism for noncommunicable diseases. Comments and suggestions from Member States were communicated to WHO headquarters in preparation for the consultation with Member States in November 2013.

International Health Regulations (2005)

135. The Asia Pacific Strategy for Emerging Diseases (2010) (APSED) serves as a regional tool to assist countries and areas in the Western Pacific Region to meet the core capacity requirements of the International Health Regulations (2005) (IHR), and to prepare for specific hazards, including novel influenza viruses. Annual results of the global IHR core capacity monitoring questionnaire have shown good overall progress in the Region. Countries have responded effectively to emerging disease threats. In particular, China's response to avian influenza A(H7N9) in early 2013 demonstrated the importance of investing in preparedness and response capacities, transparency and political commitment. Still, 14 countries have requested and obtained two-year extensions, indicating that additional time and technical and financial resources are required to meet IHR core capacity requirements before the second deadline in 2014. In addition, countries that did not request extensions are expected to sustain and strengthen core capacities using the APSED framework. Effective implementation of national APSED/IHR work plans has been crucial to satisfying IHR core capacity requirements. Pacific island countries and areas face unique capacity development challenges due to multiple factors, including small and geographically isolated populations and limited infrastructure and resources. Many national capacities can be strengthened and enhanced at the subregional Pacific level through collective efforts and resource-sharing by Pacific island countries and areas.

136. Some representatives indicated that their governments would seek a further extension of the 2014 deadline for establishing the IHR core capacity requirements. WHO should provide technical assistance, depending on individual countries' needs, that focuses on a minimum set of core capacity requirements and, thus, facilitates the provision of extensions and assistance. Other representatives indicated that their governments would be willing to work with WHO and other partners in providing assistance to countries experiencing difficulties with core capacity implementation.

137. The Secretariat took note of the requests for technical assistance by governments unable to meet the IHR core capacities deadline and stood ready to provide appropriate support and guidance.

Member States noted and offered no objection to the criteria proposed by the Secretariat for granting additional extensions, as long as the criteria facilitate Member State efforts. It would be a challenge for WHO to provide indicative threshold capacity scores that Member States should achieve in the annual IHR monitoring questionnaire to demonstrate fulfilment of IHR core capacity requirements. WHO could provide useful guidance material and technical assistance, and Member States could self-evaluate the extent to which they had achieved IHR core capacity. However, a real-life outbreak was always the best indicator of the robustness of a given country's core capacities. The ability to respond to non-health sector events, including chemical and radiological emergencies, would necessitate multisectoral coordination with regulatory and government agencies.

Global Vaccine Action Plan

138. In the biennium 2014–2015, the focus will be on implementing and monitoring the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific (2014–2020) by supporting the development of national immunization plans, strengthening national capacity for monitoring immunization programmes, and ensuring adequate supplies and financing for immunization programmes. As part of the regional framework, efforts will be intensified towards the elimination of measles and the control of hepatitis B, roll-out of the polio endgame strategy, elaboration of rubella elimination, accelerated control of Japanese encephalitis, and reaching regional vaccination coverage targets and the evidence-based introduction of new vaccines as new regional goals for the Western Pacific.

139. The Western Pacific Region will contribute to implementing and monitoring the Global Vaccine Action Plan 2011–2020 as part of the Decade of Vaccines Collaboration, with an emphasis on reaching unvaccinated and under-vaccinated populations. The goal for the 2014–2015 biennium is for all countries with immunization coverage of less than 70% to develop and implement strategies within their national immunization plans to reach unvaccinated and undervaccinated populations. Only one Western Pacific country belongs to that category, but the need to maximize coverage in unvaccinated and undervaccinated populations applies to all countries and areas. The Region is raising awareness of the benefits of vaccinations by coordinating activities and providing financial support for World Immunization Week. The event is gaining a higher profile as more countries take part by setting up media opportunities, educational seminars and immunization activities.

140. The Regional Committee continues to build support and commitments to eliminate measles following the resolution it adopted in 2012 calling for intensified efforts to combat the disease and defend advances made. Building on the success of reaching the hepatitis B control milestone in 2012, the Regional Committee in resolution WPR/RC64.R5 set 2017 as the target year for reducing hepatitis B surface antigen seroprevalence to less than 1% in five-year-old children.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Blindness prevention

141. Member States welcomed the inclusion of blindness prevention on the agenda of the sixty-fourth session of the Regional Committee for the Western Pacific, noting it was the first time the issue had been addressed by the Regional Committee. In resolution WPR/RC64.R4, the Regional Committee endorsed Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019). The action plan addressed the need to make eye health a higher priority in the public health arena and included guidance on how to develop cost-effective eye health interventions for integration into health systems, to enhance monitoring and evaluation, and to expand partnerships with other sectors for eye health.

Ageing and health

142. Ageing and health is an important issue in the Western Pacific Region: 235 million people were 60 years or older as of 2010, and populations are ageing more rapidly than ever before. In addition, an ageing population has significant implications for many health sector priorities, including noncommunicable diseases and universal health coverage. These issues were discussed in detail by Member States in the section above on health in the post-2015 development agenda. The representatives thanked panel members who took part in a discussion on ageing and health outside the plenary session. Given the magnitude and speed of population ageing in the Region, as well as the close links between ageing and other health sector priorities such as noncommunicable diseases and universal health coverage, the Regional Committee in resolution WPR/RC64.R3 unanimously endorsed the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019) and urged Member States to use the framework to strengthen the health sector response to ageing and to foster mechanisms and partnerships on ageing and health with social groups, civil society, international partners and other stakeholders.

Hepatitis B control

143. Representatives discussed the Western Pacific Region's considerable achievement, as a whole, in meeting the 2012 milestone of a prevalence rate of less than 2% in five-year-old children. They noted that many countries have already met the eventual goal of a less than 1% prevalence rate. The Regional Committee in resolution WPR/RC64.R5 set 2017 as the target year to meet the control goal of 1% hepatitis B surface antigen seroprevalence.

Millennium Development Goals 4 and 5

144. The Secretariat noted that deaths among children under five years of age in the Region had been reduced by two-thirds since 1990, a milestone for Goal 4 achieved before the 2015 deadline. The Secretariat also noted that maternal mortality, the focus of Goal 5, had decreased while births attended by skilled birth attendants had increased. Representatives noted the progress on Goals 4 and 5, while pointing out the need for strategies to further decrease infant mortality and strengthen early newborn care. To this end, the Secretariat pointed to the Regional Framework for Reproductive Health in the Western Pacific in 2012. In addition, WHO and UNICEF jointly developed the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020), which the Regional Committee was asked to review and discuss.

Review of health systems strategies

145. The Regional Office for the Western Pacific presented the results of a review of the six current regional health systems that suggested that the Secretariat should reduce the number of core indicators to those most useful to Member States for adequate monitoring of universal health coverage and equity strategies. Representatives said the review should be consulted in order to set direction for the post-2015 United Nations development agenda, as noted in Part 1 of this report. Representatives suggested improvements, including a set of evaluation measures and indicators for health-care reform to gauge the progress of Member States, incorporating the needs of less-developed countries. Other health system concerns included: the control of antimicrobial resistance; workforce issues; and health financing and cost-containment.

146. The Secretariat said the health systems review was being used to guide health systems strengthening in the Region, with the strategies now being brought together under the umbrella of universal health coverage and in line with the global WHO reform agenda.

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