

Report of the regional committees to the Executive Board

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

ACTION BY THE EXECUTIVE BOARD

2. The Board is invited to note the report.

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

ANNEX

Sixty-fifth session of the WHO Regional Committee for Africa (N'Djamena, Chad, 23–27 November 2015)

Summary report by the Chairman (Mr Assane Ngueadoun, Minister-Secretary of State for Health, Chad)

1. The Sixty-fifth session of the WHO Regional Committee for Africa was held in N'Djamena, Chad, from 23 to 27 November 2015; 43 out of the 47 Member States attended the session. The United Republic of Tanzania, Sao Tomé and Príncipe, Seychelles and South Sudan were absent. The session was chaired by the Minister-Secretary of State for Health of the Republic of Chad, Mr Assane Ngueadoun. This report presents a summary of the outcomes of the session.

PART 1: TOPICS FOR GLOBAL DISCUSSION

WHO reform

2. The outcomes of the agenda items related to WHO reform are described below:

Programme budget 2016–2017

3. The Regional Committee examined the Programme budget 2016–2017, the second of the three biennial budgets to be formulated within the Twelfth General Programme of Work 2014–2019. The overall Programme budget 2016–2017 adopted by the Health Assembly in resolution WHA68.1 (2015) is US\$ 4384.9 million, and the African Region has been allocated US\$ 1162.3 million (26.5%), an increase of US\$ 42.3 million (3.8%) compared with the figure for the biennium 2014–2015. The Regional Committee noted that the distribution of the budget across priorities still shows an unbalanced budget, owing to a significant concentration on emergencies and polio programmes. It appreciated the use of the bottom-up approach in preparing the budget and called for its continuation. There was concern about the small share of budget allocations relative to the high burden of noncommunicable diseases in countries; allocations to countries affected by the Ebola virus disease outbreak that did not take into account the investments made during the outbreak; and future prospects in terms of rebuilding the health systems. The following recommendations were made to Member States: participate in the financial dialogue in order to influence the mobilization of resources for health priorities in the Region; get actively involved in the bottom-up approach to planning; pay the assessed contributions; and ensure timely implementation of Programme budget 2016–2017.

The Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020

4. The Transformation Agenda was discussed by the Regional Committee. It is a strategy to accelerate implementation of the global WHO reform in the African Region. It focuses on four domains: pro-results values, smart technical focus, responsive strategic operations, and effective communication and partnerships. The Member States appreciated the initiative, agreed with the recommendations and pledged their support to accelerating the implementation of the Transformation Agenda. Recommendations made to Member States include: support implementation of the Transformation Agenda; improve direct financial contribution reporting through strengthening

mechanisms to monitor and report on the use of funds; provide guidance to the Secretariat on diversification of staff profiles; and improving partnerships and resource mobilization. The Secretariat was asked to report regularly to the Regional Committee on progress made in the implementation of the Transformation Agenda.

Global strategy on people-centred integrated service delivery

5. The Regional Committee recognized that the target of universal health coverage would be met through improvements that focused the provision of services on people and their needs and not merely on diseases. It acknowledged the fact that the African Region had already contributed to the current version of the draft WHO global strategy on people-centred and integrated health services. The Committee agreed with the recommendations but emphasized the need to add actions that addressed the challenges pertinent to Africa. These include the growing burden of communicable diseases, particularly the frequent occurrence of epidemics and their devastating impact on the health systems and socioeconomic fabric of countries; inadequate investment in basic inputs for service delivery; and the importance of emphasizing health promotion as well as risk prevention and management as one way of reducing the disease burden.

Global strategy on human resources for health: perspectives from the African Region

6. The Regional Committee acknowledged the fact that the African Region has already contributed to the current version of the draft WHO global strategy on human resources for health: workforce 2030. It agreed that the availability, accessibility, acceptability and quality of human resources for health are crucial to the delivery of essential health services, including emergency preparedness and response. Accordingly, this strategy has been proposed in that regard and is expected to represent a vital component of WHO's strategy towards universal health coverage. The Regional Committee highlighted low investment in training, increased migration, poor working conditions and disproportionate distribution of the health workforce as major challenges in the African Region.

The 2014 Ebola virus disease epidemic

7. The 2014 Ebola virus disease epidemic has recorded 28 476 cases and 11 298 deaths, including 1045 cases and 535 deaths among health workers, as at 18 October 2015. The issues and challenges encountered include little community ownership and poor leadership; the negative impact of cultural beliefs and practices; inappropriate and conflicting messages from the various mass media; and inadequate health systems. Other issues include poor implementation of Integrated Disease Surveillance and Response and the International Health Regulations (2005); the absence of emergency operations centres; limited resources, international commitment and engagement; and insufficient compliance with prevention measures. Actions proposed included strengthening partnership and multisectoral collaboration, community ownership and leadership, efforts towards achievement of zero cases, and building resilient health systems and services. The Regional Committee also recommended the conduct of more research in order to have a better understanding of the origin and pathogenesis of Ebola virus disease, while stressing the need for adequate preparedness and effective implementation of the International Health Regulations (2005).

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

8. The outcomes of the topics of regional significance are described below:

Progress towards health-related Millennium Development Goals and the post-2015 health development agenda

9. Of the 47 countries, 10 achieved Target 4, four achieved Target 5.A, but no country has achieved Target 5.B. Thirty-seven countries achieved Target 6.A, but no country has achieved or is on track for Target 6.B. For Target 6.C, 12 countries have halted and begun to reverse the incidence of malaria, and 29 countries have halted and begun to reverse the incidence of tuberculosis. The main reasons for not achieving the health-related Goals include: inadequate national resources and unpredictable and unsustainable external resources; weak health systems, particularly insufficient access to and poor quality of health services; limited human and institutional capacity; inequities in access to proven interventions; low priority accorded to health in national economic and development policies; and weak multisectoral responses.

10. The Regional Committee noted that the world has reached a consensus on the 2030 Agenda for Sustainable Development which includes 17 Sustainable Development Goals and 169 associated targets. Goal 3 (Ensure healthy lives and promote well-being for all at all ages) specifically covers health. There are concerns over the large number and choice of key indicators for the Goals, as well as how to finance their achievement at both global and national levels. The actions proposed to countries include planning to adapt and implement the post-2015 agenda, improving health sector financing, strengthening the health systems including information systems, ensuring that the indicators for the Goals take into consideration the unfinished business of the Millennium Development Goals, and adopting a multisectoral approach.

The African Public Health Emergency Fund: stocktaking

11. Member States reiterated the importance of the Emergency Fund in the African Region, but expressed concern that its optimal functioning is undermined by significant challenges, especially persistently low levels of contributions. Several factors that could have led to the low contribution of funds by countries were highlighted, and mitigating actions to be taken were outlined. The membership of the Monitoring Committee of the Fund was renewed as follows: (a) ministers of health: Cabo Verde, Chad and Zimbabwe; (b) ministers of finance: Benin, Congo and Swaziland.

12. The Regional Committee adopted a resolution urging Member States to honour their commitments by contributing to the Emergency Fund and to provide inputs to the revision of its framework. The Secretariat was requested: to establish a multidisciplinary expert group to review the current framework, including the formula for contribution and eligibility criteria; to undertake an assessment to understand the reasons why countries are not paying their contributions; and to facilitate consultations between ministers of health and of finance and other relevant sectors.

Progress report on the establishment of the Africa Centre for Disease Control

13. The African Heads of State and Government in 2013 made a call to establish an Africa Centre for Disease Control (Africa CDC) with a mandate to address priority public health concerns in Africa. Member States appreciated the progress so far made towards its establishment and highlighted the need for: clear definition of roles and responsibilities for WHO and the Africa CDC; consensus on

which African countries and institutions be selected as Africa CDC regional collaborating centres; funding to accelerate its establishment; and mobilization of the necessary human resources.

14. The Regional Committee recommended that Member States support the implementation of the Africa CDC, taking into account the proposed framework for collaboration between WHO and African Union Commission; mobilize the required resources to support Africa CDC implementation and functions; and review and endorse the statute of the Africa CDC proposed by the African Union Commission. The Secretariat was requested to present the framework for collaboration between WHO and the Africa Union Commission to the health ministers for inputs before endorsement.

