

Report of the regional committees to the Executive Board

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

ACTION BY THE EXECUTIVE BOARD

2. The Board is invited to note the report.

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

ANNEX

Sixty-fourth session of the WHO Regional Committee for Africa (Cotonou, Benin, 3–7 November 2014)

Summary report by the Chairperson (Professor Awa-Marie Coll-Seck, Minister of Health and Social Action, Senegal)

1. The sixty-fourth session of the WHO Regional Committee for Africa was held in Cotonou, Benin from 3 to 7 November 2014. With the exception of Malawi, all Member States of the African Region attended the session.

PART 1: TOPICS FOR GLOBAL DISCUSSION

Proposed programme budget 2016–2017

2. Member States appreciated the document and the bottom-up planning approach used for its development, which took into account country priorities. The format of the budget, presented according to the three levels of WHO (country, region and headquarters) and according to different categories, was also valued. However, Member States noted the disproportionate budgeting of certain categories (such as health systems) relative to other regions and headquarters and requested that this should be addressed. They also questioned if areas such as gender, equity and human rights mainstreaming, ageing and health, and social determinants of health could be considered as a mandate shared with other organizations. They emphasized the need for WHO to focus more on its core functions.

Strategic budget space allocation

3. Member States noted the complexity of the subject matter, which required further elaboration to allow for meaningful contributions to its improvement. Notwithstanding, they questioned the inclusion of evidence and research as one of the guiding principles, given that this area is not well developed in all Member States. Representatives recommended that the reality of the African Region should be taken into consideration when defining the criteria for budget space allocation.

Framework of engagement with non-State actors

4. The following key issues emerged during the discussions: interaction with non-State actors is essential; the transparency of the processes is an imperative; however, there is a lack of clarity in the process and criteria regarding due diligence and related procedures. Other issues raised included reservations regarding the earmarking of funds from private sector non-State actors, as well as the use of such funds for the payment of staff salaries; concerns regarding the influence of non-State actors on WHO's normative and standard-setting work; and strong reservations regarding staff secondments to WHO from the private sector.

5. Representatives recommended that WHO should develop a comprehensive policy on conflicts of interest in the framework of engagement with non-State actors. It was emphasized that WHO should proceed with caution in developing a policy on engagement with non-State actors, as such a policy would have far-reaching implications for the Organization. Furthermore, although there was agreement that WHO should not engage with the tobacco and arms industries, a number of Member

States considered that this restriction should be extended to other sectors, including notably the alcohol, food and beverage industries. It was underscored that decision-making within WHO governing bodies should remain the exclusive prerogative of Member States.

Malaria: draft global technical strategy: post-2015

6. The draft post-2015 global technical strategy for malaria was discussed by the Programme Subcommittee (PSC) of the Regional Committee during its September 2014 meeting. PSC members noted with satisfaction that the proposed document takes into consideration the different stages of control and elimination of malaria in the African Region. They observed that although the vision and goals were ambitious, they would be useful for motivating programmes and mobilizing resources. The PSC stressed the need to strengthen cross-border surveillance and intersectoral collaboration; innovation and research, including the development of vaccines, new medicines and insecticides in light of the emerging resistance; resource mobilization; impact of malaria control on other diseases such as dengue; and economic development. The PSC suggested that the document should outline country-level baseline indicators to be measured by 2015 and methods for collecting them.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Nomination of the WHO Regional Director for Africa

7. Considering Article 52 of the WHO Constitution and in accordance with Rule 52 of the Regional Committee's Rules of Procedure, and also following an open meeting to determine the modalities for interviewing the five candidates and private meetings to interview the five candidates and to vote, the Regional Committee nominated Dr Matshidiso Rebecca Moeti as WHO Regional Director for Africa and requested the Director-General to propose to the Executive Board her appointment with effect from 1 February 2015.¹ The Regional Committee also designated Dr Luis Sambo as Regional Director Emeritus.²

Regional strategic plan for immunization 2014–2020

8. In the context of the Global Vaccine Action Plan, the Regional Strategic Plan for Immunization 2014–2020 was adopted by the Regional Committee.³ During the discussions, many countries acknowledged that implementation of the 2009–2013 Regional Immunization Strategic Plan had contributed to the progress made towards achievement of the millennium development goals (MDGs) in the Region and envisaged that the Regional Strategic Plan for Immunization 2014–2020 would be of further assistance in accelerating progress towards universal immunization coverage. They emphasized the need to integrate immunization programmes into broader health systems, particularly in the context of universal health coverage. However, Member States were concerned about the high cost of new vaccines, immunization coverage inequities between and even within countries, low coverage in hard-to-reach populations, lack of cross-border collaboration and issues related to cold chain adequacy.

¹ Resolution AFR/RC64/R1.

² Resolution AFR/RC64/R2.

³ Resolution AFR/RC64/R4.

9. The Regional Committee urged Member States to develop and implement comprehensive multiyear plans with integrated annual operational plans, in line with the global and regional vaccination plans, and to commit themselves to allocating adequate human and financial resources to achieve the vaccination goals and other relevant key milestones. The Regional Director was requested to provide the necessary technical support to Member States for the development and implementation of their plans to achieve the set objectives and targets.

Progress towards the achievement of the health-related millennium development goals in the African Region

10. Recognizing that countries in the African Region have made some progress over the past 10 years but that, one year away from the target date, most are unlikely to achieve all the health-related MDGs, the Regional Committee adopted a resolution urging Member States to commit substantial financial and other resources and to prioritize and reprogramme internal and external resources more efficiently, focusing on areas where progress has been limited, in order to accelerate progress, and, for countries on track, to build on the gains already made to achieve and sustain the health-related MDGs.¹

11. Member States were also urged to put in place the necessary structures and processes to move towards the post-2015 development agenda, which includes universal health coverage and the unfinished business of the MDGs. The Regional Committee requested the Regional Director to advocate for and facilitate the coordination of partners' action for adequate resource mobilization and efficient technical cooperation.

Ebola virus disease outbreak in West Africa: Update and lessons learnt

12. The Regional Committee expressed deepest condolences to the affected countries for the loss of their citizens. Representatives thanked countries and partners for the solidarity shown in addressing the emergency, including the urgent reprogramming of approximately US\$ 600 000 from WHO's own internal funds and the deployment of 482 staff and consultants to the affected countries; the disbursement of US\$ 756 129 from the African Public Health Emergency Fund (APHEF) for the immediate response pending the availability of external funding from partners, and the mobilization of a total of US\$ 124 million from various partners and agencies by WHO since the beginning of the epidemic. The Regional Committee also recognized the efforts undertaken by various organizations, such as the hosting of a special session on Ebola virus disease during the 15th ministerial meeting of the Economic Community of West African States in Monrovia, Liberia in April 2014; the convening by WHO of a two-day emergency meeting of ministers of health of the affected countries and other selected countries and partners in Accra, Ghana on 2 and 3 July 2014; the establishment of a Subregional Ebola Operations and Coordinating Centre by WHO in July 2014; the declaration by the WHO Director-General of the Ebola virus disease epidemic as a public health emergency of international concern on 8 August 2014; and the creation of the United Nations Mission for Ebola Emergency Response (UNMEER) in Accra, Ghana in September 2014.

13. The Regional Committee raised issues related to leadership and coordination, weakness of health systems, stigmatization of the countries and people affected by Ebola virus disease, and border closure, including flight cancellations. Member States also highlighted inadequate communications,

¹ Resolution AFR/RC64/R3.

insufficient involvement of local communities and the weak multisectoral response. They expressed concern about the inefficient use of the available resources, lack of national laboratory services and logistics to provide quick response, the high number of cases among health workers, lack of clear guidelines on the quality and procurement of personal protection equipment, and the absence of dedicated facilities for treatment of health workers infected with Ebola virus. They also raised concern about the suboptimal implementation of the available WHO policies, strategies, guidelines and plans for health systems strengthening.

