

EM/RC58/13-E
December 2011
Original: Arabic

Report of the Regional Committee for the Eastern Mediterranean Fifty-eighth Session

**Cairo, Egypt
2–5 October 2011**



**World Health
Organization**

Regional Office for the Eastern Mediterranean

EM/RC58/13-E
December: 2011
Original: Arabic

Report of

**The Regional Committee
for the
Eastern Mediterranean**

Fifty-eighth Session

**Cairo, Egypt
2–5 October 2011**



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Contents

1.	INTRODUCTION	1
2.	OPENING SESSION AND PROCEDURAL MATTERS	2
2.1	Opening of the Session.....	2
2.2	Formal opening of the Session by H.E. Dr A. bin Abdul Aziz Al-Rabeeah, Minister of Health, Saudi Arabia,.....	2
2.3	Address by the Regional Director	2
2.4	Opening remarks by Dr Margaret Chan, WHO Director-General.....	4
2.5	Election of officers	4
2.6	Adoption of the agenda.....	5
2.7	Address by Dr Margaret Chan, WHO Director-General.....	5
3.	REPORTS AND STATEMENTS.....	8
3.1	The work of the World Health Organization in the Eastern Mediterranean Region–Annual Report of the Regional Director for 2010..... Progress reports on poliomyelitis eradication, Tobacco-Free Initiative, achievement of the Millennium Development Goals, control and elimination of malaria, cancer prevention and control, regional emergency solidarity fund and progress made in operationalizing the regional hub for logistics and supply management, pandemic H1N1 and progress on the response and regional situation regarding road traffic injuries	8
3.2	Report of the Regional Consultative Committee (thirty-fifth meeting)	17
3.3	Report of the 25 th meeting of the Eastern Mediterranean Advisory Committee on Health Research	18
4.	ORGANIZATIONAL MATTERS.....	21
4.1	WHO reform for a healthy future	21
5.	TECHNICAL MATTERS.....	27
5.1	Dengue: call for urgent interventions for a rapidly expanding emerging disease in the Eastern Mediterranean Region	27
5.2	Scaling up the Expanded Programme on Immunization to meet global and regional targets.....	30
5.3	Strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012-2016	34
5.4	Strategic directions for scaling up research for health in the Eastern Mediterranean Region	38
5.5	Medicine for mass gatherings	41
5.6	Prevention of blindness.....	42
6.	TECHNICAL DISCUSSIONS	43
6.1	Managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases.....	43
7.	OTHER MATTERS	47
7.1	Launch of the Country Cooperation Strategy (CCS) of Somalia.....	47
7.2	Nomination of the Regional Director	47
7.3	Expression of appreciation.....	47

7.4	a) Resolutions and decisions of regional interest adopted by the Sixty-fourth World Health Assembly.....	47
	b) Review of the draft provisional agenda of EB130.....	47
7.5	Nomination of a Member State to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria and its committees.....	47
7.6	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction.....	47
7.7	Award of Dr A.T. Shousha Foundation Prize for 2011.....	48
7.8	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region	48
7.9	World No Tobacco Day Award.....	48
7.10	Review of rules of procedure of the Regional Committee.....	48
7.11	Place and date of future sessions of the Regional Committee	48
8.	Closing session.....	49
8.1	Review of draft resolutions and decisions	49
8.2	Adoption of resolutions	49
8.3	Closing of the session.....	49
9.	RESOLUTIONS AND DECISIONS	50
9.1	Resolutions.....	50
9.2	Decisions.....	58
ANNEXES		
1.	Agenda	61
2.	List of Representatives, Alternatives, Advisers of Member States and Observers	63
3.	Address by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean	86
4.	Address by Dr Margaret Chan, WHO Director-General	90
5.	Final list of documents, resolutions and decisions.....	95

1. Introduction

The Fifty-eighth Session of the Regional Committee for the Eastern Mediterranean was held in Cairo, Egypt from 2 to 5 October 2011. The technical discussion on Managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases was held on 4 October 2011.

The following Members were represented at the Session:

Afghanistan	Pakistan
Bahrain	Palestine
Djibouti	Qatar
Egypt	Saudi Arabia
Iran, Islamic Republic of	Somalia
Iraq	South Sudan
Jordan	Sudan
Kuwait	Syrian Arab Republic
Lebanon	Tunisia
Libya	United Arab Emirates
Morocco	Yemen
Oman	

In addition, observers from Turkey, United Nations Children's Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations Environment Programme (UNEP), United Nations Population Fund (UNFPA), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), World Food Programme, League of Arab States and a number of intergovernmental, nongovernmental and national organizations attended the Session.

2. Opening session and procedural matters

2.1 Opening of the Session

Agenda item 1

The opening session of the Fifty-eighth Session of the Regional Committee for the Eastern Mediterranean was held in the Kuwait Conference Hall of the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt, on Sunday, 2 October 2011.

2.2 Formal opening of the Session by H.E. Dr Abdullah bin Abdul Aziz Al-Rabeeah, Minister of Health, Saudi Arabia,

H.E. Dr Abdullah bin Abdul Aziz Al-Rabeeah, Minister of Health of Saudi Arabia and Chairperson of the Fifty-seventh Session of the Regional Committee, opened the session. He welcomed the participants to the Fifty-eighth Session and expressed his hope that they would have a successful meeting. He said that the Region was living under political, economic and health challenges, rapid changes and unjustified loss of lives and human dignity. He emphasized the important role expected from health leaders in the Committee towards individuals and the community in a way that preserved human life and worked towards limiting poverty, ill health and non-respect of human rights.

He expressed his deep thanks and appreciation to the Regional Office for the efforts and achievements made during his chairmanship. He also praised the Regional Director for the sincere efforts he had made during his term in office, and wished the Committee success in electing a new Regional Director, taking into account the criteria of efficiency and capability in a way that serves the benefit of this Region.

In conclusion, he proposed establishing an executive body or committee to review the subjects planned to be submitted to the Regional Committee for discussion and approval by the participating delegates, so as to facilitate the adoption of resolutions and give such issues due consideration before they were discussed, noting that this would be time-saving in the coming meetings.

2.3 Address by the Regional Director

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, welcomed participants to the Fifty-eighth Session of the Regional Committee, in particular those for whom it was their first Regional Committee, including the newest Member State, the South Sudan.

He reminded participants of some of the principles that had guided his work with Member States over the years. Among these was the principle that ownership of the Organization was, by Constitution, vested in Member States, and that the main duty of the Secretariat was to place the facts, in a timely and clear manner, before them, to inform them of current, urgent and anticipated problems, and to suggest appropriate actions and solutions. Any decision remained in the hand of the Member States, through their governing bodies. There were, he said, no WHO programmes in the Member States, but only Member States' programmes, technically supported by WHO, in the first place, and sometimes financially supported. WHO differed fundamentally from the other specialized agencies in the fact that it was an agency of technical, not financial, support.

As Regional Director, he said, he had always insisted on the principle of full transparency and accountability in the work of WHO, and to put this into application had innovated the Joint Programme Review Missions, which took place every two years, to review the achievements of the Organization-supported health programmes and the obstacles faced by these programmes, in

addition to reviewing the current health situation in the concerned country. This approach had become a model for a number of regions.

Another principle was that one must not sit and wait for events to happen, but anticipate possible events and be well prepared to address them if they happened. Most health problems did not stop at the borders. To this effect, the Regional Office had paid great attention to supporting countries in reinforcing their surveillance systems, and to have in the Regional Office an observatory that monitors the health situation everywhere in the Region. The Regional Director indicated that for diseases which could spread from one country to another, efforts must be made to eliminate and eradicate them from the world, otherwise they would continue to pose a threat, even if confined to a very small focus. This was proven true by the campaign to eradicate smallpox, and to the success of which the countries of the Region had contributed a great deal. This had encouraged the initiation of poliomyelitis eradication, which had succeeded in the vast majority of countries. However, the risk of outbreak would continue to threaten the whole world as long as there were any remaining foci.

Dr Gezairy spoke of the need to mobilize the entire community for health work. Health was not merely the absence of disease or disability, but a state of complete well-being, physical, mental, spiritual and social. This idea was expressed in the phrase “community involvement” which then became “community participation”, which was agreed upon and adopted in the Alma-Ata conference on Primary Health Care, and which the Region had been the first to implement. The Region had gone even further, promoting full “community partnership” for improvement of its health and then “community leadership”, wherein the community would have a leading role in determining its real needs and propose the means to achieve them. Through community-based initiatives, the Regional Office had encouraged local approaches in order to develop the sense of ownership for these initiatives by the community, activating different community groups including women, men, the family, schools and places of worship.

Support had been provided to the Member States to strengthen and develop national health system performance in each country, thereby fulfilling the objectives of the global health policy and confronting the global health challenges. Attention was particularly focused on the development of community health workers and primary health care workers. The Regional Office had communicated directly with the different university faculties which graduated the health workers, in line with the concept of “intersectoral cooperation”, a major primary health care concept, always keeping the ministry of health in the picture with this cooperation effort. Such cooperation was not confined to the institutions concerned with health at the national level.

Dr Gezairy then referred to the rising tide of noncommunicable diseases and to the High Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases two weeks previously. He said that noncommunicable diseases were now responsible for 60% of total deaths in the Region, a third of which occurred before the age of 60. This placed enormous burden not only on the health sector, but also on the economy and development as a whole. He referred to the fact that many of the risk factors for noncommunicable diseases were well known and could be easily prevented by adopting a healthy life style. He stated that the Regional Office and he, as Regional Director, had been the first to call on WHO to address noncommunicable diseases over two decades ago. He called on Member States to give noncommunicable diseases the attention they deserved and to consider setting aside a reasonable portion of the WHO country budget, perhaps 5%, for the control of noncommunicable diseases.

Referring to poliomyelitis eradication, he said that, through the global initiative adopted by WHO in 1988, it had been possible to reduce its incidence by 99% and to limit its endemic circulation to

only four countries, two of them, Afghanistan and Pakistan, in the Region. He had been hopeful of stopping circulation of the poliovirus from Pakistan and Afghanistan by the end of this year, but this was unlikely to happen now, based on the recent increase in the number of cases.

Turning to emergency preparedness and response, he noted that conflict and crisis were not new to the Region. What was important for health actors was to recognize their duties towards those affected. This meant not only ensuring medical and psychosocial support, but also ensuring recognition of and respect for human rights and ethical norms in society at all times, in all circumstances and by all parties. WHO was the lead agency in the health cluster of United Nations and partner agencies. In the current situation in the Region, there was enthusiasm and willingness from many organizations to contribute to relief efforts. This was very welcome but posed the challenge of coordinating needs in order to avoid duplication of efforts and waste of resources. He thanked Saudi Arabia for its contribution of US\$ 10 million to the Regional Office response to the famine in Somalia, as well as other countries and agencies, and hoped other countries would be able to offer similar support.

2.4 Opening remarks by Dr Margaret Chan, WHO Director-General

Dr Margaret Chan, WHO Director-General, expressed her pleasure at participating in the meeting. She commended the Regional Director for his leadership and commitment to improving the health of people in the Region, of which his recent visit to Somalia was just one example. She thanked King Abdullah Abdel Aziz and the Government of Saudi Arabia for their generous support to Somalia. She said that she was very well aware that she was speaking in a country that had recently undergone democratic reforms, led by the aspirations of the people, and especially its idealistic and courageous youth. All the world had been watching and was inspired by this country's transformation. She noted that WHO was also undergoing reform to reposition the Organization to address global health challenges and priorities in a coherent, efficient and effective manner. Stronger leadership from WHO could promote greater coherence in the actions of multiple health partners and better alignment of these actions with priorities and capacities in recipient countries.

In 2010, she said, she had launched a consultative process on the future of financing for WHO that would shortly culminate in a plan of reform for the Organization. The proposed reforms were comprehensive, encompassing the technical and managerial work of WHO as well as the governance mechanisms that guided and directed this work. The reforms were ambitious, with improved health outcomes in countries regarded as the most important measure of WHO's overall performance. Most importantly, reforms were driven by the needs and expectations of Member States and responded to their collective guidance. She expressed confidence that working closely with Member States, staff and partners would result in a WHO that was more efficient, transparent and accountable, stronger on areas where WHO was badly needed and sharper on priorities where WHO was uniquely effective. Above all, the result must be a WHO well-positioned to meet the current and future challenges for improving health in a complex world.