Research for health: a strategy for the African Region, 2016–2025

15. The strategy identifies health research as a critical tool in providing evidence-based solutions to address the high double burden of communicable and noncommunicable diseases in the Region. It noted the very low research output from the Region, most likely the result of the weak national health research systems. The strategy outlines interventions to be undertaken by Member States to facilitate the development of functional national health research systems, which is fundamental for the generation and utilization of scientific knowledge for evidence-based solutions to health challenges facing the Region. The strategy is intended to close the identified gaps in the national health research systems by providing policy and programmatic guidance to Member States, and thereby make progress in universal health coverage.

16. The Regional Committee adopted a resolution urging Member States to strengthen governance, create and strengthen infrastructure, build and sustain human resource capacity, establish/strengthen knowledge translation platforms, monitor all health research activities and investments, and ensure adequate funding for health research. The resolution also recommends the Secretariat: to develop tools for use by countries in tracking investments; to support countries to elaborate appropriate protocols and conduct research; to advocate for additional and innovative funding for research; and to report the status of the national health research system in countries to the Regional Committee every two years.

54th Directing Council of the Pan American Health Organization/sixty-seventh session of the WHO Regional Committee for the Americas (Washington, DC, United States of America, 28 September to 2 October 2015)

Summary report¹ by the President (Dr Violeta Menjívar, Minister of Health, El Salvador)

PART 1: TOPICS FOR GLOBAL DISCUSSION

Regional consultation on the draft global strategy on human resources for health: workforce 2030

17. The Regional Committee examined the final report on PAHO's regional goals for human resources for health 2007–2015 (document CD54/INF/1), together with the zero draft of the global strategy on human resources for health: workforce 2030.

18. Member States emphasized that ensuring adequate numbers of health professionals was crucial to global health security and the achievement of universal health coverage. They also highlighted the need for policies to ensure the development and retention of health professionals and for effective incentives, both economic and non-economic, to attract health professionals to work in underserved areas. It was considered especially important to find ways of persuading more physicians to work at the primary care level in rural settings. Good health workforce planning was also viewed as essential, as was research to inform such planning, in particular research aimed at identifying human resources gaps.

WHO reform

19. The Regional Committee examined a document (CD54/6) that summarized the report on WHO reform considered by the Sixty-eighth World Health Assembly.² Annex B of the document showed the close alignment between the programmatic, managerial and governance reforms of WHO at the global level and those undertaken by PAHO at the regional level.

20. Member States welcomed the overall progress made on WHO reform, but expressed concern about the slow pace of governance reform. The need to redouble efforts to complete the negotiations on pending issues – particularly the framework of engagement with non-State actors and the method for strategic budget space allocation – was emphasized, and Member States were urged to reach consensus on regional positions on those issues in order to facilitate negotiations and accelerate progress. Support was expressed for the model developed by the Working Group on Strategic Budget Space Allocation for the allocation of segment 1 of the WHO Programme Budget.

21. In relation to the framework of engagement with non-State actors, it was stressed that the consultation process must be guided by the principles of transparency and respect for WHO's

¹ The full report of the session (document CD54/FR) and all working documents and resolutions mentioned in the report are available from: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11087&Itemid=41537&lang=en.

² Document A68/4.

intergovernmental nature and independence. The need to establish clear and objective rules for avoiding conflicts of interest was highlighted. It was considered especially important for WHO to exercise caution in its interactions with the private sector in order to minimize risks that might undermine its values and integrity.

22. Delegates welcomed the progress made in improving the predictability and transparency of WHO's financing through the financing dialogue, but noted that challenges remained, including the continued earmarking of voluntary contributions, which could result in lack of funding for critical areas such as emergency response. The need to ensure that voluntary funding was aligned with the Organization's policies and priorities was underlined. The importance of bottom-up planning and country-level priority-setting was also stressed.

23. PAHO's ongoing efforts to align regional reforms with global ones were applauded, with delegates acknowledging that many of PAHO's reform initiatives had predated and thus contributed to those of WHO. It was considered important for Member States from the Region of the Americas, when interacting with Member States from other regions, to continue explaining the nature of PAHO's relationship with WHO and affirming its commitment to and integration with WHO.

Regional consultation on the post-2016 IHR monitoring and evaluation scheme

24. The Regional Committee examined the concept paper prepared by the WHO Secretariat on the development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005), together with a report on the status of implementation of the Regulations in the Region and the regional response to Ebola virus disease (documents CD54/INF/4 and CD54/INF/4, Add.1).

25. The Committee acknowledged the need for continued effort to ensure full implementation of the International Health Regulations (2005) and expressed broad support for the monitoring and evaluation approach put forward in the concept paper, although it was pointed out that the paper dealt only with monitoring of core capacities, not implementation of the totality of the Regulations, as had been requested during a regional meeting held in Buenos Aires in April 2014.

26. Support was expressed for the development of an evidence-based self-assessment tool; however, although a standardized tool should be applied, allowance might also be made for the specific characteristics of countries. With regard to after-event reviews, it was suggested that the development of response protocols would provide a basis for assessing the action taken in the first 48 hours following a public health event and for subsequent, more comprehensive assessments. As to simulation exercises, it was suggested that intersectoral and cross-border exercises should be conducted with a view to strengthening coordination within and between countries.

27. Most delegations supported the introduction of external assessments, but emphasized that such assessments must be voluntary, be conducted at the request of and with the involvement of the State Party concerned, respect the sovereignty and autonomy of States Parties and take into account the specific context in each country, including the availability of resources to address any deficits or weaknesses identified. One delegation expressed the view that self-assessment that took into account the findings of earlier assessments and viewed the implementation of core capacities as an ongoing process would be more effective than an external assessment conducted at a single point in time according to rigid criteria. Another delegation highlighted the need for a clear understanding of what an independent external assessment would entail, what specific advantages it would offer over self-assessments and what use WHO would make of the findings of external assessments. It was also

pointed out that an apparent lack of progress revealed by countries' self-assessments might be due to shortcomings in measurement methods.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

PAHO Program and Budget 2016–2017

28. The Regional Committee, acting as the Directing Council of PAHO, adopted the PAHO Program and Budget 2016–2017 (Official document 350), with an increase of 8.8% with respect to the programme and budget for 2014–2015, but without any increase in Member States' assessed contributions to PAHO. The Pan American Sanitary Bureau was urged to step up its resource mobilization activities and broaden its donor base in order to fund the increase and to strive for greater efficiencies in order to contain costs.

Plan of action on immunization

29. The Committee approved a regional plan of action on immunization aimed at maintaining high levels of vaccination coverage and enhancing access to new and costly vaccines (document CD54/7, Rev.2 and resolution CD54.R8). The plan covers the period 2016–2020 and is aligned with WHO's Global Vaccine Action Plan. In the discussion of the plan, concern was expressed about the planned switch from the trivalent oral poliovirus vaccine to the bivalent oral vaccine in combination with the inactivated vaccine, as current stocks of the inactivated vaccine are inadequate to enable all countries in the Region to administer three doses. The Committee decided to form a working group to study the issue.

Strategy and plan of action on dementias in older persons

30. The Committee approved a regional strategy and plan of action aimed at promoting universal health coverage for people with or at risk of dementias, in order to help them to recover or maintain their functional capacities, prevent or avoid dependence, and improve their quality of life and the well-being of their families and caregivers (see document CD54.8, Rev.1, and resolution CD54.R11). The strategy and plan complement various other regional initiatives, including the Plan of Action on the Health of Older Persons, including Active and Healthy Aging, adopted in 2009 (document CD49/8).

Strategy and plan of action on strengthening the health system to address violence against women

31. The Committee approved a strategy and plan of action with the overall goal of eliminating violence against women. The plan of action seeks to strengthen the capacity of health systems to prevent and respond to such violence. The strategy and plan are aligned with the Health Assembly's resolution WHA67.15, on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children (see document CD54/9, Rev.2, and resolution CD54.R12).