14. Partners, technical agencies and public health institutions were requested to participate actively in response activities in line with identified country priorities by providing technical and financial support for response operations in the affected countries, as well as for prevention and preparedness in countries at risk of Ebola virus disease. UNMEER should continue its leadership of preparedness for and response to the epidemic, in order effectively to manage infected people and avert deaths, stop transmission of the virus and prevent the disease outbreak from reoccurring.

African Public Health Emergency Fund: accelerating the progress of implementation

15. The Regional Committee underscored the importance of the APHEF, especially within the context of the ongoing Ebola virus disease epidemic. Several countries described how they had benefited from the Fund during recent outbreaks and humanitarian crises. They expressed concern, however, that most Member States had not yet made any contribution to the Fund and wanted to understand why. Alternative mechanisms to encourage countries to contribute to the Fund, such as setting timelines and penalties, were discussed. Concern was also expressed about the delay in reaching a trusteeship agreement with the African Development Bank. Representatives reiterated the need to continue advocacy efforts targeted at Heads of State.

16. The Regional Committee urged Member States to honour their commitments by contributing to the APHEF and called for the scope of contributors to be widened.¹ The Regional Director was requested to continue managing the Fund, pending the conclusion of an agreement with the African Development Bank, and to intensify advocacy for the Fund.

Viral hepatitis: Situation analysis and perspectives in the African Region

17. As a follow-up to the discussion and adoption of a resolution on hepatitis by the Sixty-seventh World Health Assembly in May 2014,² the Regional Committee discussed and adopted a technical paper on viral hepatitis in the context of the African Region.³ Representatives noted with concern that the African Region has the highest prevalence of hepatitis B in the world, and that most of the people with chronic hepatitis or hepatitis C are unaware of their infection and are therefore at serious risk of transmitting the infection and developing cirrhosis or liver cancer.

18. Member States were urged to develop and implement coordinated multisectoral national strategies for preventing, diagnosing, and treating viral hepatitis based on the local epidemiological context and to scale up activities for the prevention of viral hepatitis.

¹ Resolution AFR/RC64/R6.

² Resolution WHA67.6.

³ Resolution AFR/RC64/R5.

19. The Regional Director was requested to provide the necessary technical support to enable countries to develop comprehensive and integrated national viral hepatitis strategies, guidelines and monitoring systems, and to work with key stakeholders to facilitate equitable access to quality, effective, affordable and safe hepatitis B and hepatitis C treatments and diagnostics.

Implementation of the WHO programme budget 2014–2015 in the African Region

20. The Regional Committee noted that the 2014–2015 approved budget for the African Region was US\$ 1.12 billion, representing 28% of the global WHO-approved budget of US\$ 3.977 billion, and that by October 2014 the total funds received in the Region were US\$ 968.3 million, giving an average funding level of 86%, while implementation of the programme budget stood at US\$ 520.9 million, representing 47% of the approved budget and 54% of the available resources. Representatives reiterated that effective implementation of WHO technical cooperation with Member States requires available resources to be strategically allocated to regional priority programmes. While the reprogramming process could help to rectify some of the distortions in the funding of the budget, the WHO financing dialogue is expected to further improve alignment of funding with the approved programme budget. Representatives also observed that, because most WHO staff are being paid from voluntary contributions earmarked for specific short-term projects, the issues of staff security, programme sustainability and retention of competent staff are a concern.

21. The Regional Committee recommended that Member States should make substantial improvements in the area of financial and technical reporting in accordance with WHO's financial rules, while participating more actively in additional resource mobilization to fill the funding gap in the programme budget.

53rd Directing Council of the Pan American Health Organization/sixty-sixth session of the WHO Regional Committee for the Americas (Washington, DC, United States of America, 29 September – 3 October 2014)

Summary report by the Vice President (Hon. John David Edward Boyce, Minister of Health, Barbados)¹

PART 1: TOPICS FOR GLOBAL DISCUSSION

Proposed programme budget 2016–2017

22. Member States welcomed the bottom-up approach to planning and priority-setting, the enhanced definition of roles and responsibilities at the three levels of the Organization, and the new approach to budgeting based on outputs and outcomes, rather than inputs, as reflected in the draft Proposed programme budget 2016–2017. The updates to the results chain, aimed at showing more clearly the links between activities implemented and outputs delivered, on the one hand, and outcomes and impacts achieved, on the other, were welcomed. It was considered important to develop indicators for the programme budget in a timely manner in order to give Member States the opportunity to comment on them. It was also considered that the indicators identified for the PAHO Strategic Plan 2014–2019 would be useful for monitoring and performance assessment in respect of the WHO programme budget.

23. Member States noted the proposed shifts in resource allocation and called on the WHO Secretariat to show leadership in mitigating the reductions in areas such as communicable and vaccine-preventable diseases, AIDS and tuberculosis by maximizing existing capacities and partnerships with Member States. Clarification was sought as to whether the Secretariat envisaged further budget revisions in order to bolster capacity and resources that had been considerably stretched by recent public health crises such as the Ebola virus disease outbreak. The need for a continued focus on the health of women, children and other vulnerable groups was emphasized.

Strategic budget space allocation

24. The Regional Committee acknowledged the complexity of developing a fair, transparent and objective method of resource allocation. Member States emphasized the need for a method based on principles agreed by all Member States and on bottom-up planning, clear identification of roles and responsibilities among the three levels of the Organization, and accurate costing of outputs. The need for flexibility to accommodate changing priorities and unforeseen events was highlighted. It was felt that the overarching allocation criterion for both the technical cooperation and the global and regional support segments should be WHO's comparative advantage. It was suggested that the WHO Secretariat might provide examples of how the various proposed approaches would be applied to the 2015–2016 budget, so that Member States could see how they would work in practice.

25. The Committee also discussed other aspects of WHO reform, underlining the need for transparency and accountability in budgeting and programming, participatory decision-making, better coordination between WHO and other organizations of the United Nations system, and human

¹ The full report of the session and all working documents and resolutions are available at http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=en.

resources reform in order to ensure that the Organization has adequate response capacity and remains fit for purpose. The need to accelerate progress on governance reform and ensure the implementation of reform at country office level was also stressed.

Framework of engagement with non-State actors

26. The Committee recognized the importance of collaboration with nongovernmental organizations, academic institutions and other non-State actors in order to have access to appropriate expertise and resources and advance public health mandates, but stressed that real or perceived conflicts of interest must be avoided. Identification of the potential risks and formulation of specific principles and guidelines for engagement with the various categories of non-State actors were seen as essential. It was considered that the framework set out in document World Health Assembly document A67/6 lacked detail regarding the criteria that non-State actors must meet in order to be classified in each category and the way in which each group could engage with WHO. At the same time, Member States cautioned against the adoption of an overly prescriptive framework that might not allow sufficient flexibility. It was recommended that an early review should be undertaken after the framework is adopted in order to identify any needed adjustments.

27. Several Member States were of the view that any interaction with actors whose activities or products were harmful to health and any secondment of personnel from the private sector should be expressly prohibited. The need to determine whether nongovernmental organizations and philanthropic and academic institutions received funding from for-profit private companies was highlighted. Member State involvement in monitoring and oversight of relations with non-State actors was considered essential. Some Member States questioned, however, whether a committee of six members under the Executive Board, as proposed in document A67/6, would ensure adequate governmental representation and participation.