2.5 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chairperson:	H.E. Dr Ahmed bin Mohamed bin Obaid Al Saidi (Oman)
First Vice-Chairperson:	H.E. Dr Abdiaziz Sheikh Yusuf (Somalia)
Second Vice-Chairperson:	H.E. Dr Suraya Dalil (Afghanistan)

H.E. Mr Rahal El Mekkaoui (Morocco) was elected Chairperson of the Technical Discussions.

Based on the suggestion of the Chairperson of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

- Dr Mohammad Mehdi Gouya (Islamic Republic of Iran)
- Dr Nasr El Sayed (Egypt)
- Dr Mohammed Jaber Huwail (Iraq)
- Dr Mohamed Mahyoub Hatem (Djibouti)
- Dr Asad Ramlawi (Palestine)
- Dr Abdulla Assaedi (Eastern Mediterranean Regional Office)
- Dr Naeema Al-Gasseer (Eastern Mediterranean Regional Office)
- Dr Mohamed Helmi Wahdan (Eastern Mediterranean Regional Office)
- Dr Haifa Madi (Eastern Mediterranean Regional Office)
- Dr Ibrahim Abdel Rahim (Eastern Mediterranean Regional Office)
- Dr Kassem Sara (Eastern Mediterranean Regional Office)
- Ms Jane Nicholson (Eastern Mediterranean Regional Office)

2.6 Adoption of the agenda

Agenda item 1(b) Document EM/RC58/1-Rev.2, Decision 2

The Regional Committee adopted the agenda of its Fifty-eighth Session, adding an item on medicine for mass gatherings.

2.7 Address by Dr Margaret Chan, WHO Director-General

Dr Margaret Chan, WHO Director-General, noted that the century had begun with unprecedented determination and commitment to improve health, supported by unprecedented cash for the massive distribution of commodities, like medicines, vaccines and bednets, to the world's disadvantaged populations. Better health was seen as central to the overarching objective of poverty reduction set out in the Millennium Development Goals.

Tremendous progress had been made, she said. Worldwide, young child and maternal deaths were now at their lowest levels in decades. The tuberculosis epidemic, once declared a public health emergency, had been turned around. Malaria cases and mortality had dropped in some countries by more than 50%. And nearly 7 million people in low- and middle-income countries were seeing their lives revived and prolonged by antiretroviral therapy.

Yet this progress had been made against some ever-growing odds. In reality, the first decade of the century had evolved in turmoil. A world of radically increased interdependence found itself beset by one global crisis after another. The economic downturn had deepened. Food security had become a critical issue. Infectious diseases were a much larger health and economic menace. The climate was warming. Natural disasters were becoming more frequent and destructive. And hot spots of civil strife and conflict, sometimes brief, sometimes sustained, marred nearly every region in the world. Chronic noncommunicable diseases had spread everywhere, fuelled as they were by universal trends, like rapid unplanned urbanization and the globalization of unhealthy lifestyles.

She noted that the year 2011 had experienced turmoil in concentrated form. In the wake of the previous year's devastating earthquake, Haiti remained crippled by the worst cholera outbreak in modern history. The triple tragedies in Japan had quickly become the most costly natural disaster in history. In this region, drought, crop failure, livestock deaths and human starvation ravaged the Horn of Africa in the worst food security crisis experienced in decades. For multiple reasons, humanitarian agencies had been able to deliver only a fraction of the aid that was needed.

Monsoon rains and floods in Pakistan had again displaced millions, intensifying the need for shelter and emergency health care. Right now, parts of Pakistan were experiencing an exceptionally severe outbreak of dengue, with catastrophic costs for households and health budgets. These crises came in a country that has still not recovered from the previous year's devastating floods and the massive destruction of the health infrastructure that occurred.

Referring to current geopolitical events, she said that the face of the Middle East was changing. The protests that had begun at the start of the year had captured worldwide attention, and social media elevated this attention to mega-publicity. Populations had risen up to demand democratic reforms and respect for human rights, and this included the right to health. She added that in her view, a physician, in conducting his or her professional duties to treat and to care for the sick and injured, must maintain medical neutrality and be protected for doing so, as stated in the Geneva Convention. This medical neutrality must never be compromised.

She said that although the swelling tide of uprisings and protests had seemed to take the world by surprise, political and economic analysts had identified root causes which made the turmoil understandable, even predictable. They cited vast inequalities in income levels, in opportunities, especially for youth, and in access to social services as the cause. And they concluded that greater social equality must be the new political and economic imperative for a safer and more secure world. Dr Chan added that responding to the legitimate aspirations of populations was the legitimate route to stability and security.

Public health was extremely well-positioned to improve equity, especially when health services were delivered according to the values, principles and approaches of primary health care. She said that this was a bright side of last month's high level meeting on chronic noncommunicable diseases held during the UN General Assembly. Consensus was now solid that a robust primary health care system was the only way that countries would be able to cope with the growing burden of chronic diseases.

Turning to the agenda of the Committee, she noted that the current unrest in the region had had an impact on immunization programmes, including growth in the size of susceptible populations. The Committee would also be considering a proposed regional strategy for addressing mental health and substance abuse. The strategy responded to issues that were becoming increasingly important in times of conflict, natural disasters and political turmoil.

This year, she noted, the world had entered a new era of financial austerity. The economic downturn had deepened and the consequences were being severely felt in the Region. These consequences had affected the financing of WHO at every level. Now was the time to emphasize the cost-effectiveness and public health benefits of a comprehensive primary health care approach as opposed to a disorganized clinical approach.

She said that dengue was on the agenda as a matter of urgency. Dengue was the world's most rapidly spreading mosquito-borne viral disease. Although it was a relative newcomer to the region, outbreaks were now hitting Eastern Mediterranean countries with a vengeance. This came as no surprise, as dengue was strongly associated with rapid unplanned urbanization. In Pakistan, Saudi Arabia, and Yemen, dengue was highly visible as a leading cause of morbidity and hospitalization among children and young adults, and had led to a number of deaths. The disease might be even more widespread, yet not on the radar screen because of weak surveillance and laboratory capacity, especially as symptoms mimicked many other common diseases.

Preparedness and response demanded collaboration from multiple sectors and demanded good laboratory-based surveillance for both the virus and its mosquito vector. In fact, vector control was the one and only preventive measure. A firm diagnosis could not be made without skilled

laboratory support. Surveillance for preparedness and alert must be tailor-made and fine-tuned for dengue.

Turning to the issue of polio eradication, she noted that the Region continued to intensify efforts on eradication, despite challenging conditions in the two countries, Afghanistan and Pakistan, where transmission of the virus had never been interrupted. At the request of the World Health Assembly, an Independent Monitoring Board of the Global Polio Eradication Initiative had been established to keep close track on progress and setbacks in the drive to rid the world forever of this disease.

The Board's most recent report, issued in July, had expressed grave concern over the increasing challenges facing Pakistan. This year, Pakistan was experiencing a significant increase in new cases, and now accounted for nearly a quarter of all cases worldwide. It was also the only place in Asia with type 3 polio, a strain which was on the verge of elimination on the continent. The country's President had launched an Emergency Action Plan on Polio Eradication, and she commended this initiative. Last month, WHO had received confirmation that polio from Pakistan had spread into China. Given these challenges, the Independent Monitoring Board had gravely warned that Pakistan risked becoming the last global outpost of this disease.

In Afghanistan, concerted and tactical efforts at the community level in the southern region were targeted at reaching more children with poliovaccine in areas that were difficult to access. Nonetheless, the increased number of new cases observed over the past two months revealed the fragility of such progress. The Independent Monitoring Board cautioned that the programme had not yet sufficiently overcome its access challenges. WHO would support Afghanistan and Pakistan in implementing novel community-based approaches that could work in security-compromised areas. WHO would also help foster political commitment at the critical union-council level, to ensure that more children were immunized in all areas. No challenge anywhere could be allowed to jeopardize the goal of permanently improving the world by driving out a truly awful disease.

She closed by acknowledging the work of Dr Gezairy, who would step down at the end of this term, and by thanking him for his many efforts for the good of public health.

3. Reports and statements

3.1 The work of the World Health Organization in the Eastern Mediterranean Region—Annual Report of the Regional Director for 2010

Agenda item 2 (a), Document EM/RC58/2

Progress reports on poliomyelitis eradication, Tobacco-Free Initiative, achievement of the Millennium Development Goals, control and elimination of malaria, cancer prevention and control, regional emergency solidarity fund and progress made in operationalizing the regional hub for logistics and supply management, pandemic H1N1 and progress on the response and regional situation regarding road traffic injuries

Agenda item 2 (b,c,d,e,f,g,h,i), Documents EM/RC58/INF.DOC.1–8, Resolution EM/RC58/R.1

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, introduced his annual report for 2010. Starting with the progress reports in response to past Regional Committee resolutions, he said that there was great concern, both regional and global, about the poliomyelitis situation in the two remaining endemic countries, Afghanistan and, in particular, Pakistan, where the number of cases had increased since 2010. Security and operational management issues had continued to hinder eradication efforts. Circulation of the wild poliovirus in Sudan had come to an end after re-infection in 2008 and all other countries had maintained their polio-free status. However, recent developments had increased the risk of polio circulation and it was also of concern that the wild virus from Pakistan had recently been exported to China.

Dr Gezairy commended Member States that had continued to support and collaborate with the Tobacco Free Initiative. Egypt had ceased to plant tobacco, and pictorial health warnings had been adopted by member states of the Gulf Cooperation Council, hence increasing to 12 the number of countries implementing these warnings. Other activities had included extension of the Global Adult Tobacco Survey, new tobacco control legislation and an increase in the participation of Member States in the meetings of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

Despite progress in most countries, 10 were not yet on track to achieve some or all of the health-related Millennium Development Goals (MDGs). There was urgent need to mobilize domestic resources and accelerate the global movement towards poverty reduction. With regard to Goals 4 and 5, since 1990, under-five mortality and maternal mortality had been reduced by 30 and 24%, respectively. Egypt, Lebanon and Oman had passed the target set for Goal 4 and five countries were on track to do so.

With regard to Goal 6, HIV/AIDS, tuberculosis and malaria control continued to be main priorities. HIV prevalence had remained low in the general population but had increased in specific groups. The coverage of antiretroviral therapy in the Region was steadily increasing and antiretrovirals for the prevention of mother-to-child transmission were available in all countries, but the majority of HIV infections in women went undetected during pregnancy.

Since 1990, tuberculosis incidence, prevalence and mortality in the Region had decreased and the treatment success rate for smear-positive tuberculosis had been sustained above the 85% target for three successive years. Detection of cases by the national tuberculosis control programmes, however, remained low and prevention, detection and care of tuberculosis among high-risk and vulnerable groups was inadequate.

In the area of malaria control and elimination, Morocco had completed the process of certification of elimination and developed a strategy for preventing reintroduction of the disease. Programme

reviews had been conducted in several countries and strategy development supported in others. The percentage of households owning at least one insecticide-treated bednet was still below 80% in priority countries. Border coordination remained crucial, particularly for those countries targeting malaria elimination.

Following endorsement by the Regional Committee in 2009 of a regional strategy for cancer control, the Regional Office had implemented actions to strengthen commitment to, and capacity for, cancer prevention and control, but further progress would require a number of areas to be addressed by Member States.

Dr Gezairy noted that although the level of concern about pandemic (H1N1) 2009 had diminished, vigilance on the part of national health authorities would remain critical. Of particular concern for the Region was the co-circulation of the virus, not only with seasonal influenza virus but also, in at least one country, with the avian influenza A(H5N1) virus.

The burden of road traffic injuries continued to grow in the Region and a framework for implementation of road safety policies and programmes had been developed to facilitate effective implementation of the resolution on road traffic injuries, adopted by the Committee at its Fifty-sixth Session in 2009.

With regard to the regional emergency solidarity fund and progress made in operationalizing the regional hub for logistics and supply management, WHO was making active use of the UN hub in Dubai. Dr Gezairy called on Member States to work with WHO in taking the action needed to operationalize the emergency solidarity fund.