Plan of action on workers' health

32. The Committee approved the plan of action on workers' health for the period 2015–2025 with the goal of strengthening the health sector's response, in coordination with other sectors, in order to

provide comprehensive workers' health services, improve work environments, increase efforts to promote workers' health and reduce health inequalities (see document CD54/10, Rev.1, and resolution CD54.R6). The plan updates the Regional Plan of Action on Workers' Health adopted in 1991 and is aligned with WHO's Global plan of action on workers' health 2008–2017.

Plan of action for the prevention and control of tuberculosis

33. The Committee approved a plan of action aimed at accelerating the reduction of tuberculosis incidence and mortality in the Region and meeting the reduction target contained in the PAHO Strategic Plan 2014–2019, as well as the targets set in the Global Plan to Stop TB 2006–2015 and the new post-2015 targets for prevention, care and control under the WHO End TB Strategy (see document CD54/11, Rev.1, and resolution CD54.R10).

Plan of action on antimicrobial resistance

34. The Committee approved a plan of action on antimicrobial resistance, which had been prepared at the request of Member States. The plan is aligned with the WHO global action plan on antimicrobial resistance and seeks to raise awareness and understanding of antimicrobial resistance and optimize the use of antimicrobial drugs in human and animal health (see document CD54/12, Rev.1, and resolution CD54.R15).

Plan of action for the prevention and control of viral hepatitis

35. The Committee approved a plan of action aimed at reversing the current trend of viral hepatitis in the Region by 2020 and eliminating the disease as a public health problem by 2030 (see document CD54/13, Rev.1, and resolution CD54.R7). The plan focuses in particular on hepatitis B and C and is aligned with the Sixty-seventh World Health Assembly's resolution on the matter (resolution WHA67.6).

Strategy on health-related law

36. The Committee approved a strategy to guide technical cooperation with Member States in order to assist them in improving their legal and regulatory frameworks, strengthening their national institutions and supporting their efforts to achieve universal health coverage (see document CD54/14, Rev.1, and resolution CD54.R9).

El Niño 2015–2016 in the Region of the Americas

37. This item was added to the Committee's agenda at the request of a Member State, which drew attention to the expected severity and potential health and economic impacts of the El Niño phenomenon in the Americas in 2015–2016, and put forward a proposed resolution aimed at strengthening Member States' preparedness and response capacity and enhancing the resilience of their health systems (see document CD54/22). The Committee decided that a resolution was not needed, as many of the actions called for were already covered under previously adopted plans and strategies. Instead, the Committee adopted decision CD54(6), urging Member States to update their disaster mitigation, preparedness, response and recovery plans and requesting the Director to strengthen cooperation with Member States to that end.

Method for the estimation of maternal mortality in the period 1990–2015

38. This item was also added to the agenda at the request of a Member State, which raised several concerns with regard to the changes made by the United Nations Maternal Mortality Estimation Inter-agency Group in the method used for estimating maternal mortality. It was pointed out that Member States had not been consulted about the change and that the new method might create serious difficulties with regard to traceability and comparability of data, hindering efforts to monitor progress towards the Millennium Development Goals (see document CD54/23). The Committee adopted resolution CD54.R18, calling on WHO, inter alia, to hold workshops with Member States on the revised maternal mortality estimation methodology, postpone the publication of estimates until after the workshops and produce a document explaining the differences between the methods and the reason for the revision.

Sixty-eighth session of the WHO Regional Committee for South-East Asia, Dili, Timor-Leste, 7–11 September 2015

Summary report by the Chairperson (Dr Maria Do Céu Sarmento Pina da Costa, Minister of Health, Timor-Leste)

39. The Regional Committee was informed about the ministerial round-table discussions held during the Regional Committee on the following matters:

- (a) Accelerating implementation of the WHO Framework Convention on Tobacco Control in the South-East Asia Region: the Committee suggested speeding up ratification of the Protocol on Illicit Trade, and development of a regional strategy for tobacco control. Calling for accelerated, united action to fight the tobacco menace, the Committee unanimously endorsed the Dili Declaration on tobacco control.
- (b) Strengthening the health workforce in South-East Asia in order to expand delivery of effective services: the Committee noted that human resources for health is the key to the achievement of universal health coverage and health sector development in general.
- (c) Health in the post-2015 development agenda: the Committee noted that the monitoring framework for the Sustainable Development Goals of the 2030 Agenda for Sustainable Development is to be finalized in March 2016, and indicators for the Goal 3 (Ensure healthy lives and promote well-being for all at all ages) are more advanced than for many other goals. Progress towards universal health coverage will be central to achieving the health Goal. Greater investment in health and cross-sectoral collaboration will be essential.

PART 1: TOPICS FOR GLOBAL DISCUSSION

Programme budget matters

Programme budget 2014–2015 – Implementation and mid-term review

40. The Committee noted the status of financial implementation of the Programme budget 2014–2015, and the recommendations for actions made by the Subcommittee on Policy and Programme Development and Management at its eighth session in the Regional Office on 3 July 2015. The Committee emphasized that coordination mechanisms between the health ministries and the WHO country offices, under the aegis of the WHO representatives, be strengthened.

Programme budget 2016–2017

41. The Committee acknowledged the increase in WHO's Programme budget 2016–2017, and stressed the need to allocate adequate budget and resources for priority country and regional needs. The Committee appreciated the intensive collaboration of the Secretariat and health ministries at the country level, which resulted in a bottom-up planning process for 2016–2017, reflecting identification of country priorities and their alignment with regional priorities.

Strategic budget space allocation

42. The Committee complimented the Working Group on Strategic Budget Space Allocation, established in 2014, for introducing a new set of indicators for the methodology. The Committee complimented India, Maldives and Thailand for their diligent efforts in conveying the concerns and priorities of the Region to the Working Group.

WHO reform

Programmatic reform

43. The Committee urged the Secretariat to hold more regular consultations with the health ministries in Member States through the WHO representatives in order to ascertain country priorities. The Committee urged that the lessons learnt from the Ebola virus disease outbreak in 2014–2015 be applied and local capacity-building and health systems strengthening be prioritized.

Management reform – internal control framework

44. The Committee appreciated the application of the General Management audit site, where both internal and external audit recommendations could be viewed and responses identified. The Committee noted that the recommendations of the administrative review missions to Indonesia, Nepal and Myanmar were being implemented.

Governance reform

45. The Committee noted that an open-ended working group on governance reform had been established at the global level with the priority to establish and expedite governance reform throughout the Organization. India and Thailand represented the South-East Asia Region in this working group. The Committee requested that more attention be paid to recruiting experienced and knowledgeable WHO staff members in the countries who could transfer knowledge and help in capacity-building.

Framework of engagement with non-State actors

46. The Committee noted that the revised framework document would need further discussion among Member States on some controversial issues such as the principle of “arm’s length”, which needed more clarity for its practical application in real-life situations. The Committee agreed that there should be no engagement in any manner with tobacco and arms industries and their affiliates, but a mechanism for screening and identifying such affiliates was required.

Response to emergencies and outbreaks

47. The Committee noted the range of activities undertaken by the Government of Nepal and the response provided by WHO and partner organizations. The Committee expressed appreciation for the support provided by the Regional Office during all recent emergencies and disease outbreaks. The Committee supported the recommendations of the High-Level Preparatory meeting for its sixty-eighth session.

Antimicrobial resistance

48. The Committee noted that, in accordance with the Health Assembly's resolution WHA68.7 on the global action plan on antimicrobial resistance, almost all countries in the Region had initiated formulation of a national action plan for antimicrobial resistance and nominated a focal point. It also noted that advocacy at the highest level was required to implement a national plan on antimicrobial resistance.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Selected neglected tropical diseases targeted for elimination: kala-azar, leprosy, yaws, filariasis and schistosomiasis

49. The Committee referred to the problem of dengue, which was the fastest-spreading vector-borne viral disease in the world, owing to environmental changes. There was no vaccine against the disease and no medicine for treating it; the only possible solution was to reduce the vectors through proper water management. The Committee also raised the problem of snakebite and was informed that the Regional Office had organized a rapid shipment of anti-venom serum after the earthquake in Nepal.