28. It was pointed out that PAHO has had considerable experience in interacting with non-State actors, including with the pharmaceutical industry through the Organization's Revolving Fund for Vaccine Procurement, and the Pan American Sanitary Bureau was encouraged to share that experience with the WHO Secretariat.

Malaria: draft global technical strategy: post-2015

29. The Committee did not discuss the malaria strategy. The Region held its consultation in a separate meeting.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Strategic Plan of the Pan American Health Organization 2014–2019 Amended

30. The Regional Committee approved an amended version of the PAHO Strategic Plan 2014–2019 adopted in 2013, with a revised set of indicators.¹ The Strategic Plan is closely aligned with the WHO Twelfth General Programme of Work but is also responsive to issues of particular concern to the Region, such as Chagas disease, dengue, chronic kidney disease in agricultural communities,

¹ Strategic plan of the Pan American Health Organization 2014–2019, amended September 2014. Washington (DC): Pan American Health Organization; 2014 (Official Document 345).

health determinants and human resources for health. Regional specificity is also reflected in the impact and outcome indicators.

Strategy for universal access to health and universal health coverage

31. The Committee adopted a regional strategy aimed at ensuring that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate, timely, quality health services and to safe, affordable, effective, quality medicines, while ensuring that the use of such services does not expose users to financial hardship, especially groups in conditions of vulnerability. (See document CD53/5, Rev.2 and resolution CD53.R14.)

Plan of action for universal access to safe blood

32. The Committee approved a plan of action to promote universal access to safe blood through voluntary non-remunerated donations to help save lives and improve the health of patients who need blood and blood products. The plan advocates appropriate blood use and greater leadership by health authorities, urging them to implement quality management programmes in the transfusion chain and to integrate the blood system into the national health system. The plan is aligned with and will help meet the global priorities established under the WHO Global strategic plan for universal access to safe blood transfusion 2008–2015. (See document CD53/6 and resolution CD53.R6.)

Plan of action on disabilities and rehabilitation

33. The Committee approved a plan of action with the goal of strengthening an integrated health sector response by implementing policies, plans, programmes and laws for the care of persons with disabilities, their families and caregivers throughout the life course. The plan is aligned with the WHO global disability action plan 2014–2021: Better health for all people with disability. (See document CD53/7, Rev.1 and resolution CD53.R12.)

Plan of action on mental health

34. The Committee approved a plan of action aimed at promoting mental well-being, preventing mental and substance-related disorders, offering care, enhancing rehabilitation and promoting the human rights of persons with mental and substance-related disorders. The plan is aligned with the WHO Comprehensive mental health action plan 2013–2020. (See document CD53/8 and resolution CD53.R7.)

Plan of action for the prevention of obesity in children and adolescents

35. The Committee approved a plan of action to halt the rapidly growing obesity epidemic among children and adolescents in the Region through the promotion of breastfeeding, healthy eating and physical activity; fiscal policies and regulation of food marketing and labelling; and other multisectoral actions. The plan is aligned with the WHO Global strategy on diet, physical activity, and health and the Comprehensive implementation plan on maternal, infant, and young child nutrition. (See document CD53/9, Rev.2 and resolution CD53.R13.)

Plan of action on health in all policies

36. The Committee approved a plan of action to define clear steps for the implementation of the “health in all policies” approach in the countries of the Region of the Americas. The plan is consistent with the WHO Health in all policies framework for country action. (See document CD53/10, Rev.1 and resolution CD53.R2.)

Plan of action for the prevention of blindness and visual impairment

37. The Committee approved a plan of action to reduce avoidable visual impairment as a public health problem and guarantee access to rehabilitation services for the visually impaired. The plan will help to meet the commitments established under the WHO global action plan 2014–2019 on universal eye health. (See document CD53/11 and resolution CD53.R8.)

Plan of action for the coordination of humanitarian assistance

38. The Committee approved a plan of action aimed at strengthening the capacity of the ministries of health of the Americas to coordinate international humanitarian assistance in disaster situations, with a view to saving more lives and protecting the health of vulnerable groups within a framework of equity, transparency and inclusion. The plan is in line with resolution WHA65.20 on WHO’s response, and its role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, and with the humanitarian reform process of the United Nations and the transformative agenda of the Inter-Agency Standing Committee. (See document CD53/12 and resolution CD53.R9.)

Advancing toward a regional position on the International Health Regulations (2005)

39. The Committee reviewed a report on progress in implementing the International Health Regulations (2005) in the Region (document CD53/14) and recommended that the views expressed by Member States during the discussion should be communicated to the WHO Secretariat and governing bodies, together with the outcomes of a regional meeting on the subject (Buenos Aires, Argentina, 29–30 April 2014). Those outcomes included recommendations from the Region on guidelines for certification of ports of entry, a roadmap for review of the IHR monitoring framework in the post-2016 period and a call for revision of the yellow fever risk map. The Pan American Sanitary Bureau will submit a more detailed report on this topic to the WHO Secretariat.

Post-2015 sustainable development agenda

40. A roundtable discussion was held in order to inform Member States about the sustainable development goals proposed by the Open Working Group for consideration by the United Nations General Assembly and to discuss their implications for the health sector, with emphasis on implementation. A summary of the roundtable discussion is contained in document CD53/16, Add.II.

PAHO Revolving Fund for Vaccine Procurement: challenges and opportunities

41. The Committee examined a report on the current situation of the PAHO Revolving Fund for Vaccine Procurement (document CD53/23), which outlined some challenges and opportunities in relation to the Fund. One of the greatest challenges in recent years has been requests by some vaccine producers that the Fund should modify its underlying principles of offering a single price to all countries and of purchasing vaccines only at the lowest price. Some producers have elected not to

offer vaccines through the Fund but rather to deal directly with countries, thereby reducing the Fund's ability to obtain favourable prices. It was recommended that a formal evaluation of the Fund should be conducted with a view to gaining a better understanding of the principles on which it is based and the dynamics of the current vaccine market in which it must operate, and to identifying ways in which it can be strengthened.

Sixty-seventh session of the WHO Regional Committee for South-East Asia, Dhaka, Bangladesh, 10–12 September 2014

Summary report by the Chairman (Mr Mohammed Nasim, Minister of Health and Family Welfare, Bangladesh)

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO reform

Framework of engagement with non-State actors

42. The Regional Committee acknowledged the major and growing role of non-State actors in all aspects of global health, reiterating that the overall objective of WHO's engagement with such actors is to work towards the fulfilment of the Organization's mandate by making better use of resources. The recommendations of the Inter-sessional Meeting¹ to the Committee were considered, including the changes proposed by Member States of the Region to the draft framework of engagement and associated policies/operational procedures drawn up by WHO. The chief concern of the Committee was that, in its engagement with non-State actors, the integrity and neutrality of WHO should not be compromised. The Committee noted that there were no secondments to WHO from the private sector; most were from specialized agencies of the United Nations system, which did not fall under the category of non-State actors, being sister agencies. The Committee requested that the report and recommendations of the Inter-sessional Meeting held in August 2014 should be taken into consideration when revising the draft framework of engagement with non-State actors, so that no secondments from non-State actors take place in WHO.²

Follow-up of the financing dialogue

43. The Committee observed that the financing dialogue is a mechanism to ensure a match between WHO's results and deliverables, as agreed in the Member State-approved programme budget, and the resources available to finance them, with the ultimate objective of enhancing the quality and effectiveness of WHO's work. It is designed to improve the alignment, predictability, flexibility and transparency of WHO's funding and to reduce its vulnerability.