Turning to some of the key challenges and achievements from his annual report, Dr Gezairy said that despite the global financial crisis and subsequent economic recession, the public health sector of most countries had, to a large extent, been protected. Adequate health systems, especially at the primary care level, were among the crucial factors for achievement of the Millennium Development Goals. Underfunding of health systems was a key challenge. Indeed, the ratio of health expenditure out of total government expenditure was less than 10% in 15 countries. Lack of resources at the regional level, as well as inadequate capacity in some countries, posed specific challenges with regard to communicable disease prevention and control. Noncommunicable diseases were now the major contributor to the burden of diseases in the Region yet insufficient action was being taken to prevent them. Food safety also continued to be a major public health issue.

The Regional Office had provided support for health system performance and function evaluation in Iraq, and had been assisting the Government of South Sudan in developing its first strategic health plan and consequent operational plans. Promotion and development of health financing options in order to achieve universal health coverage was the cornerstone of technical support to countries, and support had been provided to many countries for development of social health insurance schemes. As part of the regional strategic plan (2010–2015) for primary health care, Member States had been supported in implementing integrated district health systems based on the family practice approach in order to improve district health system performance through scaling up both technical and managerial inputs. The Regional Office was also working with countries on programmes for quality and patient safety.

A draft regional strategy for human resources development had been formulated through a process of consultation, while accreditation of health professions education had received more attention to ensure graduation of competent health practitioners. Fifteen countries had initiated establishment of accreditation bodies for health professions education and the Regional Office was working towards streamlining and harmonization of these national accreditation initiatives.

Studies on transparency assessment and good governance of medical products had been conducted in five countries. Functional assessment of national regulatory authorities and support to improve good manufacturing practice were among the areas of focused support to countries.

The Regional Office had set strategic directions for promoting the health of people in the Region through regional strategies and plans of action. The Regional Office had sustained its efforts to implement the regional framework on diet and physical activity. However, at country level the implementation was limited and this was evident in increasing overweight and obesity, especially among young people. Two key instruments were supported by Member States for oral health promotion: a regional framework for action and the Isfahan Declaration for Oral Health Promotion.

Despite the improvement in the national response, the number of Member States with national plans for prevention and control of noncommunicable diseases was still not sufficient. Technical support had been provided to four countries in the past year to establish and implement such plans, guided by the regional action plan. An additional two countries had received support to integrate noncommunicable diseases into primary health care bringing the total to six countries that had done so.

Training modules had been developed for reproductive and child health workers for early detection and management of common mental health disorders among mothers and children, in the primary health care system. Assessment of mental health systems had been completed for 18 countries and a regional strategy for mental health would be presented to the Committee in this session.

The Regional Office had conducted a study in Egypt in 2010 which indicated an association between the increased reduction in under-five mortality and implementation of the strategy of integrated management of child health (IMCI). 67% of primary health care facilities in 13 countries were implementing the IMCI strategy, five of which were close to universal coverage. Regional initiatives in IMCI pre-service education and community-based child care had been adopted to accelerate the pace of scaling up child health interventions to ensure equity.

Adolescent health programmes were now established in seven countries. The global school-based student health surveys, which covered 13 to 15 year-olds, had been conducted so far in 15 countries of the Region. Support to develop national plans in reproductive health had been extended to 18 countries, and the capacity of national staff in adolescent sexual and reproductive health research had also been strengthened.

In response to the impact of high food prices, most countries had developed national nutrition strategies and action plans. The Regional Office continued to support the preparation for national nutrition surveys.

The regional average for DPT3 routine immunization coverage had reached 90% for the first time in 2010. The Region had achieved a 93% reduction in estimated measles deaths between 2000 and 2010. Although the measles elimination target had not been achieved in 2010, several countries were close to validating measles elimination. However, several countries experienced outbreaks of measles due to delayed implementation of the follow-up campaigns. New vaccines were a key ingredient for achievement of Millennium Development Goal 4: 18 countries had now introduced Hib vaccine, 8 had introduced pneumococcal vaccine and 4 countries had introduced rotavirus vaccine.

Dracunculiasis, or guinea-worm disease, was still present in South Sudan but the disease-endemic areas continued to shrink, with a 62% reduction in 2010, from 594 affected villages in 2009 to only 226. The challenge now was to be able to sustain adequate surveillance and verification

activities in the areas that were free of the disease. With regard to schistosomiasis elimination, the only hyper-endemic areas in the Region remained in Sudan and South Sudan. The interruption of urinary schistosomiasis transmission in Morocco was confirmed in 2010.

Egypt and Yemen had achieved lymphatic filariasis elimination, but more efforts were required in lymphoedema management and disability alleviation. Moreover, verification of the interruption of transmission by sensitive tools was still required. Sudan and South Sudan were still in the mapping phase. Despite being the Region with the lowest leprosy burden, programmes were still weak in Somalia, Sudan and South Sudan. South Sudan had witnessed a severe outbreak of visceral leishmaniasis. WHO logistic support and field coordination had been critical in reaching areas that were difficult to reach.

A new combination treatment protocol had been effectively implemented in South Sudan for the treatment of human African trypanosomiasis. However, the disease, remained a major concern with the scaling down of control activities and only 0.3% of the 1.8 million people living in the endemic area screened for this disease. The partnership between WHO and Sanofi-Aventis for human African trypanosomiasis and cutaneous leishmaniasis had been renewed for a further five years, giving momentum to strengthening the control of these two serious and complex diseases.

The Regional Office had continued to support countries in strengthening surveillance capacities for early detection and effective response to emerging and re-emerging diseases, such as cholera, avian influenza, dengue and viral haemorrhagic fevers, notably dengue hemorrhagic fever. The Regional Office had created a special unit to support Member States to meet the requirements and to monitor the progress in implementation of the International Health Regulations before and beyond June 2012.

Many Member States in the Region were going through dramatic political, demographic, epidemiologic and financial changes, with an increasing number of disasters affecting the Region. Considering the increasing multitude and magnitude of emergencies, Dr Gezairy said that the focus had shifted to promoting disaster risk reduction, emergency preparedness and response through strengthening of national capacities. Systematic accurate data and research evidence were needed on how health services worked in different situations, including crises and emergencies.

Operational research on gender and health was being supported in several countries, most notably in Pakistan's development of a national health sector protocol on gender-based violence, and Afghanistan's national health sector strategy on gender, currently in its final stages of approval. The Regional Office was continuing to provide technical support to strengthen partnerships between ministries of health and municipalities to reduce health inequity. Of the 17 countries currently implementing community-based initiatives, 11 had functional units in the ministries of health. In addition, seven countries had developed expansion plans.

The Regional Office had contributed to the process of development and implementation of the Global Health Library, initiated by WHO headquarters to improve access to, and availability of, up-to-date and valid health knowledge and information. The Global Arabic Programme continued to facilitate the needs of Member States by providing biomedical information in Arabic. Partnerships continued with regional stakeholders, including academia and medical associations. The Unified Medical Dictionary was now enriched with Farsi terms, bringing the number of languages covered to six.

Concluding, Dr Gezairy said that there had been a three-fold increase in the number of information products published in different languages by the Regional Office over the past 10 years. In order to further enhance dissemination of information, the Regional Office web site was being redeveloped.

Discussions

The Representative of Iraq stressed the importance of partnership at field level and the presence of joint committees between neighbouring countries. He cited the initiative of the group of 5(G5) committee comprising Iraq, Islamic Republic of Iran, Afghanistan, Pakistan and WHO, which had been established for the purpose of collaboration for disease elimination, especially poliomyelitis, malaria, measles, tuberculosis, haemorrhagic fever and any other field developments. This will enhance cross-border epidemiological and laboratory monitoring activities. He stressed the importance of expanding this committee and encouraging other countries to join it. He also called for forming similar committees among neighbouring countries suffering common health problems so as to promote effective partnership at field level.

H.E. the Minister of Health of Sudan welcomed South Sudan. He thanked the Regional Director for his report and expressed concern about the health status in Somalia and proposed that a special and sustainable programme to support Somalia be developed, coupled with coordinated efforts through the current situation. Concerning the Tobacco-Free Initiative, he said that enacting tobacco-related legislation needed strong political will, and that political commitment should mean commitment by heads of states, so as to guarantee that decision-making lies at a level where implementation can be guaranteed. He said that concern about noncommunicable diseases must not overshadow the fact that there were countries still suffering a double burden of communicable and noncommunicable disease. He called for striking a balance between addressing the two types of disease. He underlined family health initiatives and programmes in the Region as the main route to primary health care development. He also highlighted Sudan's cooperation with South Sudan in the border areas in the implementation of existing and future health programmes, including malaria control.

H.E. the Minister of Public Health and Population of Yemen underlined the need for coordination of efforts in a way that guarantees that health-enhancing interventions are equitably available and aligned with major social determinants. He also praised the successes in the Region on different health issues and highlighted the challenges still facing health systems in different countries of the Region.

The Representative of Palestine said that the lack of coordination and collaboration between different service providers was a problem in all countries of the Region, but it was more so in Somalia as a result of the crisis there. He expressed hope that international organizations and nongovernmental organizations could work more closely with local nongovernmental organizations for better coordination at national level and within national and regional plans in order to avoid the waste of resources and to produce tangible results. He reminded delegates of the recommendations of the 56th and 57th Sessions of the Regional Committee for the Eastern Mediterranean concerning disease control in the Region, and urged that these previous recommendations be implemented in order to develop a unified mechanism for the control of diseases, including leishmaniasis in the Region, following the operation MECACAR (Mediterranean countries, Caucasian republics and central Asian republics) example for polio eradication.

The Representative of Pakistan commended the leadership of Dr Gezairy. She reaffirmed her country's commitment to improving the performance of the health sector and related sectors. As part of this commitment, the responsibility for delivery of health services had been devolved to the provinces of Pakistan. She said that while this arrangement entailed new challenges, it also provided opportunities to make services available to people in an equitable and accessible manner. Referring to the many crises faced by her country in recent years, she thanked the international community and other countries of the Region for their support and noted that despite the scale of the disasters, no related communicable disease epidemics had occurred. However, the

emergencies had cumulatively impacted health systems and services, affecting particularly the most vulnerable and socially disadvantaged sections of society. Sustained support would be needed from the international community to revitalize health and social institutions. With regard to polio eradication, she said that Pakistan fully recognized its global responsibility in achieving the eradication goal. Political commitment was evident at all levels, and the national task force chaired by the Prime Minister was monitoring programme progress regularly. She noted that EPI coverage was showing consistent improvement, and said her country was thankful for GAVI support for the introduction of new vaccines, including pneumococcal vaccine in 2012. She concluded by expressing appreciation for the long years of highly commendable services by the outgoing Regional Director and hoped for the best possible leadership for the future of the Region.

H.E. the Minister of Health of Egypt said that Egypt had had successes and failures. He said that Egypt had not reported a single case of polio since 2004, noting that the opening date of the 58th Regional Committee was coinciding with the launch of a national polio vaccination campaign covering 11 million children. Concerning road traffic injuries, he noted that Egypt still had one of the world's highest rates of road traffic accidents. In this regard, he added, the Ministry of Health had taken a decision to treat emergency victims at private hospitals at the government's expense during the first 24 hours to ensure that the injured receive treatment at the nearest hospital. He added that the Ministry had also decided to provide ambulances with cameras to spot anyone who obstructs their movement and take necessary action in collaboration with the Ministry of Interior. He also said we should use religious leaders to promote good driving practices that would help reduce road accidents. Regarding community participation, he said that the Egyptian people following the January 25th Revolution had been empowered and were able to join community-based activities on health issues.

H.E. the Minister of Health of the Syrian Arab Republic thanked the Regional Director for his clear comprehensive report. He said that the Region faced many challenges and emergencies which affected its stability, and had a negative impact on community health and people's lives. He added that the Syrian Ministry of Health was not unaffected by the current political, media and economic pressures being exerted on the country, noting that the Ministry was consequently facing challenges in the delivery of health services to all people regardless of their political orientation, especially in areas in most need. He called on WHO to give attention to first aid and emergency supplies in Syria under the unfair economic embargo which impacted negatively on the continued delivery of basic health services to the people. He stressed the need for greater attention to improving health conditions for people who were suffering under such difficult circumstances in the Region, including the people of the Golan area. He said that it was important to have a special methodology for supporting health development strategies and social determinants of health, which played an important role in scaling up the health status at both community and national levels. He called for support for noncommunicable diseases prevention and control strategies and programmes in the light of the high prevalence of these diseases and their consequent drain on economies.