Adapting and implementing the End TB Strategy in the South-East Asia Region

50. The Committee agreed that tuberculosis would have to stay high on national agendas if the epidemic were to be stopped, especially that of the drug-resistant forms (multidrug-resistant and extensively drug-resistant tuberculosis). The Committee recognized the financial burden caused by tuberculosis. An investment case should be prepared, as for other diseases. The technical expert working group on tuberculosis was being reconstituted to serve as an advisory group. Countries should work together to prepare an operational plan for tuberculosis control at the district and subdistrict levels, with electronic monitoring, ensuring quality in both the public and the private sector.

Patient safety contributing to sustainable universal health coverage

51. The Committee noted the recommendations of the High-level Preparatory meeting outlining actions to improve patient safety to contribute to sustainable universal health coverage in the Region. It endorsed a new Regional Strategy on Patient Safety 2016–2025, and the need for structured self-assessments of patient safety systems; better data on patient safety and improved documentation and cross-country exchange of experience.

Prevention and control of cancer – way forward

52. The Committee noted that Member States had limited technology and human resources for the diagnosis and treatment of cancer, and the Secretariat's support was requested to build the capacity of various cadres of health workers to deliver cancer prevention, diagnosis, treatment and palliative care services. The Committee requested the Secretariat to provide technical support for strengthening cancer registries and for training health workers in the prevention, early detection, treatment and palliative care for cancer.

Measles elimination and rubella/congenital rubella syndrome control in the South-East Asia Region by 2020

53. The Committee observed that cross-border transmission of measles and rubella must be prevented by maintaining high immunization coverage rates and enhanced surveillance in border districts of Member States.

Challenges in polio eradication

54. Noting with appreciation the high political commitment in Member States for polio eradication, the Committee cautioned against complacency and stressed the need to be vigilant. It urged the Secretariat to continue to provide support to Member States to ensure that appropriate vaccines for the switch are available in all countries.

Health intervention and technology assessment in support of universal health coverage

55. The Committee was provided with updates regarding national initiatives in this area.

South-East Asia Regional Health Emergency Fund

56. The Committee acknowledged that the Health Emergency Fund had been helpful for strengthening health service performance during emergencies, although the support should be extended until the early recovery phase. WHO's funding should thus be adjusted to the country's standards and reporting.

Effective management of medicines

57. The Committee received updates on the progress made in effective management of medicines including medicines policy, medicines management, related regulations, procurement and pricing. Multi-country pooled procurement was identified as one possible way to negotiate lower prices of medicines.

Regional strategy on health information system

58. The Committee recognized the many efforts in the Region to strengthen health information systems in line with the Regional Strategy. The Committee requested the Secretariat to continue to provide technical support to Member States for health information systems, including the simplified version of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10), civil registration and vital statistics systems, and eHealth strengthening.

Consideration of the recommendations on strengthening community-based health-care services

59. The Committee considered a report on the technical discussions on strengthening community-based health-care services held in June 2015 as a prelude to the Regional Committee session. The Committee endorsed the recommendations from the technical discussions and the additional comments from the High-level Preparatory meeting (resolution SEA/RC68/R6).

PART 3: SELECTION OF A SUBJECT FOR THE TECHNICAL DISCUSSIONS TO BE HELD PRIOR TO THE SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE

60. The Committee reached consensus that the technical discussions should be discontinued and that the topics would instead be discussed at two ministerial round tables during the Regional Committee session. The Committee agreed that there should be two ministerial round tables at each session, held on consecutive days. The Committee proposed that the two resolutions on technical discussions (SEA/RC5/R3 and SEA/RC7/R11) be “sunsetting”.

PART 4: KEY ISSUES ARISING OUT OF THE SIXTY-EIGHTH WORLD HEALTH ASSEMBLY AND THE 136TH AND 137TH SESSIONS OF THE EXECUTIVE BOARD

61. The Committee noted the significant and relevant resolutions from the perspective of the South-East Asia Region adopted by the Sixty-eighth World Health Assembly and the Executive Board at its 136th and 137th sessions. The Committee was informed that there was a need to develop a regional nutrition strategy for 2016–2030 with facilitation from the WHO Secretariat, so that this issue could be discussed by the Regional Committee at its sixty-ninth session.

PART 5: REVIEW OF THE DRAFT PROVISIONAL AGENDA OF THE 138TH SESSION OF THE EXECUTIVE BOARD

62. The Regional Committee endorsed a proposal from India to include “Follow-up of Consultative Expert Working Group” as an agenda item for the 138th session of the Board. India requested that the Secretariat communicate this proposal to the Director-General on behalf of the Committee.

PART 6: REVIEW OF REGIONAL COMMITTEE RESOLUTIONS

63. The Regional Committee was informed that the High-Level Preparatory Meeting reviewed working paper SEA/RC68/21 to explore ways to phase out some of the resolutions it had adopted over the past 10 years so as to optimize the use of the Committee’s time in future sessions. The Committee noted that an informal working group consisting of Bangladesh, India and Thailand would study actions taken by the Eastern Mediterranean and European regions in this regard. A technical consultation involving Member States would be organized before the next High-level Preparatory Meeting to decide on a set of criteria and timeframe for phasing out resolutions that have outlived their relevance. The recommendations of this consultation would be submitted to the Regional Committee at its sixty-ninth session for consideration.

PART 7: ELECTIVE POSTS FOR SESSIONS OF WHO’S GOVERNING BODIES (WORLD HEALTH ASSEMBLY, EXECUTIVE BOARD AND THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD)

64. The Committee unanimously agreed to the following proposals for elective posts from the South-East Asia Region for the Sixty-ninth World Health Assembly, the 139th session of the Executive Board and the twenty-fourth meeting of the Programme, Budget and Administration Committee in May 2016.

65. For the Sixty-ninth World Health Assembly, the Committee proposed Timor-Leste for the post of Vice-President; Thailand for the post of Chairman of Committee B; Maldives for Rapporteur of Committee A, and India for Member, Committee on Credentials.

66. For the 139th session of the Executive Board, the Committee proposed that Bhutan be nominated as Executive Board member in place of Democratic People's Republic of Korea whose term ends in May 2016, and Nepal as Vice-Chairman of the Executive Board at its 139th session in May 2016.

67. Two Member States, Nepal and Thailand, are currently members of the Programme, Budget and Administration Committee, with their terms of membership due to expire in May 2016 and May 2017 respectively. Bhutan was proposed to be nominated as member of the Committee for a term of two years in place of Nepal whose term expires in May 2016.

PART 8: SPECIAL PROGRAMMES

68. The Committee noted that two Member States from the South-East Asia Region (India and Thailand) are members of the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases for the term ending 31 December 2017. The Committee noted the report on the attendance of Joint Coordinating Board members at its thirty-eighth session (Geneva, Switzerland, 23–24 June 2015).

69. The Committee noted the report of the twenty-eighth meeting of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction (Geneva, 25–26 June 2015), considered by the High-Level Preparatory Meeting in July 2015. The Committee nominated Myanmar in place of Maldives, whose term expires on 31 December 2015, as a member of the Policy and Coordination Committee for a three-year term starting 1 January 2016, and requested the Regional Director to inform WHO headquarters accordingly.

Resolutions adopted

70. The Regional Committee adopted eight resolutions, on: Programme budget 2016–2017 ((SEA/RC68/R1), Response to emergencies and outbreaks (SEA/RC68/R2), Antimicrobial resistance (SEA/RC68/R3), Patient safety contributing to sustainable universal health coverage (SEA/RC68/R4), Cancer prevention and control – the way forward (SEA/RC68/R5), Community-based health services and their contributions to universal health coverage (SEA/RC68/R6), Dili Declaration on tobacco control (SEA/RC68/R7), and Resolution of thanks (SEA/RC68/R8).