44. Expressing support for the concept of financing dialogue, the Committee called it a key component of WHO reform and observed that budgetary support should link with regional health concerns and challenges, rather than with donor priorities, and that there should be greater and more flexible core budget funding. The Committee called for the mismatch between budgets and national health needs and priorities to be addressed and for donor funding and WHO priorities to be harmonized, and it urged Member States to continue to engage in the dialogue, voice opinions and suggest improvements as the process moves forward.

¹ Document SEA/RC67/3 Add.1 (http://www.searo.who.int/mediacentre/events/governance/rc/rc67-3add1_agenda_6.1.pdf?ua=1).

² Decision SEA/RC67(2).

Strategic budget space allocation

45. The Committee recognized that the development of a new strategic budget space allocation methodology in WHO is quite complex and interdependent with many other WHO reform initiatives that are currently under way. These include work on “bottom-up” planning, identification and costing of outputs and deliverables, the roles and functions of the three levels of the Organization, and review of the financing of administrative and management costs. The Committee emphasized that the guiding principles of the new methodology must include need- and evidence-based strategic allocation of resources supporting those countries in greatest need, based on epidemiological data including research findings and scientifically validated facts, as well as objectively measurable benchmarks that ensure fairness and equity.¹

Programme budget matters

46. The Committee noted the recommendations made by its Subcommittee on Policy and Programme Development and Management (SPPDM) at its seventh meeting, held at the Regional Office in July 2014, when it had discussed programme budget issues, including performance assessment of the Programme budget 2012–2013, implementation of the Programme budget 2014–2015, and the Proposed programme budget 2016–2017. The Committee underscored the importance of exercising better control and monitoring of programme budget implementation in both country offices and the Regional Office for South-East Asia during the current biennium. It argued for flexibility in budget allocations, to allow for the critical transfer or reallocation of funds to areas of work that might require additional funding. However, the Committee noted WHO’s limited flexibility with regard to specified voluntary contributions that were targeted at specific countries or projects.

47. The Committee also noted that the Proposed programme budget 2016–2017 would allow for more focused technical cooperation through the bottom-up identification of priorities at country level. The Committee raised concerns regarding the lack of adequate flexibility in fund allocation and the persistent uneven mobilization and distribution of resources across categories and programme areas. The Committee welcomed the assurance given by the Assistant Director-General, General Management that there would not be a budget cut for the South-East Asia Region for the biennium 2016–2017. The Committee endorsed the recommendations made by SPPDM and the inter-sessional meeting.²

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

WHO global strategy to reduce the harmful use of alcohol

48. The Regional Committee noted that the harmful use of alcohol is one of the four most common modifiable and preventable risk factors for NCDs; reducing the harmful use of alcohol will therefore contribute to a reduction in NCDs in the Region. It reiterated the need to further strengthen national and regional capacities, including institutional capacities, and to accelerate implementation of the global strategy to reduce the harmful use of alcohol. The Committee endorsed a regional action plan.³

¹ Decision SEA/RC67(1).

² Resolution SEA/RC67/R1.

³ Resolution SEA/RC67/R4.

Covering every birth and death: improving civil registration and vital statistics

49. The Committee expressed concern regarding inadequate coverage and completeness of birth and death registration; poor quality of cause of death data, resulting in ill-defined recording of International Classification of Diseases codes; lack of quality audits to improve civil registration data quality and its use for generation of vital statistics; and inadequate interagency coordination between the key stakeholder ministries responsible for CRVS. It underscored the need to establish a universal CRVS model that could be replicated by all countries. The Committee noted that establishing good-quality CRVS systems would require strong political commitment and intersectoral cooperation and collaboration. Only then could CRVS systems help the health sector make evidence-based policy decisions.¹

Traditional medicine: Delhi Declaration

50. The Committee noted that a new WHO traditional medicine strategy for 2014–2023 had been endorsed by the World Health Assembly in May 2014. However, the Committee recognized the need for more research to ensure the safety, quality and efficacy of all traditional medicine products and evidence-based practices. It also acknowledged that adequate regulation of products, practices and practitioners is needed to ensure the safe and effective use of quality traditional medicine and that increased capacity is required in these areas, and it requested WHO's support for that.²

Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

51. The Committee observed that strengthening emergency and essential surgical care and anaesthesia services will bolster health services and improve the outcomes of populations who need these services, such as mothers and children as well as populations at risk. The value of incorporating surgical care into health services as a step towards providing universal health coverage was reiterated. The Committee also encouraged the introduction of telemedicine, eHealth, mHealth and digital health repositories, to enhance the effectiveness of established surgical facilities at district and sub-district health care establishments.

Viral hepatitis

52. The Committee expressed concern regarding the significant morbidity and mortality attributable to viral hepatitis globally and its disproportionate impact on the South-East Asia Region. The Committee also voiced concern about the lack of data and of systems for surveillance and monitoring of viral hepatitis in the Member States of the Region. It emphasized the need to strengthen diagnostic and management capacity, and to adopt a multisectoral and integrated approach to addressing viral hepatitis. The Committee recommended that the regional strategy for the prevention and control of viral hepatitis should be considered for adoption by Member States in their own context and in alignment with their needs and health system requirements.³

¹ Resolution SEA/RC67/R2.

² Resolution SEA/RC67/R3.

³ Resolution SEA/RC67/R5.

Regional strategy on strengthening health workforce education and training

53. The Committee highlighted the urgent need to improve the quantity and quality of the health workforce in the Region. It observed that standard guidelines on human resources for health need to be contextualized to specific country situations, both with respect to constraints such as geographical challenges of workforce distribution and to take account of situations where health outcomes may actually be better in spite of relatively poor performance as measured by health workforce indicators.¹

Nutrition and food safety in the South-East Asia Region

54. The Committee expressed strong commitment to improving the nutritional status of the population. Wide-ranging multisectoral interventions targeting infants, young children, adolescents and mothers have been introduced in Member States.

South-East Asia Regional Health Emergency Fund

55. The Committee took note that since its inception, the South-East Asia Regional Health Emergency Fund (SEAHREF) has provided financial support in response to 24 disasters in nine Member States of the Region. It expressed appreciation for the efforts made by the Regional Office to find ways to move funds for SEAHREF to a voluntary contribution component, so that the balance at the end of the biennium could be transferred to the next biennium.

Challenges in polio eradication

56. The Committee noted that the Regional Certification Commission for Polio Eradication had certified the Region as polio-free. This was an incredible public health feat, considering the immense challenges faced by the programme in this Region, and it had been achieved thanks to the magnitude of the efforts put in by all the countries, the resilience and strong dedication of health workers and the unflinching support provided by partner agencies.

2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage

57. The Committee noted the recommendations made by the High-Level Preparatory Meeting held at the Regional Office in July 2014. The Committee observed that Member States have a long history of immunization programmes and are striving hard to strengthen routine immunization services. It also agreed that more needs to be done to sustain the gains in many countries, especially in the context of underserved populations, and that continued efforts are needed to mobilize both internal and external support to strengthen and sustain high-quality immunization services.

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

58. The Committee reviewed the progress made in implementing resolution SEA/RC65/R3 on the Consultative Expert Working Group on Research and Development: Financing and Coordination

¹ Resolution SEA/RC67/R6.

(CEWG). That resolution had been the outcome of national and regional consultations on the CEWG report presented to the World Health Assembly in May 2012.¹ The Committee recommended taking forward the proposal for a global health research and development observatory and exploring funding mechanisms for the benefit of Member States in the Region. It also urged WHO to expedite the remaining demonstration projects on “multiplexed point-of-care test for acute febrile illness” and “dengue vaccine development”.

