

## **Sixty-fifth Session of the WHO Regional Committee for the Eastern Mediterranean, Khartoum, Sudan, 15–18 October 2018**

**Summary report by the Chairman, H.E. Professor Mohamed Abu Zaid Mustafa, Federal Minister of Health, Sudan**

### **PART 1: TOPICS FOR GLOBAL DISCUSSION**

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

The Regional Committees was asked to comment and provide input on the draft comprehensive global strategy on health, environment and climate change. The Committee expressed its support for the draft strategy. Representatives drew attention to the problems of air pollution and climate change in the Region, including the challenges of dust storms and deforestation, and asked for guidance from WHO on managing and monitoring the health impacts and on developing relevant public policy. They called on all countries to exchange experiences in this area with a focus on building resilience.

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

The Committee was informed of the process for developing a road map on access to medicines and vaccines. The Committee welcomed the development of the draft road map and highlighted its importance for efforts to improve health security in the Region. Many countries referred to challenges of access, quality and affordability of medicines and vaccines, and WHO was requested to support countries in addressing these issues. The Green Light Committee and Global Drug Facility were cited as successful models for facilitating provision of high-quality and low-price medicines for tuberculosis, and it was suggested that similar mechanisms could be established for other medicines.

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

The Committee was invited to identify best practices, experiences and lessons learned on the health of refugees and migrants in the Region, as part of work to develop a draft global action plan. The Committee noted that a global action plan on the health of refugees and migrants was a priority for a region so severely affected by emergencies, which had resulted in increasing numbers of displaced people. In accordance with international human rights obligations, the health of refugees and migrants was being addressed in an inclusive and comprehensive manner in routine health services provided to the general population in most countries, including vaccination services, maternal and child health services and other family medicine interventions, treatment and management of chronic diseases and mental health services. Ministries of health were coordinating the provision of health services with organizations such as the International Organization for Migration and the United Nations High Commissioner for Refugees (UNHCR) but greater coordination of health services was needed. While recipient countries were welcoming refugees and migrants, an increasing number of displaced people as a result of conflict was placing an additional burden on the already stretched health systems of those countries with scarce resources. The Region is facing a greater threat of communicable diseases. Countries with large numbers of internally displaced persons, such as Afghanistan and Iraq, highlighted

the need for the plan to address their health needs. Changing patterns of population movement were noted, including a greater number of women and children in transit. Some countries experiencing a large influx of migrants as a result of their geographical location identified those people as economic migrants, not displaced as a result of conflict.

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

The Committee welcomed the increased focus on countries in the proposed programme budget 2020–2021. Representatives highlighted the importance of resource mobilization, including at country level, and called for more investment in building capacity in this area in order to capitalize on the Organization’s convening power. They asked for more transparency and predictability in the budget allocation from regional to country level and a more holistic view of priorities across regions, and noted a need to consider overall national expenditures when allocating budgets to countries. Several countries praised the collaborative planning and budgeting process with WHO country offices. There was a call for the Organization to move away from its traditional approach in allocating country budgets in favour of more flexibility for country offices and a review of budget ceilings.

## **PART 2: TOPICS OF REGIONAL SIGNIFICANCE**

### **Advancing universal health coverage**

The Committee acknowledged the scale of the challenge in achieving universal health coverage and the projected regional contribution to the GPW 13 goal of 1 billion more people having Universal Health Coverage by 2023. Representatives highlighted that data collection and the measurement of progress were crucial, and should include improved measurement of spending on primary health care. They felt that effective intersectoral action and a Health in All Policies approach to tackle the underlying social determinants of health were essential.<sup>1</sup> Many representatives emphasized the importance of exchanging knowledge and experiences: countries could learn from each other’s progress, and WHO was uniquely well placed to support this cooperation and collaboration.

### **Protecting people from the impact of health emergencies**

The Committee noted the need to integrate emergency preparedness and response into health system strengthening. Representatives pointed out that conflict and attacks on health facilities often made response and recovery efforts difficult. Other challenges included gaps in the health workforce, including a lack of female staff, and the vulnerability to emergencies of health services that were already weak. It was felt that national capacity needed to be strengthened in many countries, including the development of national plans, and WHO support was requested for this. WHO was asked to facilitate the sharing of best practices and the development of regional risk reduction approaches.

### **Promoting health and well-being**

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<sup>1</sup> EM/RC65/R.4.

The Committee endorsed regional frameworks for action on: obesity prevention; tobacco control; health and the environment; and preconception care.<sup>2</sup> Representatives noted that undernutrition and stunting were still an issue in some countries in the Region. Representatives stressed the importance of adopting a multisectoral Health in All Policies approach and tackling the social determinants of health and inequalities. WHO's support was requested for the sharing of experiences, best practices and lessons learned between countries.<sup>3</sup> The Committee endorsed the regional tobacco control strategy to accelerate the implementation of the WHO Framework Convention on Tobacco Control (FCTC) and its Protocol to Eliminate Illicit Trade in Tobacco Products.<sup>4</sup>

### **Optimizing WHO's performance: countries at the centre**

The Committee were informed of the Regional Office's programme of systematic reviews of WHO's functions in each country, to optimize the Organization's operations at country level. The Committee welcomed that process, which was seen as timely and necessary. Representatives felt that WHO's work in each country needed to be closely aligned to its epidemiological and demographic situation. As well as optimizing staffing and other resources, they noted the need for effective delegation of authority and resource mobilization at country level, and adequate technical and administrative support to WHO representatives to enable them to work closely with ministries of health. Representatives welcomed WHO's ambitious "triple billion" goals, but required assistance to determine what meeting their share of each goal would entail. They asked that consideration be given to establishing a taskforce composed of WHO staff and Member State representatives to look at converting the five organizational shifts specified in GPW 13 into action across the Region, and felt that joint monitoring of work plans by WHO and national authorities was crucial.

### **Private sector engagement for advancing universal health coverage**

The Committee acknowledged that partnership with the private sector was essential to achieve universal health coverage by 2030. Countries identified poor regulation of the private health sector as a challenge for the Region and called for greater integration of services and delineation of the roles of the public and private sectors and for the establishment of reliable data reporting mechanisms. Opportunities for case notification of tuberculosis and HIV were being missed by the largely unregulated private sector. Weak regulatory frameworks raised serious challenges for patients and impeded the development of health systems in many countries. Representatives noted the crucial role being played by medical syndicates, nongovernmental and civil society organizations in some countries and the importance of providing social health insurance for vulnerable groups to reduce the cost of out-of-pocket health expenditure. Countries affected by emergencies identified the importance of capitalizing on private sector partnership to provide health services in security-compromised areas.

The Committee endorsed the framework for action on effective engagement with the private health sector to expand service coverage for universal health coverage, but noted the need for adaptation

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<sup>2</sup> EM/RC65/R.2.

<sup>3</sup> EM/RC65/R.2.

<sup>4</sup> EM/RC65/R.1.

according to country contexts, and to be cautious during implementation. Representatives requested WHO technical support in building the capacity of ministries of health to plan, negotiate, implement and evaluate public-private partnerships, and in managing the contracting of health service provision through the private sector.<sup>5</sup>

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<sup>5</sup> EM/RC65/R.3.