Sixty-fifth session of the WHO Regional Committee for Europe (Vilnius, Lithuania, 14–17 September 2015)

Summary report by the President (Ms Rimantė Šalaševičiūtė, Minister for Health, Lithuania)¹

PART 1: TOPICS FOR GLOBAL DISCUSSION

Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections

71. The Secretariat briefed the Regional Committee on the progress made towards finalizing the global strategies on HIV, viral hepatitis and sexually transmitted infections. The five strategic directions underpinning action were: information and accountability; interventions for impact; delivering for quality and equity; financing for sustainability; and innovation for acceleration. Discussion focused on the size and speed of the response that is needed to end AIDS by 2030, taking into account the growth of the epidemic in the European Region. The Secretariat was requested to continue its active engagement in monitoring, gathering evidence-based information, ensuring access to services for persons living with AIDS, and combatting stigmatization and discrimination.

Global strategies on people-centred and integrated health services and on human resources for health

72. Member States welcomed the progress in drafting the two strategies and highlighted the role of the European Region in the area of human resources for health and drafting the documents. Concerns were raised that the targets were not aligned, and an integrated and balanced set of indicators, developed from a universal health coverage perspective was needed. Greater consideration should be given to the profile of the future health workforce to meet the changing needs of the population. More emphasis should be placed on coordination with other organizations working on health information.

International Health Regulations (2005)

73. The IHR Review Committee had concluded that the data obtained through the existing IHR monitoring framework provided limited information on the functionality of systems at the country level, and put forward a set of recommendations. The variety of approaches it recommended included strengthening the self-assessment system, implementing in-depth reviews of significant disease outbreaks, and combining self-assessment, peer review and voluntary external evaluations. The Secretariat presented the IHR monitoring and evaluation framework which will be further developed, together with tools and protocols, for approval by the Board and the Sixty-ninth World Health Assembly in 2016.

74. Member States welcomed the proposals for enhancing IHR implementation and supported independent monitoring and assessment of IHR implementation, suggesting that the European Region

¹ The full report of the session (document EUR/RC65/REP) and all working documents and resolutions mentioned in the report are available from: <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/documentation>.

pilot a scheme for external evaluation. Some countries expressed their readiness to participate in the development or piloting of standardized, transparent and reliable instruments for IHR assessment and also favoured real-time exercises at the regional level. They highlighted the need for regional offices to support countries in identifying gaps and strengthening capacities, including health systems.

WHO reform: implications for the Regional Office for Europe

75. The Secretariat provided an overview of progress on WHO reform and its impact on the work of the Regional Office (document EUR/RC65/15).

76. Governance reform remained a priority for the Regional Office for Europe, where an informal discussion had taken place the day before the Regional Committee. Participants considered that the alignment and agenda setting were crucial in building a stronger and coherent Organization across its three levels, citing the implementation plan for the regional programme budget for 2016–2017. Participants proposed that the annual delegation letters from the Director-General to the regional directors and consequent reporting by the regional directors to the Director-General describing their work could become an accountability compact. The subgroup of the Standing Committee of the Regional Committee on governance had further revised the nomination procedure for membership of the Executive Board and the Standing Committee, including the inclusion of letters of intent, which provided valuable additional information. Recommendations from the regional evaluation committee for the nomination of the Regional Director were included in the Rules of Procedures of the Regional Committee. Work to clarify the procedure for endorsement of conference outcome documents by governing bodies was also under way.

77. With regard to accountability, there would be zero tolerance for non-compliance and the programme budget would be a key tool for oversight and accountability. Achievements included audits and regular reviews of country and geographically dispersed offices, as well as more competitive procurement. Representatives welcomed the proposal for the Regional Committee to review audit recommendations, but they underscored the effective and proper use of resources. The submission of oversight reports to the Standing Committee would give rise to not only increased transparency and compliance but also greater shared responsibility. Risk management and country office administrative capacity would be further strengthened, and a new responsibility matrix would be introduced into country offices and the Regional Office.

78. The regional plan for implementation of Programme budget 2016–2017 aligns with the global priorities and strengthens the Regional Office's accountability for delivering its priority results. It ensures close links also with the Programme budget 2014–2015, as a continued programmatic and budgetary accountability of the Regional Office to Member States. The new "contract" details the European contribution to the global results chain and global indicators in terms of outcomes and outputs. Strengthened country engagement in the strategic bottom-up planning process for the biennium 2016–2017 was welcomed. Representatives also welcomed the more detailed costing and stronger links to performance-based management in Programme budget 2016–2017.

79. It was hoped that the draft framework of engagement with non-State actors would be finalized for adoption by the Health Assembly in 2016 following further intergovernmental negotiations.

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

80. The Secretariat outlined the review process under way in response to the Ebola virus disease outbreak which had highlighted the need to strengthen both the Secretariat's and Member States'

capacity to prepare for and respond to large-scale outbreaks and emergencies with health consequences. The intended outcome of the emergency reform process was to establish a unified WHO programme for health and humanitarian emergencies with clear performance metrics, a global health emergency workforce, a new business process that would facilitate a rapid and effective response, a contingency fund, and accelerated research and development activities, underpinned by a strong operational support platform enabling WHO's interventions at all the three levels and in coordination with partners.

81. During the discussion representatives voiced concern that the emergency reform process was not progressing quickly enough for being presented at the Board's session in January 2016 and results of ongoing evaluations should be taken into account before definitive conclusions were drawn. They also highlighted the need for the Organization to develop its own assessment capacity, and stressed the crucial role of strengthened health systems. Representatives requested clarification on the place and role of the regions in the new unified structure.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Promoting intersectoral and interagency action for health and well-being in the European Region

82. Health 2020 is the framework for driving the intersectoral action, resources and political choices required to reduce the burden of disease and the health inequality within the Region. Implementation required commitment to a whole-of-government approach and accountable, responsible and measurable national governance for health. The 2030 Agenda for Sustainable Development, aligned with Health 2020, highlights the vital importance of this integrated approach. Health 2020 is an essential tool for identifying key areas for cross-sectoral action, including education, labour, migration, and social, economic and fiscal policies. As next step, the focus of Health 2020 would be on social policies, such as employment, education, housing, decent income, and retirement with dignity, mainly implemented at local level.

83. Intersectoral action had a global dimension where health is appearing in foreign policy and more visible on the global political agenda. During a panel discussion participants discussed the cooperation among ministries in addressing global health issues. A second panel discussion focused on social determinants and health literacy: links and coherence between health, education and social policy. Lessons learnt from the 26-year-old European Environment and Health Process were shared as an example to shape future cooperation between the health and other sectors.

84. During the discussion many countries cited examples of collaboration with the education and environment sectors at both national and international levels. Representatives underlined the unique opportunity of Health 2020 and the 2030 Agenda for Sustainable Development to promote intersectoral collaboration and called for a global integrated approach. They emphasized the need for continued support for implementation of Health 2020 as many national development plans are already adopted in line with the framework. Although emphasizing that public health legislation and health promotion strategies are sustainable mechanisms for intersectoral collaboration, they noted that engaging the economic and financial sectors might prove difficult. The European Environment and Health Process was an exemplary intersectoral tool, but a more streamlined governance structure and a clearly defined stakeholder ownership were needed. Speakers expressed the need for a forum where they could share expertise and exchange information about lessons learnt. The Regional Committee adopted decision EUR/RC65(1).

The European Health Report 2015: targets and beyond – reaching new frontiers in evidence

85. The Report outlined progress towards the Health 2020 targets in the European Region, giving a mixed picture of improvements in the area of inequalities but still revealing large absolute differences between countries. The Report described the initiative to explore the cultural context of health and how cultural beliefs and practices might contribute to or hinder the improvement of health. It revealed that many countries of the Region had aligned their national policies with Health 2020 and had set national targets. The Report also highlighted the need to tackle health information challenges.

Priorities for health systems strengthening in the European Region 2015–2020: walking the talk on people-centredness

86. The working document “Priorities for Health Systems Strengthening in the European Region 2015–2020: walking the talk on people-centredness” (document EUR/RC65/13) underscores the empowerment and engagement of people in protection against disease, health promotion, treatment and management of illness, and rehabilitation, all within health systems that have strong primary health care and equitable health-care provision, with a strong public health system as the key pillar. Priorities to ensure fair, equitable and inclusive people-centred health systems with financial protection meant comprehensively transforming health service delivery and moving towards universal health coverage through a competent health workforce, innovation in medicines and technology, and robust health information.