Autism spectrum disorders and developmental disabilities

59. The Committee was informed that the Member States of the South-East Asia Region are progressively recognizing the need to promote stronger and coordinated actions in the Region and globally for improving access to high-quality care for children with autism spectrum disorders (ASD) and other developmental disorders. In spite of the progress made, the Committee noted that there were challenges to be addressed, including a lack of awareness about ASD, resulting in a paucity of resources for implementing ASD programmes and a lack of prioritization of ASD by policy-makers and health planners. The absence of reliable data limits the development of region- and country-specific strategies and programmes.

Regional action plan and targets for prevention and control of noncommunicable diseases (2013–2020)

60. The Committee noted the recommendations made by the High-Level Preparatory Meeting on the Regional action plan and targets for prevention and control of noncommunicable diseases (2013–2020). It acknowledged the rising burden of NCDs and noted the key initiatives taken at country level, as highlighted by representatives of Member States.

Special programmes

61. The Regional Committee nominated Maldives as a member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases for a three-year term from 1 January 2015. It nominated Indonesia as a member of the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction for a three-year term from 1 January 2015. The Committee also noted Myanmar’s statement that it was keen to be nominated from the Region as a member of the PCC of the Special Programme of Research, Development and Research Training in Human Reproduction for the term starting on 1 January 2015. The Committee requested the Regional Director to convey Myanmar’s request to WHO headquarters.

¹ Document A65/24.

Sixty-fourth session of the WHO Regional Committee for Europe (Copenhagen, Denmark, 15–18 September 2014)

Summary report by the President (Mr Nick Hækkerup, Minister for Health, Denmark)¹

62. The sixty-fourth session of the WHO Regional Committee for Europe was held at UN City in Copenhagen, Denmark from 15 to 18 September 2014, attended by representatives of 53 countries of the Region, as well as representatives of partners.

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO reform: implications for the Regional Office for Europe

63. The Secretariat provided an overview of the impact of WHO reform on the work of the Regional Office, presenting the global draft Proposed programme budget 2016–2017, including the regional perspective and the bottom-up planning process, and explaining that an updated proposal for a strategic budget space allocation methodology would be provided to Member States by mid-December 2014. Information was also provided on the steps taken to draft a framework of engagement with non-State actors. Members of the Standing Committee of the WHO Regional Committee for Europe (SCRC) provided information on the work of the SCRC's subgroups on governance reform and strategic resource allocation.

64. Representatives, while expressing strong support for the progress made in the reform process thus far, underscored the importance of focusing on areas where progress had not been so advanced. Reforming the working methods of the Executive Board and the World Health Assembly would be particularly important, with an emphasis on clear priority-setting and ensuring that meetings were focused on issues relevant to all 194 Member States. The ongoing Ebola virus disease outbreak had underscored all too clearly the importance of WHO being in a position to meet new challenges swiftly, flexibly and comprehensively.

Proposed programme budget 2016–2017

65. The draft Proposed programme budget 2016–2017 was welcomed, and the bottom-up planning process was commended. Further clarification was requested on how priorities were addressed at various levels of the Organization, and on how that planning process would operate in countries without a country cooperation strategy. Greater provision should be made for risk management and internal oversight under category 6, and cost savings and improvements in efficiency should be made to offset the increase in the budget for management and administration costs. A draft programme budget 2016–2017 with standardized costings for outputs should be sent to Member States before the next session of the Executive Board in January 2015. Concerns were expressed with regard to reductions in the budget for activities related to environment and health, and for communicable diseases and outbreaks.

¹ The full report of the session is available at http://www.euro.who.int/__data/assets/pdf_file/0007/262618/64rp00e_RC64report_pictureless_140754.pdf?ua=1.

Strategic budget space allocation

66. Regarding the strategic allocation of budget space, the SCRC subgroup on strategic resource allocation had proposed guiding principles and criteria for each of the four operational segments of WHO's work, to support the work of the global Working Group. It was hoped that the forthcoming meeting of the global Working Group in November 2014 would result in a concrete mechanism for strategic budget space allocation, to be tested with real-world budget allocations. Representatives of Member States recognized the potential problems involved in preparing the draft Proposed programme budget 2016–2017, since the implications of categorizing the budget by operational segments had not been fully explored. Sufficient time must be taken to allow for consultation with Member States and the elaboration of a flexible budget space allocation model, in order to find a solution that all regions regarded as fair.

Framework of engagement with non-State actors

67. Representatives welcomed efforts to increase transparency in WHO's work with partners. Non-State actors often made substantial, unearmarked voluntary contributions, and their participation in efforts to address complex health issues would leverage knowledge and expertise, allowing WHO to engage with all stakeholders in the global health arena. The draft framework should be adopted, although it should remain flexible with the possibility of revision at a later stage. The Regional Committee adopted the following statement on the position of the Member States in the European Region with regard to the draft framework of engagement with non-State actors:

“The WHO and its good name are precious to us, and we, the Member States of the European Region, will work diligently and attentively with the Secretariat to ensure it remains relevant and effective in the 21st century. To this end, recalling our readiness to adopt it during the Sixty-seventh World Health Assembly, we strongly urge adoption of the draft framework for engagement with non-State actors at the Sixty-eighth World Health Assembly in 2015.

We acknowledge that some further improvements could be made, with the aim of increasing clarity, including in the following areas:

- the management of conflicts of interest
- the process and timetable for evaluation.

We advise strongly against trying to perfect every detail, preferring instead to begin work, trusting in the wisdom of the governing bodies to oversee the operation of the framework in practice and continue to improve it.

We look forward to receiving the updated framework by 15 December 2014, and would request the Secretariat to address it at the planned mission briefing in mid-December with web access for Member States.”

Malaria: draft global technical strategy: post-2015

68. The Regional Committee was briefed on the draft global malaria strategy for the post-2015 period. The Secretariat reported that the European Region was on track to achieve malaria-free status by 2015. The Regional Office was supporting Member States in their efforts to achieve elimination status, while ensuring that the disease would not be reintroduced in future.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Health 2020

69. The Secretariat described measures taken to implement Health 2020 in the period 2012–2014, including work with countries to update their national health policies, strategies and plans, as well as capacity-building and support activities, which had raised awareness of Health 2020 and of the evidence and recommendations derived from the Regional Office's research studies. A flexible approach was required to ensure that Health 2020 could be implemented in all Member States in the Region, from any starting point, using coherent frameworks and comprehensive approaches. The Regional Office had also engaged with senior government officials and a broad range of partners to support implementation in countries. The SCRC had established a subgroup on Health 2020, to review progress with regard to implementation; the subgroup applauded the leadership and the volume of activities being undertaken by the Regional Office and emphasized the need to reach out to other sectors.

70. Representatives commended the activities undertaken by the Regional Office and expressed gratitude for the many and varied forms of support they had received. Health 2020 was being implemented in different ways with different priorities, depending on national circumstances. A variety of successful examples were outlined, including work to address inequity and the determinants of health and the establishment of national intersectoral committees. It was clear that Health 2020 had asserted itself as the much-needed and usable framework for improving health outcomes and increasing the performance of institutions in the European Region, providing the opportunity for a qualitative transformation in public health policy. Interesting new forms of partnership, exchange and cooperation had been established, and it was therefore agreed that the time had come to organize a conference to discuss Health 2020 implementation with stakeholders across sectors and all levels of government.

Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020¹

71. The Secretariat introduced the vision of the European child and adolescent health strategy 2015–2020, in which children were seen and taken into account by policy-makers, lived with their families with access to health care and education, and learned the life skills they needed to function effectively in society. The European child maltreatment prevention action plan 2015–2020 aimed to increase awareness of the effects of child maltreatment, strengthen governance for its prevention through partnerships and multisectoral action, and reduce the risk of child maltreatment through improved child protection legislation and more training for health professionals. The target was to reduce the annual level of child homicide by 20% in the Region as a whole by 2020. The European strategy and action plan, which had been prepared in broad consultation with Member States and partners, both emphasized the importance of early childhood development and covered key priority areas of child health.

72. Representatives welcomed the strategy and action plan and commended the broad consultation process that had contributed to their elaboration. They underscored the importance of investment in child and adolescent health and of systematic collaboration between sectors and professions, and

¹ Resolution EUR/RC64/R6.

emphasized that comprehensive monitoring of child well-being was an important organizational model that merited inclusion in the action plan.

European Food and Nutrition Action Plan 2015–2020¹

73. The Secretariat introduced the European Food and Nutrition Action Plan 2015–2020, which had been developed in broad consultation with Member States and civil society and was aligned with global processes on noncommunicable diseases (NCDs) and nutrition, as well as with the European Union's Childhood Obesity Action Plan. The main objectives of the plan were to: create healthy food and drink environments; promote the gains of a healthy diet throughout the life-course, especially for the most vulnerable; strengthen health systems to promote healthy diets; support surveillance, monitoring, evaluation and research; and strengthen governance, intersectoral alliances and networks for a health in all policies approach.

74. Participants expressed their support for the action plan and highlighted the importance of access to healthy dietary options and a healthy food environment for children and of establishing healthy nutritional habits early on. They welcomed the inclusive consultation process that had been key to drafting the Action Plan and asked for national contexts to be taken into account. The Action Plan was particularly timely given the heavy burden of NCDs and the fact that unhealthy diet was one of the primary modifiable risk factors associated with NCDs, which called for integrated, comprehensive actions in a range of policy areas through a whole of government, health in all policies approach.

European Vaccine Action Plan 2015–2020²

75. The Secretariat introduced the European Vaccine Action Plan 2015–2020, which was underpinned by the vision of a European Region free of vaccine-preventable diseases, where all countries provided equitable access to high-quality, safe, affordable vaccines and immunization services throughout the life-course. Six goals were proposed: to sustain the Region's polio-free status, eliminate measles and rubella, control hepatitis B infection, meet regional vaccination coverage targets at all administrative levels, make evidence-based decisions on the introduction of new vaccines, and make national immunization programmes financially sustainable.

76. Representatives welcomed the action plan, emphasizing the importance of ensuring political commitment to immunization programmes and adequate financing. Immunization programmes should target hard-to-reach groups, and efforts should be made to raise public awareness of the safety and benefits of immunization, using targeted communication strategies, including anti-vaccination groups. Evidence-based information should be used to elaborate national immunization policies and to strengthen monitoring and surveillance systems.

Partnerships for health in the WHO European Region

77. A panel discussion was held, during which participants emphasized the unique situation in the WHO European Region, owing to its wide economic diversity. Country-specific challenges had impacted on progress towards meeting the Millennium Development Goals. Considerable disparities between and within countries remained, however, and many marginalized groups were missing out on

¹ Resolution EUR/RC64/R7.

² Resolution EUR/RC64/R5.

the benefits of progress. Coordinated action on social determinants would be required. A regional interagency task force on NCDs and social determinants of health was being set up to support countries to that effect. Countries should also be supported in their efforts to collect reliable, disaggregated data, in order to identify and bridge development gaps.

WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (Ashgabat, Turkmenistan, 3–4 December 2013)¹

78. The Regional Committee was informed that, at the Ministerial Conference on the Prevention and Control of NCDs, emphasis had also been placed on the links between the social determinants of health and NCDs. Particular attention had been paid to tobacco use, which was especially prevalent in the European Region, despite high rates of ratification of the WHO Framework Convention on Tobacco Control (FCTC). The Head of the FCTC Secretariat addressed the Regional Committee, and encouraged all Member States that had not yet done so to sign and ratify the Protocol to Eliminate Illicit Trade in Tobacco Products. Member States welcomed the adoption of the Ashgabat Declaration and reiterated their commitment to ensuring that NCDs would remain high on the public health agenda as one of the main threats to the sustainability of health systems.

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

Category 1: communicable diseases

Hepatitis

79. The Secretariat solicited the Regional Committee's views on viral hepatitis, to be taken into consideration in the eventual preparation of a global strategy on the issue. The Regional Committee was informed that WHO was collecting pricing information and negotiating with the pharmaceutical industry in order to bring down the cost of hepatitis medicines. In response to the heavy burden of hepatitis in the European Region, several actions had been taken, including the establishment of a WHO collaborating centre on HIV and hepatitis at the University of Copenhagen.

Category 2: noncommunicable diseases

80. The Secretariat reported on the outcomes of the Second High-level Meeting on Non-Communicable Diseases of the United Nations General Assembly. The Regional Office and Member States in the European Region had made significant contributions to the outcome document of the High-level Meeting. The debate in the European Region on engagement with non-State actors would have repercussions for the follow-up to the outcome document, and guidance would be required from the World Health Assembly.

¹ Resolution EUR/RC64/R4.

Category 5: preparedness, surveillance and response**Antimicrobial resistance**

81. The key components of the draft global action plan to combat antimicrobial resistance, including antibiotic resistance, were outlined and a video presentation was made, detailing the content of a ministerial conference on antimicrobial resistance, which had been hosted by the Netherlands in June 2014. Further meetings were planned to be held later in the year prior to the Sixty-eighth World Health Assembly in 2015, and the web-based consultation to be launched in January 2015 would offer a platform for input to development of the global action plan. Representatives of Member States welcomed the work being done to develop the global action plan following the adoption of resolution WHA67.25. They emphasized the need for clear, measurable targets and objectives, accompanied by a set of indicators to monitor and evaluate implementation of the plan. Those that would be hosting or jointly organizing meetings on antimicrobial resistance-related topics later in 2014 provided details of the aims of those meetings.

Ebola virus disease outbreak

82. The Assistant Director-General, Health Security, provided an overview of the situation of the Ebola virus disease outbreak in Africa, emphasizing that urgent consideration must be given to how best to coordinate the support available and “get ahead” of the outbreak by ensuring preparedness in countries neighbouring those that were affected. WHO was seeking solutions to the challenges involved in isolating infected people and tracing contacts, and was working to accelerate the availability of medicines and vaccines.

83. Representatives of Member States said that alongside the crucial work WHO doing to control the outbreak, it must give due consideration to communication. There was a universal expectation that WHO would lead the efforts in response to the public health emergency caused by the outbreak, which should include measures to deal with its long-lasting implications, including addressing the market failure for research and development.

International Health Regulations (2005)

84. The Secretariat reported that only nine States Parties in the European Region had requested an extension of the deadline to achieve the core capacities required to implement the International Health Regulations (2005) (IHR). Implementation should not stop once the core capacity requirements had been met, but rather was a continuous improvement process. Representatives in principle welcomed the proposal for a regional consultation on the accelerated use of the IHR but emphasized that it would require a substantial timescale and should be conducted electronically. The revised consultation document should be made available in all the working languages of the WHO European Region.

Polio eradication

85. The Regional Committee was informed that in view of the worsening situation in certain countries, the Director-General had declared the international spread of wild poliovirus to be a public health emergency of international concern. The representative of the only infected European State Party said that in his country wild poliovirus had been detected in sewage, thanks to a very sophisticated surveillance system, and no environmental samples had tested positive since the end of March 2014. Surveillance was being maintained, immunization campaigns were being conducted and oral polio vaccine had been reintroduced into routine immunization.