The Representative of the Islamic Republic of Iran said that with regard to polio eradication, the Region had enjoyed remarkable success to date. In his country, experience had shown that the extension of routine immunization coverage proved to be most significant factor in the cessation of polio transmission nationwide. This strategy was currently being applied towards other goals including measles elimination, backed by disease control management techniques that had been used for polio. He noted that at regional level, efforts at measles elimination had so far been hindered by intersectoral factors, and said that the successful management experiences in polio eradication could be effectively used for measles elimination. He noted that HIV/AIDS was

negatively impacting the health systems of many countries, with the younger generation most affected. There was need for strong and sustained awareness campaigns, and religious leaders could play a decisive role in terms of guidance and training. He pointed out that drug abuse and multidrug-resistant tuberculosis were other serious health problems that posed important socioeconomic dilemmas, and he proposed the establishment of a technical committee at the Regional Office with a focus on HIV/AIDS, substance abuse and multidrug-resistant tuberculosis. On the issue of malaria, he noted that his country had managed to reduce greatly the occurrence of malaria over the past 3 years, from 8000 cases in 2008 to 1000 so far in 2011. Diseases such as malaria and HIV/AIDS could be easily spread across borders, and common strategies at border levels were needed to achieve better control and prevent risk of spread. Noncommunicable diseases were a threat to all countries, he said, and it was important to work together towards a fully integrated programme for their control and prevention. The first step was to strengthen the national risk factor surveillance system for noncommunicable diseases. Concerning dengue fever, he noted the limited information on the disease and proposed that a regional sero-epidemiological study be conducted to provide further knowledge and evidence for disease control and management. The Islamic Republic of Iran was committed to working closely with WHO and countries in various areas of need.

The Representative of Bahrain commended the steps taken by the Regional Office in noncommunicable disease control, including assessment of national capacity and the integration of noncommunicable diseases in primary health care. Bahrain had been one of the first countries to take this step. She reaffirmed Bahrain's commitment to the implementation of the Global Strategy for the Prevention and Control of Noncommunicable Diseases adopted by the United Nations which is considered an endorsement of the global efforts in this regard. Bahrain had developed a mental health strategy and its integration into primary health services was one of its key components. She emphasized the commitment of the Government of Bahrain at the highest political level and with the full cooperation of all partners and nongovernmental organizations in ensuring the availability of comprehensive and free medical services to all citizens and foreigners living in the country. The national health strategy and the economic development plan 2030 included six goals, including enhancing health and strengthening the health system and the quality of the health system. These goals had been incorporated into the government action plan 2011–2012. In conclusion, she called for the reallocation of resources and greater coordination with UN agencies and other partners to avoid duplication of efforts and to meet arising needs and priorities.

The Representative of South Sudan made reference to the Ebola outbreak in 2004 in Yambio and thanked WHO for the assistance provided during the outbreak. He said that South Sudan was working towards the eradication of several communicable diseases, including poliomyelitis, guinea-worm disease, onchocerciasis and schistosomiasis. He said that there was, however, one disease that was killing people with impunity and this was malaria, with which 44% of the population are infected. An abundance of Anopheles mosquitoes was transmitting the disease despite programmes for mosquito control, such as a current programme providing insecticide-treated bednets to the population. He requested support in conducting indoor residual spraying campaigns and capacity-building and expressed an interest in the experiences of Egypt in killing both larvae and adult mosquito populations. He expressed his deep regret at the situation in Somalia and urged dialogue both with the leadership in Somalia and El Shebab.

The Representative of the Health Ministers' Council for the Cooperation Council States noted that the Council had taken four proactive and purposeful steps that might be good examples for other countries to follow. The first step concerned the development of legislation on tobacco control. This was the outcome of the Riyadh meeting which saw the participation of Regional

Office experts and other agencies concerned with tobacco. He noted that the meeting reached a draft resolution on tobacco control and all member states, including Yemen, passed national laws on the control of tobacco and its derivatives. The second step concerned implementation of the provisions of the Framework Convention on Tobacco Control, noting that a Women and Smoking seminar was held in Riyadh and came out with the “Riyadh Declaration” which aimed at raising awareness of all community groups, women in particular, about the harms of smoking tobacco especially shisha. He said that the third step was a workshop held by the Secretariat in Riyadh on taxes and tobacco attended by representatives from member states and relevant agencies including the Regional Office, ministries of trade and finance and customs authorities. The workshop aimed at considering the increase of customs tariffs and levying other forms of taxation on tobacco. The Secretariat gave instructions for increasing taxes on tobacco and its derivatives. He said that that issue was currently being considered in Saudi Arabia at the Shoura Council level. He noted that a 10% increase in tobacco prices reduced tobacco consumption by 4% in high income countries and by 8% in middle- and low-income countries. He concluded that the fourth step was holding a meeting in Dubai to discuss setting standard specifications for pictorial health warnings on tobacco packets in conformity with WHO guidelines. The warning message should be 50% or more of the principal display areas on the front and back of the packet. He noted that the Standardization Organization for the Gulf Cooperation Council States had recently approved this.

H.E. the Minister of Health of Jordan shared the concerns of the Regional Director on noncommunicable disease control and supported his proposal of allocating 5% of the regular budget for the control of these diseases. He stressed the importance of launching national awareness-raising campaigns with the participation of all health-related sectors, and conducting social, religious, media and educational activities, in collaboration with WHO country offices, with the aim of changing unhealthy lifestyles. He drew attention to the importance of regional cooperation and strengthening partnerships to address problems in the supply of drinking-water.

H.E. the Minister of Health of Egypt said, in response to South Sudan’s interest in the Egyptian experiences in malaria control in terms of killing both larva and adult mosquito populations, that an Egyptian team had managed some years earlier to eliminate malaria-causing mosquitoes by photodynamic therapy, which is currently used in Uganda and Ethiopia. He assured the Minister of Health of South Sudan that Egypt was ready to support his country in this regard.

The Representative of the General Secretariat of the Arab Red Crescent and Red Cross Organization focused on emergencies. He expressed hope that a joint team composed from the WHO Regional Office, Arab Health Ministers Council, GCC Health Ministers and Arab Red Crescent and Red Cross Organization could be set up to develop a joint Arab action plan to help Somalia in line with the Arab agreement to facilitate relief action. He stressed the importance of mass gathering medicine, noting that a number of countries needed to address this issue and that a useful conference had been held on this kind of medicine in Saudi Arabia. He also said that his organization had already established a coordination office in Somalia and it welcomed any collaboration in this area. It already cooperated with the League of Arab States in supplying medicines and medical supplies to Somalia.

The Representative of the Arabization Center for Medical Science praised the Regional Director for his support for medical science arabization, as well as his achievements and deep understanding of regional issues.

The Representative of the Arab Association for Assisting Mine Affected Areas said that several countries in the Region were affected by the mines and cluster bombs left behind in the aftermath of war and that the number of victims was very underestimated. This situation prevented

development of the areas concerned and held back the countries. He called on the Committee to support two projects: on development of a database of mine victims and on establishing a regional centre to serve the affected areas.

The Representative of Turkey said that maternal and child mortality was high on the agenda in the Region and that the reduction in mortality rates in the Region and achievement of the targets of the Millennium Development Goals in some countries was a significant success. Still more needed to be done to reduce mortality due to preventable causes. This presented an opportunity for joint action through cost-effective vaccine production and procurement. He said that WHO should assume a more proactive role in disasters and emergencies and needed better mechanisms for rapid response and improved coordination with partners in health and humanitarian aid. As a specialized agency in global health the need for the guidance and leadership of WHO had increased. With the Region assuming the presidency of the Executive Board this presented an important opportunity for WHO to play a historic role in the process of reform. He expressed appreciation of WHO's enthusiasm for the reform process, which he said would greatly facilitate the work of Member States. He noted that noncommunicable diseases constituted a major problem for all WHO regions and Member States needed to improve efforts to strengthen health systems. This was yet another area which required the strong commitment and coordination of all Member States. Turkey was keen to share its experiences in health system strengthening over the last 9 years. All regions were affected by noncommunicable and communicable diseases, emergencies, reform and social determinants of health but inequalities and inequities in access to health services differed between regions, countries, cities, social groups, and even between families. He commended progress made in the areas of vaccination, polio eradication, under-5 mortality reduction and malaria control as evidenced in the Regional Director's report and said that this was promising for the future. He made reference to countries currently in emergency situations, such as Afghanistan, Pakistan, Palestine, and Somalia, in particular. A high-level Turkish delegation comprising the Prime Minister, Minister of Health, members of the Cabinet and representatives of nongovernmental organizations had visited the country to offer a programme of assistance. Following this visit Turkey had also offered a substantial programme of support to Somalia in terms of infrastructure, health, the environment and housing. The US\$ 300 million financing for this programme came from Turkish students. He stressed the importance of avoiding duplication of efforts and work through improved coordination between agencies and institutions. He said that the priority given to health in the programme of assistance offered to Somalia was reflected in the appointment of a medical doctor as Turkish ambassador to the country that would provide an advantage to those working to provide health support to the country.

The Regional Director emphasized the importance of coordinating efforts to assist the people of Somalia. He said that there was a large number of nongovernmental organizations offering assistance but they were not properly geographically distributed to serve all the population in need, and recommended the establishment of a unit for this coordination under the state's supervision. He stressed the importance of contributing to the emergency solidarity fund. He said that warehouses were available in the United Arab Emirates that could be used to respond to disasters in a timely manner. He added that it was important to build dams in Somalia to contain flood water and to dig wells to prevent mortality as a result of droughts. The Regional Director thanked H.E. the Minister of Health of Jordan for his approval to allocate 5% of the health budget for noncommunicable diseases. He urged other ministers of health in the Region to do the same. He also thanked member countries of the Gulf Cooperation Council, the International Federation of Red Cross and Red Crescent Societies and the Secretary General of the Arabization Center for Medical Science.

The Director-General agreed with the Minister of Health of Palestine that in terms of communicable diseases, regional coordination was important to prevent cross-border transmission. Migration of people meant that borders alone could not prevent the transmission of new diseases into countries. She commended the efforts of Saudi Arabia in their implementation of excellent mechanisms in this regard. Delegates were reminded of their collective obligations after adoption of the International Health Regulations (IHR 2005), which require countries to develop core capacities in disease surveillance and laboratory capacities by 2012. The recommendations of the IHR review committee urged WHO to work with Member States to strengthen disease surveillance capacity.

She congratulated Member States' representatives on successful negotiation of the political declaration on noncommunicable diseases in New York, a process that was spearheaded by Member States of the Eastern Mediterranean Region, and promised that WHO would continue to support countries in this regard. She expressed approval at efforts to strengthen tobacco control but warned countries against the machinations of the tobacco industry which were currently undermining tobacco control efforts in several Member States, including Norway, Australia, United States of America and Uruguay. The tobacco industry was taking these and other countries to court, to the World Trade Organization and to the World Bank for arbitration. The United States Food and Drug Administration had been taken to court by no less than five tobacco companies. In terms of the treatment of noncommunicable diseases, she said that these were lifelong treatments and that WHO would work with the private sector, civil society and academia to simplify treatments so that primary health care could address people's concerns and improve access to affordable medicines in all countries, not just developing countries. Dr Chan stressed the importance of adopting an integrated approach to address problems, such as communicable and noncommunicable diseases, injuries, conflicts and disasters through primary health care. Diseases such as HIV and multidrug-resistant tuberculosis could not be managed in isolation and needed to be integrated with the treatment of other diseases, an approach for which WHO was strongly advocating.

The Regional Director said that the Regional Office paid great attention to supporting multilingualism. He added that workshops and training programmes which are presented in languages other than the mother tongue did not realize their purpose. He further added that the Regional Office supported the Arabic language and many United Nations and WHO documents had been translated into Arabic. He went on to say that the Office used to receive financial support for the Arabic programme but that support had stopped. He called on Member States to provide support to the programme.