87. Representatives endorsed the approach based on the values of solidarity and equity, as well as the two strategic priorities of transforming health services and moving towards universal health coverage. A people-centred approach entails empowering communities and engaging patients and their families in the treatment and management of chronic conditions. One of the main challenges was to ensure that health systems were comprehensive and provided a collective response to people’s needs and expectations, highlighting the role of society and the community, for instance in health promotion, surveillance and response. Medicine and technology costs had implications for financial sustainability, emphasizing universal health coverage through increased public funding, and mandatory health insurance. Speakers proposed a balanced approach between inpatient and outpatient systems, promoting home-based care and community welfare, and a multiprofessional approach and flexible education for health personnel to assist their retention. Member States pointed out the need to enhance national health information systems as a foundation of health systems and support the activities of the European Health Information Initiative and welcomed the Regional Office’s newly launched data web portal, which enhanced decision-making and evidence-based policy-making. The Regional Committee adopted resolution EUR/RC65/R5.

Physical activity strategy for the WHO European Region 2016–2025

88. The Secretariat introduced the Physical activity strategy (document EUR/RC65/9), which sought to counteract the increasing burden of noncommunicable diseases associated with an inactive lifestyle. The strategy supports the provision of enabling environments and equal opportunity for physical activity for all through the life-course and underscored people-centred, multisectoral and sustainable approaches using evidence-based policies. It prioritized child and adolescent development, leadership and coordination, support through surveillance, and increased research for evidence. Country fact sheets on increasing physical activity and decreasing sedentary behaviours would assist the sharing of national experiences and best practices.

89. Member States expressed their unequivocal support for the strategy and underscored its relevance to addressing risk factors related to noncommunicable diseases, including obesity, in line with other guiding regional and global commitments. Many speakers welcomed its comprehensive nature and its clear guidelines, which were relevant to target groups; it provided an excellent basis for the development of national policies. Speakers underlined the importance of intersectoral action and stressed that it must be promoted in schools and at work, through transportation policy and recreation, and with a special focus on children, adolescents and the elderly. They also supported the monitoring of beneficial effects and using evidence to raise awareness. The Regional Committee adopted resolution EUR/RC65/R3.

Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: making tobacco a thing of the past

90. The Secretariat introduced the Roadmap (document EUR/RC65/10), which had been developed through a comprehensive consultation. It aims to accelerate Region-wide implementation of the Framework Convention to meet WHO's voluntary targets of a 30% relative reduction in tobacco use by people aged over 15 years and a 25% reduction in premature mortality from noncommunicable diseases by 2025. The Roadmap was designed to support actions to enact smoke-free legislation, in particular to protect children, enforce comprehensive bans on all tobacco advertising, promotion and sponsorship, and increase public awareness to prevent young people from starting to use tobacco. The 2030 Agenda for Sustainable Development would provide the necessary impetus to meet the challenge of tobacco use, and full implementation of the Framework Convention would accelerate anti-tobacco initiatives.

91. Representatives welcomed the Roadmap both as a policy-making guide and as a tool for promoting health. Many pointed to the priority of tobacco control policies in national health agendas, describing successful actions taken to implement the Framework Convention in the Region, with regard to pricing and taxation, protection from tobacco smoke exposure, tobacco product packaging and tobacco advertising, promotion and sponsorship. Tobacco dependence and the illicit trade in tobacco products were also being tackled in order to reduce demand and supply. Political commitment, intersectoral action and country cooperation supported by the Regional Office were also required. Speakers underlined the need for clear guidance from WHO on the use of smokeless and electronic versions of tobacco or cigarette-like products. The Regional Committee adopted resolution EUR/RC65/R4.

Final report on implementation of the consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 and Tuberculosis action plan for the WHO European Region 2016–2020

92. Since adoption of the consolidated action plan in 2011, it is estimated that 1 million tuberculosis patients had been cured, 200 000 multidrug-resistant cases has been averted and 2.6 million lives and US\$ 11 000 million had been saved as a result of the implementation of the action plan. Although the incidence of tuberculosis had been declining by 6% per year and treatment coverage had increased, several key challenges remained, including continued transmission of multidrug-resistant tuberculosis, growing drug resistance, and HIV-tuberculosis comorbidity.

93. The Secretariat introduced the Tuberculosis Action Plan for the WHO European Region 2016–2020 (document EUR/RC65/17 Rev.1), which follows the consolidated action plan and has been designed to sustain the momentum, addressing key remaining challenges. It is in line with the three pillars of the

Global End TB Strategy: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation. The importance of resilient health systems for effective implementation and the rational use of new medicines is also underscored. By the action plan's end date of 2020, it is expected that 3.1 million lives would be saved, 1.4 million patients cured, 1.7 million new cases prevented and US\$ 48 000 million saved.

94. Representatives supported the proposed action plan, applauding its emphasis on evidence-based and cost-effective diagnosis and treatment models and on governance and adequate resourcing of tuberculosis programmes. Ensuring universal access to effective and affordable prevention, diagnosis and treatment was considered as crucial to success. Multisectoral action and comprehensive, all-of-government and health-in-all-policies approaches were required. Many speakers stressed the need for cross-border collaboration in detecting cases and treating patients particularly in the current context of growing human mobility. A member of the Standing Committee of the Regional Committee suggested greater emphasis be placed on integrated care and comorbidities, and social support for tuberculosis patients with addiction problems and those in detention. The Regional Committee adopted resolution EUR/RC65/R6.

Sixty-second session of the WHO Regional Committee for the Eastern Mediterranean (Kuwait City, Kuwait, 5–8 October 2015)

Summary report by the Chair (Dr Ali Saad Al-Obaidi, Minister of Health, Kuwait)

95. The sixty-second session of the Regional Committee for the Eastern Mediterranean was held in Kuwait City, Kuwait, on 5–8 October 2015. Twenty Members of the Committee were represented. The Syrian Arab Republic and Yemen were not represented. Observers from other organizations in the United Nations system, intergovernmental bodies and nongovernmental organizations also attended.

PART 1: TOPICS FOR GLOBAL DISCUSSION

96. The following items were not included on the agenda: draft global plan of action on violence; draft global health sector strategies – HIV, 2016–2021; multisectoral action for a life course approach to healthy ageing – draft global strategy and plan of action on ageing and health, and follow-up of the Recife Political Declaration on Human Resources for Health.

WHO reform

97. The Committee discussed the WHO financing dialogue and expressed the need for allocation of more resources to countries, especially those in protracted crises. An increase in assessed contributions was reaffirmed as a key way to ensure a sustainable and predictable WHO programme budget. Good coordination among organizations in the United Nations system was highlighted as critical in order to avoid duplication of efforts and resources.

2014 Ebola virus disease outbreak: follow-up to the Special Session of the Executive Board on Ebola

See Part 2 below.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Global health security, with special emphasis on Middle East respiratory syndrome coronavirus (MERS-CoV) and avian influenza virus A(H5N1)

98. The Committee drew attention to the gaps in knowledge about MERS-CoV and influenza virus A(H5N1) and several Member States expressed willingness to collaborate with WHO in joint studies. The Committee suggested that experiences and expertise be shared and that epidemiological and laboratory surveillance for seasonal influenza, including avian influenza, and MERS be improved as one package. The need for upgrading laboratories and building capacity of laboratory personnel and for prompt risk communication based on the available evidence was acknowledged.