Sixty-first session of the WHO Regional Committee for the Eastern Mediterranean, Tunis, Tunisia, 20–22 October 2014

Summary report by the Chair (Dr Mohamed Saleh Ben Ammar, Minister of Health, Tunisia)

86. The sixty-first session of the WHO Regional Committee for the Eastern Mediterranean was held in Tunis, Tunisia from 20 to 22 October 2014. Twenty Members of the Regional Committee were represented. The Syrian Arab Republic and Yemen were not represented. Observers from other UN and intergovernmental organizations and nongovernmental organizations also attended.

PART 1: TOPICS FOR GLOBAL DISCUSSION

Proposed programme budget 2016–2017

87. Members discussed and supported efforts to enhance the impact of WHO reform at country level, through strengthening the bottom-up approach to budget planning, anchoring the budget in national health plans and strategies, and allowing more time for the country planning phase. The Regional Committee acknowledged the efforts of the Regional Director to shift resources from regional to country level. It called on Member States to engage fully in the ongoing debate concerning the WHO reform process, given its impact on country programmes, and to advocate with the Executive Board at its 136th session and the Sixty-eighth World Health Assembly for a substantial increase in the proportion of the budget allocated for the segment on technical support to countries.¹

Strategic budget space allocation

88. In its discussions the Committee noted the need for greater flexibility in the budget space and ceiling to accommodate all the resources available and help ensure smooth implementation. The Committee requested the Regional Director to report to its next session on the constraints preventing the implementation of its resolution EM/RC59/R.6 (2012), in which it had called for an increase in the total WHO budget, specifically in the assessed contributions.

Framework of engagement with non-State actors

89. The Committee supported the need for comprehensive guidelines for WHO interaction with non-State actors. It noted the commitment of Member States of the Region to contribute to improvement of the framework, including its monitoring and evaluation components. The areas for improvement should include the management of conflicts of interest, clarification of boundaries, especially with the private sector and business associates, definition of actors, acceptance of donations of pharmaceutical products and technology transfers.

Malaria: draft global technical strategy: post-2015

90. This item was not included on the agenda.

¹ Resolution EM/RC61/R.1.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Global health security: challenges and opportunities, with special emphasis on the International Health Regulations (2005)

91. The Committee recognized that recent disease events, such as outbreaks of Middle East respiratory syndrome (MERS) and Ebola virus disease, had highlighted the importance of the IHR for global, regional and national health security. It expressed its concern at the lack of preparedness of States Parties in the Region to meet emerging threats to health security, as shown in the serious gaps in the core capacities required for implementation of the IHR. Members indicated that they were taking the final 2016 deadline for implementation readiness seriously, but noted that complex local circumstances continued to hinder progress in achieving the core capacities required in some countries. The Regional Committee urged Member States to formally commit to meeting the target in 2016 within the context of global health security, make implementation of the IHR one of the highest national priorities, ensure strong intersectoral coordination, enhance cross-border collaboration, and urgently undertake comprehensive assessment of capacity to deal with a potential importation of Ebola virus disease.¹

Emergency preparedness and response

92. The Committee discussed the situation with regard to emergency preparedness and response. It expressed concern at the magnitude of the crises and emergencies prevailing in the Region and the lack of adequate emergency preparedness and capacity to respond. It urged Member States to take action in a number of areas in order to strengthen the capacity of health systems to prevent, mitigate, prepare for, respond to and recover from emergencies, including monitoring, strengthening technical capacity, and establishing and testing intercountry agreements for mutual assistance. It also urged Member States to contribute to the Emergency Solidarity Fund by allocating to it a minimum of 1% of the WHO country budget, and to contribute to the establishment of a regional logistics hub and to the regional surge roster of experts for rapid deployment in emergencies.²

Noncommunicable diseases: Implementation of the Political Declaration of the United Nations General Assembly and follow-up of the high-level review meeting in July 2014

93. The Committee discussed the current progress in implementation of the Political Declaration through the regional framework for action that it had endorsed at its fifty-ninth session. It noted that there were still substantial gaps in implementation, and it discussed and endorsed an updated framework for action, including process indicators that would enable closer monitoring of such gaps. It urged Member States to accelerate and scale up implementation of the strategic interventions in the updated framework, and in particular to implement the WHO recommendations on marketing of foods and non-alcoholic beverages to children. It requested the Executive Board at its 136th session to invite the Director-General to develop a set of process indicators, for consideration by the World Health Assembly, to assess the progress made at national level in implementing the Political Declaration, which would enable the United Nations Secretary-General and the Director-General to report to the General Assembly at its next high-level meeting in 2018. It also requested the Regional Director to convene a side event at the next session of the Executive Board and World Health Assembly to brief

¹ Resolution EM/RC61/R.2.

² Resolution EM/RC61/R.1.

Member States on the updated framework for action and process indicators adopted by the Regional Committee.¹

Health system strengthening for universal health coverage

94. The Committee discussed progress in implementing the strategies for strengthening health systems endorsed at its fifty-ninth session, including the regional road map for accelerating progress towards universal health coverage. The Committee reaffirmed its commitment to pursuing universal health coverage based on the values and principles of primary health care and the right to affordable and quality health services, adopting a multisectoral approach. It called on Member States to consider implementing the regional framework for action on advancing universal health coverage in the Region, and to develop and implement a national road map for universal health coverage based on the regional framework for action.²

Reinforcing health information systems

95. The Committee discussed health information systems, noting that most countries do not regularly monitor health determinants and risks, report cause-specific mortality in a complete and accurate manner, or adequately assess coverage of interventions and health system performance. The regional approach focuses on improving civil registration and vital statistics (CRVS), with specific emphasis on strengthening cause-specific mortality statistics, and on defining the key components of a national health information system and what needs to be monitored under each component. The Committee noted the progress made in assessing the status of CRVS systems and in developing a list of core indicators. It endorsed a regional framework and core indicators and called on Member States to implement the framework and report regularly on the core indicators starting from 2015.²

Review of implementation of Regional Committee resolutions 2000–2011

96. At its sixtieth session the Regional Committee had considered a report from the Secretariat on a review of resolutions endorsed from 2000 to 2011, the purpose of which had been to ensure that 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 had decided to establish an ad hoc subcommittee to review previous resolutions and make recommendations as to which should be retired. Following the recommendation of the Ad Hoc Committee, the Regional Committee decided to retire 79 resolutions and to introduce an accountability mechanism to monitor active resolutions and regularly report on their implementation. It also decided to expand the review process to cover the period 2011–2014 and to consider including the period 1990–2000.³

¹ Resolution EM/RC61/R.3.

² Resolution EM/RC61/R.1.

³ Decision no. 3.

Sixty-fifth session of the WHO Regional Committee for the Western Pacific, Manila, Philippines, 13–17 October 2014

Summary report by the Chairman (The Honourable Dr Enrique T. Ona, Secretary, Department of Health, Philippines)

PART 1: TOPICS FOR GLOBAL DISCUSSION

Proposed programme budget 2016–2017

97. The draft Proposed programme budget 2016–2017 was presented to the Regional Committee as a realistic rather than aspirational budget. Increased budgetary provision had been made for certain programmes while proportionately less provision had been made for others, on the rationale that WHO was not the only health stakeholder in those areas and could more usefully apply its resources in the areas of policy-making and technical aspects. The resource allocation for each of the WHO regions remained unchanged.