3.2 Report of the Regional Consultative Committee (thirty-fifth meeting)

Agenda item 6(a), Document EM/RC58/7, Resolution EM/RC58/R.2

Dr Naeema Al-Gasseer, Assistant Regional Director, presented the report of the thirty-fifth meeting of the Regional Consultative Committee, which was held in Cairo, Egypt, on 20–21 April 2011. She said that during the introductory session of the meeting, the Committee had discussed the impact of the global economic crisis on health, and the ability of WHO to address the health challenges and priorities. Other items discussed in the meeting were: dengue; scaling up the Expanded Programme on Immunization to achieve global and regional targets; strategic directions for research for health; human resources for health in the Region; and mental health and substance abuse strategy for the Region. The Committee members had advised the presenters on each item, and their comments were later incorporated to improve the respective papers and recommendations. All papers would be presented to the Regional Committee in the coming two days except the paper on human resources for health, which would be postponed until the following year in order to collect more regional input. She concluded by listing proposed topics

for discussion at the 36th meeting of the RCC which were as follows: spiritual dimension of health; early childhood development; primary health care; health in all policies; genetic disease and public health; active ageing; social determinants of health; health during crisis, disaster and conflict; health promotion and communication technology; health-related MDGs; urban health and community-based initiatives; health insurance in the Region; violence and health; and vaccines.

The Representative of Iraq stressed the importance of considering the introduction of new vaccines and the continued updating of the immunization schedule to ensure that it coped with epidemiological changes, in addition to exchanging expertise and studies in this area. He also praised the Integrated Management of Child Health Programme and its inclusion in primary health programmes in general, and maternal and children health programmes in particular.

3.3 Report of the 25th meeting of the Eastern Mediterranean Advisory Committee on Health Research

Agenda item 6(b), Document EM/RC58/8, Resolution EM/RC58/R.9

Dr Naeema Al-Gasseer, Assistant Regional Director, presented the report of the 25th session of the Eastern Mediterranean Advisory Committee on Health Research, which was held in Cairo, Egypt, from 18 to 19 October 2010. She said that the objectives for the meeting were: to advise on the redirection of the ACHR given the global trend and emphasis on research for health; advise on key strategies to build a research culture that contributed to evidence for health policy and implementation; and to contribute to the development of the framework for the regional strategy on research for health. The committee made several recommendations, including that a working group be established to support the process of developing regional input to the World Health Report 2012; that the role of WHO collaborating centres be reviewed and promoted in addition to identifying new centres to focus on priority areas, such as knowledge translation; that an “action-based” research for health strategy be developed that built on previous achievements, strategies and plans in the Region and took into account: accountability, empowerment, resource mobilization/alignment of resources, and areas of research for health in relation to inequity; promoting the dissemination and translation of knowledge to inform health policy and practice; and setting criteria and mechanisms for harmonization of research and ensuring good research practice.

Discussions

The Representative of Iraq highlighted two success stories from his country. He said that in the first, Iraq had used community participation in research for health to identify community needs and ensure engagement of the target community. The second success story, he added, was conducting a step-wise survey on noncommunicable disease risk factors, which included in addition to survey of information, clinical and laboratory examinations. This approach enhanced the value of research in improving health services. He also pointed out the importance of intercountry and interregional cooperation in research for health that offered opportunities for sharing and analysing research results, hence finding solutions for common health problems.

The Representative of Sudan highlighted the importance of coordination of research activities carried out by collaborating centres in a given country, noting the need for a specific mechanism such as a strong focal point to coordinate efforts and prevent wastage of resources. He urged countries to facilitate the conduct of research and suggested that medical students be encouraged to carry out research in priority areas. He also proposed creating a ranking of countries based on their research of health output (i.e. number of published articles), noting that ranking could encourage countries to improve their research capacity. He also called for amending the recommendation concerning the formation of four sub-committees to allow researchers from

countries other than advisory committee members to join these sub-committees. He stressed the importance of ethics in research and of giving it full weight.

The Representative of Palestine referred to the recommendation concerning the formation of a national committee on research ethics and urged WHO to clarify who would be responsible for selecting the members of this committee and for committee governance. He also enquired if such research would be subject to monitoring and review before publishing even if its outcomes met with the objectives according to the regional strategy.

The Representative of Bahrain drew attention to an important area of research on which the Region needed to focus which was health needs assessment surveys, noting that this type of research contributed to informed decision-making driven by need. She said that Bahrain, in collaboration with the Regional Office, had organized a training workshop for family doctors on the health needs assessment survey. The results were very beneficial in improving primary health care services. She proposed organizing a regional workshop, in the coming year if possible, in order to train cadres to conduct this kind of survey and building capacity for service providers in this field.

The Representative of Tunisia emphasized the issue of health research ethics, noting that scientific research in some countries did not necessarily respond to the priority needs of populations, but rather to the needs of funding agencies (e.g. pharmaceutical companies). Patients could therefore become subject to medical experiments. He said that ethical review committees were sometimes inactive because of weak composition of the committee (their members lacked training on research ethics or had conflict of interest). He pointed out the importance of maintaining transparency through making research available online in order to reveal beneficiaries and avoid conflict of interests. He stated that Tunisia would be holding the international forum for bioethics committees in collaboration with WHO in September 2012.

The Representative of Kuwait highlighted his country's experience with the establishment of a country-level committee which led the organization and coordination of all research activities. He noted that research was an improving field that required continuous learning and researchers to be fully updated with current developments. It was also used as a means for promoting doctors. He supported holding a regional workshop for countries to share their experiences in the area of research for health.

The Representative of South Sudan noted that a research directorate had been established in the Ministry of Health of his country, though its activities were yet rudimentary. He requested WHO support in building national capacity for health research and in solving some health puzzles at local level.

H.E. the Minister of Health of Jordan said that his Ministry had developed a national health research strategy in collaboration with WHO that was distributed to all health institutions. He also noted that the Ministry had formed a scientific research and evidence-based medicine committee which so far had trained 40 doctors on the principles of scientific research and evidence-based practice.

The Representative of the Hamdard Foundation underlined the need for research in traditional medicine. She said that the role of traditional medicine needed to be recognized. In Pakistan, where 80% of the population had recourse to traditional medicine, the need for research was even greater. She noted that clinical trials had been in place at the Faculty of Traditional Medicine at Hamdard University, and said that WHO support was needed.

The Representative of the International Federation of Medical Students' Associations said that part of improving health care systems was improving medical education for young health

professionals. He stated that the Federation strongly urged countries to include medical education in the health research agenda and also encourage participation of health students in research for health exchange programmes.

The Representative of the International Alliance of Patients' Organizations said that the Alliance recommended that patients be considered equal partners in health systems. He said that patient-centred health care should be promoted in the Region, and that the impacts of such care and of patient participation should be measured. Good practices could then be widely disseminated and implemented.

Dr Al-Gasseer responded to issues raised by delegates in their interventions. She reaffirmed the importance of community participation in operational research and the participation of multiple institutions, including funding entities and specialties, pointing out the importance of partnerships in research. She stressed the need for national mechanisms to coordinate the work of collaborating centres. Regarding the membership of the ethical sub-committee, she pointed out there was an active Regional Office committee on research ethics. She also said that governance was a key component when it comes to research ethics. In this regard, she highlighted the Regional Director's guidance that studies supported by WHO (financially or technically) needed to be reviewed to ensure scientific and ethical soundness before initiation of the project. She also emphasized the need to strengthen national capacities in research methodology in general and qualitative research in particular. Dr Al-Gasseer noted that WHO headquarters was organizing the International Forum for Bioethics Committees in 2012. The Regional Office supported and looked forward to the forum as an opportunity to promote ethics in research for health in the Region.

4. Organizational matters

4.1 WHO reform for a healthy future

Agenda item 7(c), Document EM/RC58/12

Dr Abdulla Assaedi, Deputy Regional Director, presented the agenda item on WHO reform for a healthy future. He said that discussions on WHO reform had begun with a consultation on the future of financing for WHO in early 2010. Following discussion by the Executive Board, an agenda for reform, proposed by the Director-General, was endorsed by the World Health Assembly in May 2011. The 129th Executive Board had called for a transparent, Member-State driven and inclusive consultative process on WHO reform, based on existing mechanisms, and requested regional committees to engage in strategic discussions regarding the WHO reform process, summaries of which would be reported to the Special Session of the Executive Board in November 2011. The reform was expected to focus core business to address the 21st century health challenges, reform the financing and management of WHO and transform governance to strengthen public health. WHO would focus the scope of its work on what it did best, working on priority issues identified by Member States, with adequate financing for these areas of focus. The 64th World Health Assembly had endorsed five areas of core business for WHO: health systems and institutions; health and development; health security; evidence on health trends and determinants; and convening for better health. The next task was to identify: the priorities in each area of core business, the expected outputs and outcomes and the proposed measurements of performance.

Dr Assaedi then described the proposal for WHO financing and managerial reforms, focusing on: organizational effectiveness and alignment; results-based management and accountability; financing, resource mobilization and strategic communication; and the human resources framework. Finally, he said, reform would look at governance of the organization. This would involve transforming at governance of WHO itself, including a mechanism for priority-setting, the work of the governing bodies, engagement of Member States, and oversight. It would also involve global health governance and measures to enhance the leadership role of WHO.

Discussions

H.E. the Minister of Health of Qatar noted that the reform process was twofold. Internal reform was the role of the Secretariat and external reform was the role of the Member States. He also said that elements of success must be looked at from all perspectives; in terms of the political, economic, social, legal and environmental aspects. They should all be encompassed by the reform. He suggested that priority-setting must start with the simplest problems and build up to the most difficult. These priorities should be tackled accordingly. Success stories must be publicized. He enquired as to whether there was a projection for self-financing, through investments and whether or not this was allowed in the Organization. He also enquired about voluntary employment opportunities, either at country or regional level, pointing out that this should cut down the financial costs to the Organization and ensure the participation of proactive elements in implementing the Organization's activities.

The Representative of the Islamic Republic of Iran said that, in general, Member States agreed with the concepts in the paper on reform – priority setting, efficiency, effectiveness, transparency, accountability, and results-based planning – but wondered whether the suggested proposals were conducive to these goals. He said that considering the intergovernmental nature of WHO a priority-setting mechanism was needed to improve the effectiveness of the Organization. The Organization's financing did not always match well with its priorities and plans. One of the most important issues was the relationship between short- and long-term objectives and Member States needed oversight and direction in this. He felt that some of the Organization's ways of working

were outdated. Instead of the term “results-based planning”, he preferred “results-based management”, as programme activities only started with planning but moved through a whole process involving budgeting, implementation, monitoring, evaluation and feedback to keep the Organization effective. He urged WHO to learn from the experiences and lessons of other agencies. He expressed the need for better alignment between WHO’s global and regional governing bodies. He expressed his concern that financing on WHO did not match always with its priorities. He made reference to the World Health Assembly (WHA) resolution WHA64.2 which requested the Director General, in consultation with Member States to develop an approach to independent evaluation and to present a first report on the independent evaluation of the work of WHO to the Sixty-fifth WHA in May 2012. He expressed concern about the ability of Member States to establish a consortium group to do this within such a short time-frame.

The Representative of Lebanon noted that one of the reasons for initiating the process of reform was the difficulty faced by the Organization in carrying out a large number of tasks with limited resources. This necessitated that only essential work be conducted and priorities set. He enquired about tasks or priorities that WHO will not focus on anymore and who would do its job. He asked if a new agency or fund would be established to undertake additional tasks. Governance required that the Organization be more transparent, accountable and effective and avoid ambiguous terms. He also noted that for the process of evaluating country progress, an advanced information system needed to be created, although recognized that this was not feasible for a number of countries in the Region. He said that the Organization, within the framework of global governance, needed to play a leading role in international health efforts, as mandated by the WHO Constitution, but questioned the willingness of other agencies to “allow” it to do so, with the number of global health organizations increasing. He added that financing needed to be sustainable and predictable and suggested either increasing the assessed contributions or changing the way that resources are managed.

The Representative of Iraq highlighted the importance of quality management standards and indicators for the planning, implementation, monitoring and evaluation process of all WHO activities. There was a need to enhance the mechanisms of governance to follow up on these activities and to ensure the best utilization of available resources and the use of health economics, especially in terms of the administrative expenses of the Organization. Effective partnerships needed to be built with countries for the planning, implementation, monitoring and evaluation of joint programmes, especially for prudent financial control. It was important for countries to review WHO financial reports at the country level, and integrate primary health care programmes to ensure the best utilization of resources. He called for effective partnership between international organizations and nongovernmental organizations in respect of implementation of joint programmes. An ongoing regular review of the reform process was important in order to address any identified problems.