Assessing and monitoring the implementation of the International Health Regulations (2005): meeting the 2016 target

99. The Committee acknowledged that country assessments to monitor progress towards fulfilling the requirements for core capacities under the Regulations are a vital tool in ensuring better

preparedness to respond to emerging health threats. It recognized that the assessments of preparedness for Ebola virus disease conducted in the Region towards the end of 2014 and early 2015 had exposed considerable gaps in the capacities of countries with regard to effective monitoring and detection of, and response to, emerging health threats. Members underscored the need for greater financial resources and, in some countries, for development of legislation to ensure essential requirements for implementation of the core capacities, particularly in regard to points of entry. The Committee resolved to establish an independent regional assessment commission comprising experts from States Parties in the Region and the Secretariat in order to assess implementation of the International Health Regulations (2005) in the Region and to advise Member States on issues relating to implementation of the national core capacities.¹ It urged Member States to conduct objective assessment of implementation of the Regulations, with the Secretariat's support, and to report annually to the regional assessment commission on progress, using a harmonized tool and standardized methodology.

From the Millennium Development Goals to the Sustainable Development Goals of the 2030 Agenda for Sustainable Development

100. The Committee discussed the new Sustainable Development Goals, noting the opportunity they presented for multisectoral action on the social determinants of health and inclusion of Health in All policies. It noted that a situation analysis would be needed for each country as well as structures and mechanisms, in particular mechanisms for multisectoral coordination and monitoring, in order to develop regional and national action plans and to oversee their implementation. It was acknowledged that existing strategies and action plans related to the targets of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) were still relevant and would need to be harmonized and aligned with the targets of that goal.

Implementation of the United Nations General Assembly's Political declaration on the prevention and control of noncommunicable diseases

101. The Committee discussed implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and related monitoring. It recognized the need for a multisectoral approach involving ministries and bodies beyond health ministries and for increased technical support from the Secretariat for engagement and capacity-building in areas traditionally outside the scope of the health sector, such as tobacco taxation. It raised the particular challenge for the Region of noncommunicable disease control among refugees and internally displaced people and suggested that these factors needed to be taken into account when monitoring progress on indicators. The Committee urged Member States to give due attention to the target on noncommunicable diseases of Sustainable Development Goal 3 and to continue to prioritize the implementation of the four time-bound commitments for Member States included in the 2014 outcome document in 2015 and 2016 and the measures included in the regional framework for action. It requested the Director-General to finalize the work of the Secretariat to update the "best buys" before the end of 2016 based on the latest scientific knowledge, available evidence and a review of international experience, and requested the Regional Director, *inter alia*, to convene a technical briefing at the Sixty-ninth World Health Assembly to brief Member States on the progress made by

¹ Resolution EM/RC62/R.3.

Member States in the Eastern Mediterranean Region in the implementation of the national commitments included in the 2011 political declaration.¹

Emergency preparedness and response

102. The Committee drew attention to the challenges posed by natural disasters in the Region, which required the engagement of all sectors, including security forces. It highlighted the importance of adopting an all-hazards approach to emergency preparedness and response and the need to improve capacity of public health laboratories. The Committee reviewed the restructuring of the regional emergency preparedness and response functions. It acknowledged and appreciated the recent proactive efforts of WHO in scaling up its capacity to respond to the increasing magnitude of emergencies and humanitarian crises in the Region.² It noted that lessons must be learnt to improve the response to emergency situations, and that greater focus was still needed in the Region on preparedness efforts.

Review of medical education: challenges, priorities and a framework for action

103. The Committee highlighted the lack of communication with other sectors, particularly ministries of higher education, as a major weakness for strengthening medical education in the Region. It highlighted the importance of accreditation but noted that that was a long and costly process for which continued WHO support was needed. It also emphasized that medical education could not be transformed without major changes in curricula to reflect a focus on current needs. The need for sound management and effective business models for medical education was noted. Representatives requested support and guidance from the Secretariat in the areas of standards and criteria for medical schools, development of continuing medical education systems, curriculum reform, and retention of medical personnel. The Committee endorsed a regional framework for action on medical education and urged Member States to make use of it as a guide to implement national roadmaps for reforming medical education.³ It also requested the Regional Director to organize a high-level regional meeting between health ministers and ministers of higher education to achieve the higher level of coordination and collaboration necessary for the effective implementation of the regional framework on medical education.

Scaling up mental health care: a framework for action

104. The Committee acknowledged the importance of investing in the promotion of mental health and prevention and management of mental disorders for achieving the Sustainable Development Goals and was mindful that the situation in the Region is contributing to increased rates of mental disorders. It expressed support for development of national plans for mental health and for integrating mental health into primary health care. It highlighted the need to deal with mental health in emergencies, including services for refugees and internally displaced people, child mental health and stigmatization of mental health disorders, as well as the need to scale up action on substance abuse. The Committee endorsed a regional framework to scale up action on mental health in the Eastern Mediterranean

¹ Resolution EM/RC62/R.2.

² Resolution EM/RC62/R.1.

³ Resolution EM/RC62/R.4.

Region and urged Member States to implement the strategic interventions in the four domains (governance, prevention, health care and surveillance) of the regional framework.¹

Prevention and control of viral hepatitis

105. The Committee raised several issues relating to viral hepatitis, including affordability of treatment and related ethical concerns. It requested the Secretariat to provide technical support to countries in conducting assessments of prevalence and in developing national plans to achieve the targets for 2030.

Update on polio eradication in the Region

106. The Committee reviewed the current situation in the Region and the implementation of the national emergency action plans in both Afghanistan and Pakistan. It noted that, despite encouraging developments in 2015, there are still challenges that have to be overcome in order to stop transmission in 2016. The Committee raised its concern about the availability of good-quality bivalent oral polio vaccine to meet demand in view of the switch from trivalent oral polio vaccine. It also expressed concern at the challenges to eradication efforts posed by the emergency situation in several Member States and suggested that efforts undertaken at borders to prevent transmission of poliovirus could be replicated within provinces.

¹ Resolution EM/RC62/R.5.

Sixty-sixth session of the WHO Regional Committee for the Western Pacific (Guam, United States of America, 12–16 October 2015)

Summary report by the Chairperson (Mr James Gillan, Director, Department of Public Health and Social Services, Guam, United States of America)

PART 1. TOPICS FOR GLOBAL DISCUSSION

Draft global plan of action on strengthening the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children

107. In the Western Pacific Region, the issues of interpersonal violence, child injuries and road traffic injuries have long been a priority. Since the Regional Committee adopted a resolution in 2012 (WPR/RC63.R3) calling for action to be scaled up on violence and injuries, experiences and consultations within and among Member States have been taken into consideration in the development of a regional action plan. At its session, the Committee endorsed the Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020) (resolution WPR/RC66.R4).

108. Representatives welcomed the regional plan's emphasis on vulnerable groups – such as women, children and people with disabilities. The Secretariat stressed its commitment to following the recommendations of several representatives to strengthen the text so as to reinforce the emphasis on gender-related risk factors for violence and injuries.

109. In addressing concerns particular to the Region, the regional action plan complements implementation of the Global Plan for the Decade of Action for Road Safety 2011–2020 and the draft global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children.

110. The regional plan will also help to guide Member States towards achieving the goals of the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 16 (Promote just, peaceful and inclusive societies).

Global health sector strategy on viral hepatitis

111. The Regional Committee understood the gravity of the challenge posed by viral hepatitis, given that the Region bears half the global burden and 40% of global mortality of viral hepatitis. Since 2003, it has endorsed three resolutions on hepatitis B vaccination, and the ensuing efforts have been successful. The Region as a whole has achieved the goal of less than 2% chronic hepatitis B prevalence among 5-year-old children, and is on track to achieve the more ambitious 1% target by 2017. With the advent of new medicines and better pricing possibilities, the regional plan aims to address the millions of people living with chronic hepatitis infection and the risk of cirrhosis in the Region.

112. Member States praised the responsiveness of the Regional Office, and the Regional Committee endorsed the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 (resolution WPR/RC66.R1).

113. The Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 action plan is consistent with the draft global plan that will be discussed by the Board at this current 138th session.

The Secretariat assured Member States that once the global plan is finalized any additional points of focus would be incorporated into regional efforts, with an emphasis on streamlining reporting systems.