98. Representatives said that the Proposed programme budget 2016–2017 would enhance the predictability and transparency of programme implementation, and noted the change in programme emphasis. Many representatives were pleased with the intention to boost country ownership of programmes and strengthen national financial management systems. Several expressed concern about the decrease in funding in the budget for communicable diseases, while accepting the rationale for that decision.

99. One representative noted and approved of the intention to implement similar programmes at different levels of the Organization but cautioned that the intended key outputs at each level should be identified, to ensure the continuity and measurability of the final output. Another urged the Secretariat to seek increases in voluntary contributions or cultivate new donors, and to enter into dialogue with other organizations of the United Nations system to be able to deliver as one in the area of health.

100. Representatives said that it was important for a rigorous monitoring and evaluation framework to be established before the new biennium got under way, and that monitoring and evaluation tools should be provided to help countries report on the implementation of activities. Likewise, measurable indicators were an important tool to better identify the Organization's impact on public health deliverables. One representative suggested that the achievements of the 2014–2015 biennium should be used to inform the performance assessment indicators for the impacts, outcomes and outputs of 2016–2017; Member States needed to be given fuller information about those indicators.

101. A representative said the Regional Office should describe how it intended to work with headquarters and country offices to ensure a coordinated approach to resource mobilization. More information should be provided on how bottom-up planning had been used to inform the draft Proposed programme budget, particularly as the Region's base funding had remained unchanged from 2014–2015.

102. The Secretariat was asked to report on progress in developing a full costing of outputs and deliverables, i.e. the costs of technical support, including administrative and management costs. The Secretariat was also asked to explain the mechanism used in the Region to adapt programme fund categories in response to changing priorities in country offices, as identified through the bottom-up planning process. It was noted that the draft Proposed programme budget contained no explicit commentary on the impact of decisions adopted during the previous biennium.

103. Representatives recommended that a number of areas be given greater emphasis, such as: health infrastructure in remote island communities; the burdensome effects of climate change on health care systems; corporate services, auditing and evaluation; migrant workers and the link between trade and health; the promotion of health in all government policies; and the need to engage and influence other sectors to work with the health sector, given that many health problems originated outside the sector.

104. The Regional Committee adopted resolution WPR/RC65.R1.

Strategic budget space allocation

105. On behalf of the Western Pacific Region, Malaysia has been taking part in the working group established by the Programme, Budget and Administration Committee of the Executive Board to guide the development and implementation of a new strategic resource allocation methodology. Member States were invited to review the proposed approach, which would be refined and presented to the Programme, Budget and Administration Committee in January 2015.

106. Representatives endorsed the strategic budget space allocation methodology as being fair and transparent, and were generally of the view that the segmental categorization of the Organization's activities was easy to understand and the elements identified by the working group were useful points for ongoing discussion. The proposed methodology incorporated the necessary flexibility to reallocate funding if required. One representative said that outputs should be realistically costed, and roles and responsibilities more precisely defined at the three levels of the Organization.

Framework of engagement with non-State actors

107. Representatives endorsed the framework of engagement with non-State actors as a tool for giving WHO the flexibility to work with global health actors from all sectors, while protecting its integrity as the global standard-setting Organization for health. For example, subject to appropriate safeguards, WHO should be able to engage with the private sector in its commercial capacity to advance the research and development of new medical products. It was also noted that WHO was constitutionally mandated to work with other sectors in areas such as nutrition, housing, sanitation, recreation and environmental hygiene, as well as the development of standards on food, biologicals and pharmaceutical products. The concept of competitive neutrality should be embedded in the framework. The combination of an evaluation process to ensure continuous improvement, robust and regular oversight by the World Health Assembly through the Executive Board, and a mechanism to discontinue engagement with particular non-State actors, if required, should be sufficient guarantees to ensure the adoption of the framework by the World Health Assembly.

108. Another representative observed that, at the recent regional meeting of the Pan American Health Organization, it had been suggested that a dedicated office could be established to oversee implementation of the engagement policy. Such an office could not only exercise a watchdog function but also play a facilitating role in promoting engagement and actively support WHO programmes in their efforts to reach out to non-State actors, including the private sector. Mechanisms for receiving funds from private sector entities should be aligned with national health sector strategies. There were opportunities for WHO to learn from successful multistakeholder initiatives and public-private partnerships, which could subsequently be shared with Member States.

Malaria: draft global technical strategy: post-2015

109. The Regional Committee was informed that WHO is developing a global technical strategy for malaria 2016–2030, which will be presented to the World Health Assembly for endorsement in 2015. The strategy will form the technical basis of the second-generation global malaria action plan, to be developed by the Roll Back Malaria Partnership. Both the strategy and the action plan will shape malaria control and elimination for the coming decade. Regional consultations with Member States and partners in June 2014 provided important feedback and input.

110. Representatives noted that increased international exchanges meant higher numbers of imported malaria cases. Several said that national control efforts were focused on vulnerable groups. WHO had a role to play in scaling up proven prevention and treatment interventions, antimalarial drug surveillance and capacity-building for monitoring drug quality. The problem of artemisinin resistance needed to be addressed through Region-wide initiatives; WHO should continue to show leadership and should engage in coordinated efforts with Member States and partners. Political support for the control of artemisinin resistance and the goal of ridding the Region of malaria by 2030 could be mobilized through the Asia Pacific Leaders Malaria Alliance and the WHO draft global technical strategy.

111. In that context, one representative announced the successful development in her country of a new antimalarial, thanks to support from WHO and the Medicines for Malaria Venture. The representative of China said WHO should support research on substitutes for artemisinin derivatives and accordingly recommended that the Organization should consider expediting the prequalification of effective, low-cost Chinese-manufactured antimalarials.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Mental health

112. The Regional Committee endorsed the Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific and urged Member States to include mental health in national health plans; to develop and strengthen national mental health programmes using the Regional Agenda for guidance; and to work with partners and stakeholders to improve mental health in the Region.¹

Tobacco Free Initiative

113. The Regional Committee endorsed the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) and urged Member States to use it as a guide for the development and implementation of national action plans on tobacco control; to ensure sustainable capacity for tobacco control; to continue to develop legal instruments and policies for enforcement to comply with the provisions of WHO Framework Convention on Tobacco Control, including measures to protect against tobacco industry interference; and to engage different sectors of society in tobacco control. The Regional Director was requested to promote engagement with trade and other sectors in supporting tobacco control policies in addressing the noncommunicable disease epidemic.²

¹ Resolution WPR/RC65.R3.

² Resolution WPR/RC65.R2.

Antimicrobial resistance

114. The Regional Committee endorsed the Action Agenda for Antimicrobial Resistance in the Western Pacific Region and urged Member States to use it to assist in the development of national action plans to combat antimicrobial resistance, and to ensure sufficient human and financial resources for sustained action to contain antimicrobial resistance. The Regional Director was requested to support the development of a regional platform for data-sharing and analysis, and to promote multisectoral action and collaboration in controlling the use of antimicrobials.¹

Expanded Programme on Immunization

115. The Regional Committee endorsed the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific and its immunization goals, and urged Member States to apply the strategies contained therein to achieve immunization goals and strengthen national programmes, and to allocate adequate resources to achieve immunization goals.²

Emergencies and disasters

116. The Regional Committee endorsed the Western Pacific Regional Framework for Action for Disaster Risk Management for Health and urged Member States to develop, update and implement country priority actions for disaster risk management for health in line with the Framework, and to work collaboratively across all sectors to strengthen country capacity and technical and financial investment to ensure its implementation. The Regional Director was requested to foster collaboration and partnership to support disaster risk management for health.³

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¹ Resolution WPR/RC65.R4.

² Resolution WPR/RC65.R5.

³ Resolution WPR/RC65.R6.