H.E. the Minister of Health of Sudan emphasized the importance of setting practical objectives which could be implemented and avoid theoretical issues that cannot be implemented with existing resources. The leadership role of the Organization in international health needed to be emphasized, not by excluding other agencies, but by distributing roles through proper coordination to achieve what was needed. The relationship between WHO programmes and the role of the private sector in all fields needed clarification, such that maximum benefit would be realized while maintaining the technical independence of the Organization. He called for greater involvement of countries by organizing meetings and gatherings in these countries with other health partners. He stressed the importance of using simple and understandable language in WHO publications and documents and in the training courses organized for country trainees to ensure maximum benefit.

The Representative of Yemen said that focusing on areas that WHO can do best is contradictory to the role of WHO to support the needs of Member States. He added that the experience of this Region with reform was a serious endeavour and an ongoing process. He pointed out that the reform process ought to ensure the best utilization of resources in accordance with typical criteria and standards. He criticised the ambiguity of terms related to governance which required further clarification and more details. He added that there was a need to identify new resources, and utilize the services of WHO former and current experts. He questioned who would undertake areas of work dropped by the Organization. He stressed the importance of ensuring full coordination with the agencies and institutions that would be entrusted with such work. He also stressed the need to provide clarification and explanation on the phases of reform and clarification on the role of both the Secretariat and the Member States.

The Representative of Bahrain noted that the holding of annual meetings by WHO with civil society organizations and relevant partners would enable the Organization to become properly involved with civil society, in accordance with the paper on reform and its proposed directions. She added that consulting with those organizations on the control of noncommunicable diseases was a step in the right direction. The setting of urgent global and regional priorities was a practice of good governance. Moreover, redirecting resources according to these priorities and based on surveys and evidence enabled decision-makers to make informed decisions. She highlighted the importance of developing clear performance indicators for evaluation and follow-up. She also stressed the need for proper coordination and partnership with United Nations organizations in order to avoid duplication and fragmented efforts. She indicated agreement with the proposed managerial reform steps.

The Representative of Egypt said that the WHO budget for Member States was allocated for specific activities and moving funds from one programme to another was not supported. That rendered countries unable to determine funding priorities. Funding was sometimes duplicated by WHO and other organizations, with the same programmatic activities divided between several donors. He pointed out that WHO had a prominent role in capacity-building in the field of public health in all countries of the Region. He questioned why WHO no longer supported the training of students of epidemiology, public health and vital statistics.

The Representative of Morocco stressed the need for WHO to be more resilient in addressing the needs of different countries and regions by enriching national health policies and activating a new strategic priority-setting mechanism taking into consideration regional particularities. He added that there was a need to develop an institutionalized approach to resource mobilization, ensuring sustainability and resilience, as well as the development of a global health information system. He requested that, as Member States of the Region would be chairing the Executive Board, the opportunity should be exploited to make the important reform initiative a success through extending the necessary efforts and support. He praised the efforts of WHO in structuring the reform process and ensuring its implementation according to the defined schedule. He requested that the Regional Director make his own evaluation of the process from the perspective of his long and rich experience.

The Representative of the Syrian Arab Republic suggested that a meeting be convened between representatives of countries of the Eastern Mediterranean Region on the Executive Board with members of the Regional Office leading the process of reform to discuss the reform and make the necessary arrangements for coordination and consultation to develop a unified working paper representing the views of the Region on the reform process. This paper would be presented to the forthcoming regular meeting of the Executive Board, to be held in January 2012.

H.E. the Minister of Health of Public Health of Afghanistan said that from a country perspective they welcomed the proposal suggested as part of WHO reform of working more closely with civil society groups and the private sector. She said that investment in WHO national staff was needed to improve technical capacity at the country level. Changes were needed in regard to local contracts. WHO Afghanistan, specifically, had lost its reputation for recruiting the best people and she said that “good” people were discouraged from coming to the country. WHO was requested to introduce more incentives to attract more competent and qualified staff to work for WHO at country level.

The Representative of the United Arab Emirates emphasized the importance of WHO reform, particularly as the Region anticipated new challenges, in addition to the current challenges such as noncommunicable diseases. He stressed the importance of developing a roadmap, which set goals to confront those challenges. He expressed his appreciation of public–private partnerships and the importance of selecting relevant partners. He suggested that an open seminar be held to which experts from the Region and other WHO regions would be invited to hear their views in this connection.

The Director-General began by commending H.R.H. Prince Abdulaziz Ahmad Al-Saud for his tireless work in the prevention and control of blindness. She informed delegates that Dr Abdulla Assaedi, WHO Deputy Regional Director for the Eastern Mediterranean, was one of the members nominated by the Regional Director to incorporate the views of staff in the reform process. The starting point for reform had been 2010 when dialogue was initiated with the 193 Member States, now 194, on the process of reform. Member States were the most important stakeholders of the Organization despite the perceptions of some who perceived WHO as the secretariat. WHO was managed by the secretariat, under delegatory authority, but for a successful reform process both Member States and the secretariat were needed with clearly defined roles for each. Reform would be a continuous process.

Dr Chan made reference to competing priorities that were overwhelming ministries of health and agreed that there were many “unfinished” priorities. Global mechanisms, such as the International Health Regulations (IHR 2005), the Framework Convention on Tobacco Control (FCTC) and the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, had been created, in agreement with Member States, to address priority public health problems.

She said that WHO was not proposing increases in assessed contributions in the short term, and if 80% of voluntary contributions could be matched to priorities this represented an achievement. Member States were setting public health priorities, such as tobacco control and vaccine pricing, but implementation of the Framework Convention on Tobacco Control and Prequalification of Medicines Programme were being funded by external funds, such as Bloomberg Foundation. Priorities needed to be country-driven, bottom-up and demand-driven. Country Cooperation Strategies represented a mechanism or blueprint for countries to specify their priorities and expectations; Member States maintained the supremacy of decision-making. WHO was the only UN agency with a decentralized mechanism but needed to adjust at country level. There was plenty of scope for reform. WHO would propose a new mechanism to mobilize resources and would accept voluntary contributions based on the priorities set by Member States.

In addressing the interventions of Member States she said that highlighting success stories for evidence-based decision-making was an important element in successful programmatic planning. Responding to the question of priority setting she noted that it had not been sufficiently strategic and Member States were presenting between 25 and 28 resolutions to the World Health Assembly every year for which financing was not available. If ministries of finance were not providing the

funds why was so much time spent on so many resolutions in the World Health Assembly, especially as resolutions were not always aligned in terms of priorities and timing; it was time to go back to basics. Discipline was needed and in terms of over-commitment in WHO's five core areas of work the challenge lay in identifying which areas of work to cut. WHO, as a 64-year-old agency, needed to evolve. Its Constitution required Member States to coordinate health activities but engagement was needed from all countries.

There needed to be a better division of labour and capacity-building at the country level. While the World Health Forum, open to a range of partners, including the private sector, would explore ways in which the major actors in health could work more effectively together – globally and at country level – countries did not want the private sector making decisions; WHO would be uncompromising in exposing conflicts of interest.

Dr Chan said that future human resource models would influence WHO contracts, particularly in relation to the contracts of national professional officers. WHO had been criticized for taking the best staff from country offices, who then never returned to serve their own countries and this needed to change.

Responding to the comments on coordination, she said that WHO had separate governance structures from health partners. Some partnerships were good initially but then partners had left after taking advantage of Member States' generosity in hosting them. WHO had hosted several partnerships but greater regulation was needed in these partnerships.

The Director-General said that the leadership of Member States in global health was a responsibility. Some countries were sitting on the boards of agencies whose agenda and global initiatives differed from WHO and this was creating problems, not only at country level but at the level of headquarters and the regions.

The Regional Director said that priority setting was discussed with Member States and put into the Joint Programme Planning and Review Mission (JPRMs) documents, sometimes with instructions from the World Health Assembly that were fed into the JPRMs. He said that in terms of assessed contributions, he strongly believed that those Member States who were not in favour of increasing assessed contributions had brought WHO to the unfavourable position that it was in today. Over the last few decades the percentage of assessed contributions had fallen from 80% to 19.8%, with voluntary contributions now forming over 80% of the budget. With voluntary contributions came fixed conditions and no flexibility. Core voluntary contributions were more flexible but it was impossible to determine when or how much might be received. They were sometimes received 3 or 4 months before the end of a biennium and could not be implemented. Countries of the Region were contributing only 3% to 4% of overall assessed contributions; some countries were only paying US\$10 000. If the percentage of assessed contributions was increased incrementally this would help WHO to return to its former position. It was necessary to discuss the money that WHO was expecting to receive, or had received, because for years the Executive Board of the World Health Assembly had only been discussing the 20% and ignoring the 80%, and without addressing this issue both Member States as stakeholders and WHO as the secretariat would always be experiencing difficulties. Finally, the Regional Director said that capacity-building was a priority.

The Representative of the Gulf Federation for Cancer Control thanked the Regional Director for his keenness to have nongovernmental organizations join this important gathering. He stressed the need for nongovernmental organizations to play a significant role within the public health system. He added that they give an example of the best utilization of resources by adopting health education work. He wished for international organizations to have a special section to evaluate

the work of nongovernmental organizations, so that they could build partnership with them to undertake a part of the international organizations' tasks.

The Representative of the International Federation of Medical Students' Associations welcomed the proposed reform for a transparent, efficient and accountable WHO and the suggested World Health Forum. He said that the Federation looked forward to taking an active part in the forum in order to advance the agenda of sustainable and healthy societies. He expressed concern at the consequences if there was a heavy influence of the private sector in the proposed forum. He recalled resolution WHA64.28 Youth and health risks, and hoped that the Member States and WHO would follow up on this, as well as include young people in the WHO reform process.

5. Technical matters

5.1 Dengue: call for urgent interventions for a rapidly expanding emerging disease in the Eastern Mediterranean Region

Agenda item 4 (a), Document EM/RC58/3, Resolution EM/RC58/R.4

Dr Hassan El Bushra, Regional Adviser, Emerging Diseases, presented the technical paper on dengue: call for urgent interventions for a rapidly expanding emerging disease. He said that dengue, the most widespread mosquito-borne infection in humans, was an emerging public health problem in countries of the Eastern Mediterranean Region and threatened national, regional and global health security. Since 1998, epidemics of dengue fever and dengue haemorrhagic fever had been reported in the Region with increasing frequency and expanding geographic distribution of both the viruses and mosquito vectors. Outbreaks had been reported from Djibouti, Pakistan, Saudi Arabia, Somalia, Sudan and Yemen. Dengue virus sub-types 1, 2 and 3 had been identified in the Region and had invariably caused outbreaks in these countries. Unplanned urbanization, climate change and population movement were all factors in this growing problem.

In 2009 and the first half of 2010, outbreaks of dengue fever and dengue haemorrhagic fever had been reported from Pakistan, Saudi Arabia, Sudan and Yemen. So far outbreaks had been concentrated in the cities and urban areas along the Red Sea and Arabian Sea coasts and Pakistan. Weak surveillance systems for dengue and its vector, lack of reporting and poor preparedness, including inappropriate vector control response, were the main challenges hindering dengue prevention and control in these countries. The magnitude of the public health problem within the Region and the worsening epidemiological trends urgently required intensive coordinated efforts for the prevention and control of the disease in the sub Region. Noting the resistance of *Aedes aegypti* to common insecticides, judicious use and sound management of insecticides was crucial to sustainable control of the disease. The paper identified specific approaches to reduce the threat of this emerging disease and to strengthen the core capacities required for preparedness planning, detection, characterization, containment and control, especially the role of productive partnerships.

Dr El Bushra concluded by stating that national commitment was a cornerstone to ensuring success and sustainability of any disease surveillance programme. Control of dengue was the collective responsibility of many partners and not only of ministries of health. The global strategy for control of the dengue vector emphasized functional surveillance, preparedness and selective integrated mosquito control with community and intersectoral participation. A functional surveillance system, with a sentinel component, must be proactive, laboratory-based and provide early warning for impending outbreaks. There was need to emphasize the importance of self-reliant, sustainable, multisectoral community-based interventions in control of dengue, specifically in regard to environmental control, rural development, local administration and mass mobilization, in addition to measures taken by ministries of health. Legislative support was also essential for the success of dengue control programmes. The Regional Office would continue to provide technical support to all Member States.