Multisectoral action for a life-course approach to healthy ageing: draft global strategy and plan of action on ageing and health

114. Demographic ageing is rapidly reshaping populations in the Region. The experiences of countries had been used to develop the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019), which the Regional Committee endorsed in October 2013 (resolution WPR/RC64.R3). At the Committee's session, the Secretariat reported on progress on healthy ageing, and representatives provided national updates. The Regional Framework features four pillars of action, with a focus on reorienting health systems to meet older people's needs – which is a fundamental issue globally in moving towards universal health coverage.

115. The experience of the Western Pacific Region offers lessons for global policy and planning. Member States and stakeholders in the Region are sharing their experiences – some using an online consultation mechanism – to help to shape the draft global strategy and action plan on ageing and health, which is under development by the Secretariat at headquarters.

WHO reform

116. Representatives discussed various WHO reform issues, including engagement with non-State actors, strategic budget space allocation, governance, and specifically agenda setting for the Regional Committee.

117. **Non-State actors.** The framework of engagement with non-State actors interests all Member States. Several representatives voiced strong support for the framework, while expressing concerns about the slow progress of its development. The issue is especially important considering the massive proportion of health dollars spent in the private sector and in the food industry, as well as on medicines. It was noted that WHO should designate appropriate non-State actors on a case-by-case basis, with transparent procedures for the secondment of experts from any sector of society.

118. **Strategic budget space allocation.** One representative made a detailed presentation on the selection of the mechanism chosen for determining the strategic budget allocation. Representatives expressed appreciation to China and Malaysia for representing the Region on the strategic budget space allocation working group. Representatives considered that the general principles of strategic budget space allocation were acceptable, as was the new methodology. As the proportion of the Region's allocation would fall by 30% over 6–8 years, the impact of the budget space cuts should be assessed continually during that period.

119. **Governance.** One representative reported to the Regional Committee on the work of WHO's working group on governance reform, including the working methods of the governing bodies and their alignment across the Organization. Another representative recommended that the Secretariat more clearly delineate how it works at all three levels – country, region and headquarters – as well as recirculate a code of practice on the division of roles, which would help to improve communication within the Organization, particularly at the country level.

120. There was a suggestion to establish a code of practice for representatives at governing body meetings, which would be based on best practices such as the use of a three-minute clock for interventions (as is done at headquarters).

121. **Agenda setting.** The current process for setting the agenda of the Regional Committee complies with the Rules of Procedure of the Regional Committee for the Western Pacific and is similar to that in other regions. However, in response to requests from Member States for greater transparency, accountability and responsiveness, a proposal to amend the agenda-setting process for the Regional Committee was offered and agreed upon by representatives.

122. The proposal contained two elements. First, at each year's session the Regional Committee would consider items to include in the provisional agenda of the following year's session. Secondly, the Regional Director would have an informal exchange of views on the provisional agenda with Executive Board members from the Region on the sidelines of the Board's session every January.

123. Representatives also made suggestions, such as: the creation of an informal "virtual" committee on the provisional agenda, which could be convened by videoconference or teleconference; mechanisms for additional exchanges with Member States after the World Health Assembly; and a rolling agenda with a longer time frame to strengthen strategic planning. There was agreement to study the issue further, along with updates on country support and items that could be considered under the fixed agenda item on coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee.

Ebola virus disease outbreak (2014): follow-up to the Special Session of the Executive Board on Ebola

124. Detailed discussions on Ebola virus disease, in the broader context of emerging disease outbreaks and public health emergencies, took place during the plenary session – covering the Regional Director's report, a progress report on the International Health Regulations (2005) and the Asia Pacific Strategy for Emerging Diseases (APSED) – and in a side event on health security, which was organized by WHO, the United States of America and the Republic of Korea.

125. The evaluation of implementation of the Asia Pacific Strategy for Emerging Diseases concluded that, although tremendous success has been achieved in implementing the Regulations through the Strategy, challenges remain. The Region has committed itself to a more robust mechanism for monitoring and evaluating implementation of the Regulations. Member States in the Region are moving from self-assessments through "yes-or-no" checklists of core capacities required under the Regulations to more innovative and effective mechanisms that focus on the functionality of country health security systems. These mechanisms may include outbreak reviews and joint Member State/Secretariat evaluations of core capacities, with the participation of external experts. The Region is also supporting and participating in the global effort, including the work of the IHR Review Committee and the reform of the Organization's role in outbreaks and emergencies.

126. At the side event on health security, lessons learnt were shared about the preparedness and response to the Ebola virus disease and the Middle East respiratory syndrome outbreaks, and discussions focused on how to strengthen health security in both the Region and globally. One representative also provided an update on the Global Health Security Agenda. This initiative provides the Region with a new opportunity to further strengthen the core capacities of the Regulations. Representatives also discussed ways to coordinate health security activities better in the Region.

PART 2. TOPICS OF REGIONAL SIGNIFICANCE

Viral hepatitis

127. The Western Pacific Region has made great progress in scaling up hepatitis B immunization, and as a result has met the goal of less than 2% chronic hepatitis B prevalence among 5-year-old children and is on track to achieve the more ambitious target of 1% by 2017.

128. However, the Committee recognized the continuing burden of those who live with chronic hepatitis virus infections, and the risk of cirrhosis and hepatitis B and C. It further recognized the value of a specific regional plan, as well the need for that plan to be consistent with the draft global plan.

129. After consideration, the Regional Committee endorsed the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 (resolution WPR/RC66.R1).

Universal health coverage

130. Over the past decade, the Regional Committee endorsed six strategies related to health systems, most of which expire at the end of 2015. Meanwhile, a comprehensive review in 2013 suggested that a whole-of-government approach for health sector development is crucial to establish universal health coverage. With this in mind, a regional consultation process was held, leading to the development of the draft regional action framework.

131. Following a panel discussion by experts and consideration of the draft framework in the plenary session, the Regional Committee endorsed the regional action framework on Universal Health Coverage: Moving Towards Better Health (resolution WPR/RC66.R2). Member States were urged to use the framework to develop country-specific roadmaps towards attaining universal health coverage and to commit sufficient funding to implement national policies and plans to advance universal health coverage, which supports the achievement of the goals of the 2030 Agenda for Sustainable Development.

Tuberculosis

132. In the Western Pacific Region, mortality due to tuberculosis has declined by two-thirds over the past 25 years. Nevertheless, 100 000 lives continue to be lost each year to the disease. The Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015) has guided tuberculosis control efforts. In addition, experience in the fight against tuberculosis in the Region has contributed to the development of the Global strategy and targets for tuberculosis prevention, care and control after 2015 (endorsed by the Health Assembly in resolution WHA67.1), also known as the End TB Strategy.

133. In order to facilitate country adaptation of the new global strategy, the Regional Office, in consultation with Member States, developed the Regional Framework for Action on Implementation of the End TB Strategy 2016–2020, which, after consideration, the Regional Committee endorsed (resolution WPR/RC66.R3).

Violence and injury prevention

134. Mindful of the toll of more than one million deaths annually in the Western Pacific Region due to violence and injuries, the Regional Committee in 2012 had endorsed resolution WPR/RC63.R3 on violence and injury prevention, which helped to guide the scaling up of action on the issue. It also led to extensive consultations between 2013 and 2015 to develop a draft regional action plan for the period 2016–2020. After consideration, the Committee endorsed the Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020) in resolution WPR/RC66.R4.

135. The regional plan is consistent with the draft global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children, being developed by the Secretariat. It aims to guide Member States in achieving Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 16 (Promote just, peaceful and inclusive societies) of the 2030 Agenda for Sustainable Development.

Urban health

136. The Western Pacific Region has experienced more rapid development and economic growth than perhaps any other WHO region. This phenomenon, however, has had unintended consequences, as many urban areas have grown faster than their capacity to provide infrastructure for safe housing, clean water and adequate sanitation. Some of these issues have been addressed through initiatives such as Healthy Cities and Healthy Islands, but now is the time to transition from a settings approach to a whole-of-systems approach in order to achieve Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 11 (Make cities inclusive, safe, resilient and sustainable) of the 2030 Agenda for Sustainable Development.

137. In order to meet these challenges, the Regional Office consulted extensively with Member States to develop the Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities, which, after consideration, the Regional Committee endorsed (resolution WPR/RC66.R5).

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