Discussions

The Representative of Iraq said that despite lack of dengue fever registration, his country was taking pre-emptive steps vis-à-vis communicable diseases monitoring. He stressed the importance of promoting intercountry and interregional partnership for dengue fever prevention and control and said that it was necessary for WHO to support this partnership. He also expressed the need for holding WHO-supported training courses for workers in this area, adding that WHO support was needed to align epidemiological and laboratory surveillance activities. He also said that it

was important to incorporate dengue fever control into primary health services, expand its database and share relevant data with countries in and outside the Region.

H.E. the Minister of Health of Sudan queried how long dengue had been present in the Region. He enquired how the number of countries with dengue circulation worldwide had increased from 9 in 1970 to 112 in 2011, despite knowledge of its causes and ways to control it. In this regard, he noted that the burden of vector control fell at local level within countries, where financial and qualified human resources were limited. He reiterated the need for capacity-building at local levels in order to ensure successful dengue control.

The Representative of Oman called for ensuring integrated work and avoiding duplication of work and committees, and emphasized the need to ensure that vector control for dengue is incorporated into the work of national integrated vector management committees.

The Representative of South Sudan questioned why the geographical distribution of dengue appeared to follow political borders.

The Representative of Palestine said that dengue particularly vector control required cooperation with the environmental health sector. He stressed the importance of ongoing surveillance for insecticide resistance and for informed decision-making on the best insecticide materials and appropriate time for spraying, depending on the mosquito life cycle. He noted that there must be investigations into the side effects and toxic effects of insecticides and the means to follow them up, a matter which required entomological training.

The Representative of Yemen also stressed the importance of integrated vector management. He said that dengue fever must not become as extensive as malaria, noting that there were countries with wide experience and considerable resources in malaria control that could be beneficial in dengue control.

H.E. the Minister of Health of Kuwait noted the advantages of prevention through vector control and asked for clarification on the differences between vector control for malaria and for dengue.

The Representative of Pakistan said that dengue was a real threat in his country, especially in the province of Punjab. To address the threat, an awareness campaign had been launched involving all sectors and stakeholders such as the private sector, civil society, students and the media. As well, other countries with experience in dengue, notably Sri Lanka, were assisting Pakistan in developing strategies to address the disease. He said that further support was needed from the international community.

The Representative of Egypt said that it was possible for dengue fever to spread due to climate change and requested WHO support in reporting as per International Health Regulations. He emphasized the need for training on vector control in Arabic so as to overcome the language barrier. He also requested WHO support in vector mapping and exchange of information in this area with other specialized centres.

The Representative of the Islamic Republic of Iran noted that changing climate patterns and population displacement contributed to the spread of dengue. His country was focusing on strengthening the surveillance system and laboratory capacity and conducting sentinel surveillance and epidemiological and vector control studies. He urged countries that had experienced dengue fever outbreaks to share their experiences with other countries. No evidence of dengue had been found in his country, but more studies were needed.

The Representative of Saudi Arabia noted that dengue had first appeared in his country in Jeddah and was now found in three regions in the west and south. He said that control efforts were being coordinated at all levels of the health sector and included training for health care workers in the

affected regions. A vector-borne disease centre was also being established in Jizan in collaboration with Liverpool University and the Innovative Vector Control Consortium, and was expected to be operational soon. He requested guidance from WHO on the specific measures needed to prevent transmission within and among countries.

The Representative of Morocco said that dengue control principles could be used in combating other outbreaks, arthropod-borne in particular. He also reaffirmed the need for an integrated approach to vector borne disease control.

The Representative of Somalia noted that factors influencing the spread of dengue were in place in his country, such as intensive urbanization and increasing numbers of displaced population. Dengue had been reported in Mogadishu and Berbera, and the disease was now included in the integrated surveillance and response system. He said that laboratory surveillance was unfortunately not possible at present, and more resources were needed to strengthen laboratory-based surveillance and the capacity of health workers.

The Representative of the International Federation of Medical Students' Associations noted that although the factors causing outbreaks of dengue fever and dengue haemorrhagic fever were inter-related, all factors were significantly influenced by the climate. More than ever there was a need for greater political commitment, not only for combating the virus by scaling up health systems but also for addressing the underlying causes for the spread of disease. He said that the medical students he represented considered climate change to be the greatest health threat in the 21st century. In the Eastern Mediterranean Region, climate change remained a matter of grave concern mainly because of its repercussions on food supply and nutritional security, water supply and the distribution of vector-borne diseases. He urged all stakeholders to collaborate on fostering knowledge, changing attitudes and catalysing actions to tackle the dengue-related burden from its roots.

In response to the points raised by countries, Dr El Bushra said dengue was first reported in Somalia and Sudan in the 1980s and elsewhere in the Region during the 1990s. He welcomed initiatives to establish regional centres of excellence in vector control, and drew attention to the regional entomology training programme established in Sudan as the result of a Regional Committee resolution in 2005. He expressed support for the establishment of national vector control committees and suggested that a regional task force on vector control may be needed.

Dr Raman Velayudhan, Control of Neglected Tropical Diseases, WHO headquarters, clarified the differences in vector control for malaria and for dengue. For malaria, vector control focused mainly on adult mosquito control, with some larval control also included in elimination programmes in the Region. For dengue, vector control had to focus on all three stages (egg, larva, adult) of the mosquito life cycle. He noted that while Anopheline mosquitoes could fly long distances, dengue mosquitoes were weak flyers and dengue transmission over distances was mainly via human hosts. In addition, the eggs of dengue mosquitoes could withstand desiccation and hatch when water became available.

The Director-General drew attention to the important role of environmental and community practices in control of the dengue mosquito. With regard to vector mapping, she noted that mapping was dependent on data availability and on transparent reporting. Referring to including reporting of all cases of dengue under the International Health Regulations mechanism, she said that WHO would review whether dengue met the criteria for such reporting. She agreed that climate change would be a defining issue of the 21st century.

5.2 Scaling up the Expanded Programme on Immunization to meet global and regional targets

Agenda item 4(b), Document EM/RC58/4, Resolution EM/RC58/R.5

Dr Nadia Teleb, Regional Adviser, Vaccine-Preventable Diseases, presented the technical paper on scaling up the Expanded Programme on Immunization to meet global and regional targets. She said that immunization was one of the most efficacious, cost-effective and safe public health interventions and one of the main tools for achieving Millennium Development Goal 4 (MDG 4). Recent years had witnessed remarkable improvement in the routine vaccination coverage in several countries of the Eastern Mediterranean Region, and the average coverage with three doses of DTP in the Region, based on reported national data, had reached 91% in 2010. In addition, the Region had achieved 93% reduction in measles mortality between 2000 and 2008. The introduction of new life-saving vaccines had gained momentum in recent years with introduction of Hib vaccine in 18 countries, pneumococcal vaccine in 8 countries and rotavirus vaccine in 4 countries.

Despite this progress, she said, around 1.5 million infants did not receive their third dose of DTP in 2010 and the number of children who were not fully vaccinated in line with the national schedule was higher. The target of measles elimination by 2010 was not achieved and the gains in measles mortality reduction might be lost unless measles control and elimination efforts are sustained. Introduction of new vaccines constituted the major challenge facing middle-income countries, especially the low middle-income countries. Hib vaccine was not offered to 31% of the annual birth cohort. Moreover, 88% of the infants in the Region were born in countries that offered neither pneumococcal nor rotavirus vaccines in the national immunization programme.

There were several challenges facing efforts to scale up immunization programmes in the Region. The structure and managerial capacity of immunization programmes were inadequate, and there was need for stronger programme capacity at the central and peripheral levels. In addition, the relatively low government allocations for immunization programmes and the increasing financial resources needed to meet the evolving demands of EPI, including new vaccines introduction and disease eradication and elimination requirements, threatened the gains of the immunization programmes. Also the current vaccine procurement and regulation system in several countries was inadequate, and there was a need for stronger mechanisms that ensure vaccine quality and security.

Dr Teleb concluded by saying that the aim of the paper was to highlight the role that vaccination plays in reducing morbidity and mortality due to communicable diseases among children and, hence, achieving the target of MDG 4 in countries of the Region. It also aimed at raising awareness with regard to the missed opportunities to save more lives, due to the delay in introduction of the new highly effective life-saving vaccines in many countries. It underlined the necessity of sustaining measles elimination activities in order to maintain the gains in measles mortality reduction and to achieve the target of measles elimination. Finally, the paper drew attention to the constraints and challenges facing immunization programmes in the Region and the action needed to reach the targets set and achieve MDG 4.

Discussions

The Representative of Bahrain said that it was important to maintain surveillance in countries in a way that allowed polio-free certification. She noted that polio eradication activities in Bahrain, including surveillance and immunization, were subject to routine review by the National Committee for Certification of Polio Eradication. She added that surveillance for acute flaccid paralysis (AFP) in Bahrain helped detect any suspected cases due to wild polioviruses. She noted that Bahrain had started regular reporting to WHO on polio immunization in 1981, i.e. the year EPI was established. She added that Bahrain had been polio-free since 1994. She also said that

coverage of children with three polio doses had been higher than 97% since 1995, noting that the first oral vaccine dose was replaced with inactivated vaccine injections for two-month olds in 2008. She also highlighted the annual vaccination campaigns held between 1995 and 1999, as well as the booster dose campaigns held between 2000 and 2005, noting that a containment plan for poliovirus importation had been developed and reviewed.

The Representative of Egypt called for enhancing local vaccine production capacity and giving priority for pooled procurement to existing companies within the Region according to criteria agreed upon by countries in line with WHO requirements. He also requested clear conditions for pooled procurement for use in negotiations with the Ministry of Finance.

H.E. Minister of Health of Jordan emphasized the significance of EPI as one of the most important primary health care programmes. He said that Jordan had set up a national committee comprising all medical sectors and developed a national immunization strategy. He noted that Jordan had made significant achievements, with the under-one child vaccination coverage reaching 97%. He said that vaccination campaigns covered all areas including remote areas. He expressed appreciation for the efforts of WHO to promote new vaccines introduction and to make them available through pooled procurement, since many countries were not able to introduce the new vaccines due to their high costs.

The Representative of Morocco said it was very important to find means to make vaccines available in countries of the Region regardless of national income level, noting that vaccine costs represented a considerable burden on the budgets of some countries. As an example, he said, Morocco had introduced two new vaccines in 2010, namely pneumococcal and rotavirus vaccines, using its own resources with the aim of reducing child mortality. Those two vaccines, he said, cost 4 times as much as the 8 vaccines previously introduced through the national immunization programme. He reiterated his support for a pooled vaccine procurement mechanism if it facilitated access to lower cost vaccines.

H.E. the Minister of Public Health of Afghanistan noted that greater than 80% DTP3 coverage had been achieved in her country, and said this was proof that immunization was possible even in the face of considerable challenges. Although there were still pockets of missed children, innovative approaches were being sought and used to reach some of these children. She referred to her country's successful experience using Uniject syringes to deliver medicines in remote areas, and requested information on similar new technologies that were simple, required little training and might be used for measles elimination. She referred to the effective surveillance system in place for polio eradication and called for complementary, harmonized surveillance systems rather than parallel systems.

The Representative of Lebanon said that immunization was especially important when mortality rates were high; it could help reduce deaths. He added that the child mortality rate was low in Lebanon and that the figures for Lebanon reflected the effectiveness of the surveillance system. He also said that pooled vaccine procurement was quite important for Lebanon, noting that Lebanon, which was not a high-income country, was currently purchasing its vaccine needs through UNICEF. He welcomed the idea of the Regional Office assuming responsibility for pooled procurement, provided that relevant costs and logistics were accounted for.

H.E. the Minister of Health of Djibouti noted that immunization was particularly important in the Horn of Africa because the area was vulnerable to climatic and humanitarian crises, population displacement and malnutrition. He said that expansion in immunization coverage was critical and should take place through campaigns, especially for measles since the disease also appeared among adults. In emergencies, screening for malnutrition could be combined with measles immunization. He said that routine immunization coverage had increased from 50% in 2000 to

88%, with coverage confirmed by a survey conducted in 2008. A second survey was planned for 2012. He said that Djibouti aimed at reaching the best possible coverage in order to achieve the MDGs.

H.E. the Minister of Health of Kuwait noted that Kuwait had just introduced HPV vaccine. He drew attention to the problem of refusals and noted that the media often exaggerate problems. Better health education was needed for the public, together with media advocacy.

The Representative of Pakistan said that her country was expanding the scope of the immunization programme to reach the unreached as well as to introduce new vaccines. Nearly 100 000 lady health workers were being involved in the EPI and the introduction of Hib and pneumococcal vaccines was being planned with GAVI support. Routine immunization coverage was increasing, and DPT3 coverage had reached a high of 88% in 2010. She noted the current challenges, which included flooding, insecurity and administrative devolution, and highlighted the need for backstopping by WHO and partners to maintain the upward trend in immunization coverage. She expressed support for the establishment of a system of pooled vaccine procurement system for the Region.

The Representative of Palestine also stressed the importance of obtaining vaccines through pooled procurement, noting that children do not acquire immunity against pertussis from their mothers and that the first and second doses of vaccine do not provide sufficient immunity. He noted that there were many mothers who did not acquire immunity against tetanus due to the limited vaccination coverage in the past. He inquired about the status of neonatal tetanus, particularly in regions where mothers are still delivering at homes. He said it was important to monitor immunity against measles every 4–5 years because the vaccine was sensitive to light and heat. He reaffirmed the need for WHO-supported pooled procurement, given the growing cost of pneumococcal vaccines.

The Representative of Tunisia praised WHO's support of supplementary vaccination and surveillance networks. He said that his country was using the principles of the Global Immunization Vision and Strategy as a starting point to move forward in immunization, noting that Tunisia has managed to realize the goal of vaccinating every child through routine immunization thanks to primary health care centres, which are available all over the country. In this regard, he said that the routine immunization coverage rate had been 90% in all provinces since 2006. He indicated that the evidence of this high percentage was reflected in the fact that no measles cases had been reported by the surveillance system since 2003. He added that the Ministry of Public Health was aware that efforts needed to continue to introduce more vaccines in the national immunization strategy, having already included *Haemophilus influenzae* type b (Hib) vaccine. He said that his country was collaborating with WHO in the "Optimize" initiative to identify ways to use solar energy for transport and maintenance of vaccines.

H.E. the Minister of Health and Medical Education of the Islamic Republic of Iran said that in her country, top national experts in the national immunization technical advisory group had been supporting the Ministry of Health in EPI planning. Recently, based on WHO recommendations, the role of this group had become more prominent. She said her country strongly believed that success in maintaining polio-free status and in eliminating measles and congenital rubella syndrome would not happen through vaccination campaigns alone. Other components of EPI vital for achieving success included increasing routine immunization coverage and strengthening the cold chain, surveillance for vaccine-preventable diseases and registration and reporting of adverse events following immunization. Strengthening the cold chain, she noted, required not only financial investment but also technical support and training.

H.E. Minister of Health of Iraq said it was important to have a database for following up epidemiological changes, assessing the needs for new vaccines, conducting multi-indicator surveys, enhancing the epidemiological surveillance information system and benefitting from family and school health surveys. He highlighted WHO's role in promoting intercountry partnerships, enhancing the reach every district approach to ensure no children are missed by immunization campaigns, launching national immunization campaigns, and immunizing pilgrims. He also referred to immunization activities in border areas, enhancement of effective partnerships and ensuring alignment with primary health care. He noted that Iraq was still providing vitamin A with measles vaccine and said it would introduce *Haemophilus influenzae* type b (Hib) and rotavirus vaccines in the coming month and pneumococcal vaccine in the following year.

The Representative of the United Arab Emirates said that immunization coverage in his country was higher than 90% and that new vaccines were being introduced including hexavalent vaccines. He added that studies were under way to introduce some other new vaccines including rotavirus vaccines.

The Representative of Somalia noted that immunization was the main tool for achieving MDG 4. He drew attention to the challenges facing efforts to scale up immunization, which included inadequate structural and managerial capacity, weak surveillance systems, low government allocation for immunization, and complex emergency situations in a number of countries including Somalia. He said that Somalia was committed to scaling up the immunization programme to meet global and regional targets, and noted that its immunization coverage had increased in recent years.

H.E. the Minister of Health of the Syrian Arab Republic presented the Syrian immunization indicators and EPI strategy and action plan, noting that vaccines were provided free of charge and that the country had been polio-free since 1995. He noted that the neonatal tetanus elimination goal was achieved in 1997 and had been maintained ever since. He expressed hope that measles and rubella would be eliminated by 2012. He said that infant and child deaths had been reduced by improving perinatal health care. He also highlighted the Ministry's aim to scale up immunization through increasing coverage with all vaccines to more than 95%, ensuring all EPI-targeted children possessed vaccination cards and maintaining polio-free status.

The Representative of the South Sudan noted that many children in his country were still dying of communicable diseases, which was attributable to very low immunization coverage. He drew attention to the current outbreak of measles, with about 1300 suspected cases and 100 confirmed. The Ministry of Health, WHO and UNICEF were scaling up EPI activities with the aim of vaccinating 1.7 million children under 5 years against measles in the coming 10 months. About 400 000 children had been vaccinated in the past 2 months. The major challenges to scaling up immunization in South Sudan were lack of trained health workforce, weak infrastructure, low education levels, unhelpful traditional beliefs and lack of logistics.

The Representative of Yemen urged the accelerated establishment of a pooled vaccine procurement mechanism, saying that this would be an important step in making available affordable vaccines for the Region, helping to address the widening gap between middle-income and low-income countries. He said that poliomyelitis was still the Region's biggest concern and must be addressed at different levels in order to achieve the eradication goal. A member of the delegation of Yemen pointed out the need to consider local context and social and gender equity in selecting immunization priorities. She also raised the issue of conflict in the Region and requested WHO support for ministries of health to maintain immunization achievements during conflict situations.

The Representative of Sudan expressed appreciation for GAVI support to Sudan, which had helped it to increase its immunization coverage to 90% and to introduce new vaccines such as rotavirus in the previous year and the second dose of measles in the following year. He drew attention to ongoing challenges such as expanding primary health care coverage and ensuring the sustainability of global support in order to secure timely vaccine for low-income countries.

Dr Teleb noted the strong calls for the establishment of pooled vaccine procurement and referred countries to a side meeting that would take place on the subject later in the day. With regard to new technology for vaccine delivery, she said that an aerosol for measles vaccine was currently in the final stages of testing. She noted that Afghanistan had been the first country to use Uniject for administering tetanus toxoid, and said its experience had promoted similar approaches in other countries. She congratulated Pakistan for involving its lady health workers in the EPI.

The Director-General drew attention to the difficulties of educating the public on the benefits of vaccines, and said there would always be a segment of the population that did not accept vaccines. More problematic, she said, was when fellow health professionals refused vaccines or did not support immunization. Working with the media was important for public education and awareness-raising, as was getting the evidence out. With regard to vaccine procurement, she said that WHO was working with GAVI to “shape the market” for vaccines. She noted that several countries in the Region had expressed interest in building vaccine production capacity; WHO could offer support through technology transfer. She warned of the dangers of driving prices too low, noting that when this happened producers left the market. It was important to strike the right balance between vaccine supply and demand.

5.3 Strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012-2016

Agenda item 4(c), Document EM/RC58/5, Resolution EM/RC58/R.8

Dr Khalid Saeed, Regional Adviser, Mental Health and Substance Abuse, presented the technical paper on the strategy for mental health and substance abuse in the Eastern Mediterranean Region. He said that mental health and its problems were a public health issue inextricably linked to quality of life, productivity and social capital. Mental, neurological and substance use disorders were universal, affecting all social groups and ages, contributing to 14% and 12% of the burden of disease globally and regionally, respectively. World Health Assembly resolution WHA55.10 called on Member States to provide support to WHO’s global action programme for mental health. This resulted in the launch in 2008 of the mhGAP programme which called for enhancement of political commitment and development of policy and legislative infrastructure. The discussions of the Regional Committee which led to resolution EM/RC57/R.3, adopted in 2010, were explicit in requesting development of a comprehensive mental health strategy to guide the response of Member States, to promote mental health and to provide for integrated efforts for prevention, treatment and rehabilitation of persons with mental, neurological and substance use disorders.

Dr Saeed said that the components of the regional strategy and actions being proposed provided a foundation for the development of national strategies and action plans. The strategic components included strengthening leadership and governance of mental health systems, scaling up the integration of mental health into primary care, strengthening the specialist mental health service, prioritizing services for vulnerable persons, prevention of mental, neurological and substance use disorders and promotion of mental health, and enhancing local research for the generation of evidence and promoting its operationalization.

Discussions

The Representative of Lebanon said that his country was addressing addiction in the traditional manner, which involved hospitalization of patients to detoxify them and then rehabilitating them and reintegrating them into society. Rates of relapse were high, he said. He referred to alternative approaches such as those used in the Islamic Republic of Iran and called for such approaches be evaluated and further refined. He noted that Lebanon was having problems in incorporating mental health into primary health care due to the scarcity of human resources for mental health. He proposed including the following recommendation in the regional strategy: developing human resources, regulating mental health and the psychotherapy profession and defining a role for psychotherapists in incorporating mental health into primary health care.

The Representative of Jordan said that his country had developed a national mental health strategy this year and had been selected as one of six countries for pilot implementation of the mental health global action programme (mhGAP). He noted that 360 health centre workers had been trained and work was underway to develop and update mental health-related legislation and develop job descriptions for workers in this field.

The Representative of Palestine noted that there were no clear protocols in the mental health field and requested WHO support in developing such protocols. He said there was need to review and try to standardize relevant legislation in countries throughout the Region and to offer training courses for professionals on the management of mental health disorders and addiction.

The Representative of the Islamic Republic of Iran noted the inadequacy of services for mental health and substance abuse in the Region. Filling the gaps in treatment was of vital importance, he said. He drew attention to a project being piloted in his country to downsize the role of psychiatric hospitals in favour of community-based mental health services that promoted inclusion and integration of people with mental health disorders. Substance abuse was a complex issue and a growing problem, he noted, and the types of drug and methods of use were changing over time. The social impact of the new drugs and their effects on mental health needed to be studied and the results shared among countries.

The Representative of Sudan asked whether a mental health training guide was available. He referred to the issue of substance abuse among health professionals and enquired about the magnitude of the problem.

The Representative of Iraq said it was important to develop a mental health structure at Ministry of Health level in all countries. He highlighted the need to provide treatment and rehabilitation services for people suffering trauma as a result of current circumstances in the Region. He stressed the importance of collaboration between countries and the Regional Office in developing mental health related legislation and in organizing, developing and recruiting appropriate human resources in this field. He proposed setting up a regional training and research centre that Iraq could host, in addition to developing a quality control system for mental health services.

The Representative of Bahrain said that her country had formed a committee on mental health at Ministry of Health level to oversee its integration into primary health, adding that the Ministry had opened four mental health clinics and one clinic that provided mental health services for adolescents. The Ministry had also launched a pre-marriage counselling programme. She noted that all mental health medicines were available free of charge in Bahrain. She said that among the challenges facing Bahrain was the treatment of morphine abuse, noting that her country was trying to benefit from other countries' experiences in this field.

The Representative of Somalia said that one out of every ten Somalis was affected by mental health disorders, mostly as a result of the protracted civil war. At the same time, no psychiatrists

were available in the country, and medicines for mental health disorders were limited or irregularly available. He thanked WHO for its support in training of a group of mental health nurses, and appealed to other countries of the Region for provision of a psychiatrist.

The Representative of Tunisia said that mental disorders and addiction were increasing in his country, which had been implementing a national mental health programme since 1990. Tunisia had also revised its mental health law and established mental health research units. He noted that the mental health sector had been hampered by limited human resources and weak coordination with other sectors, and said that the Tunisian mental health policy was in line with the proposed regional strategy.

The Representative of the Syrian Arab Republic said that his country had managed to increase the number of mental health clinics by 50% and primary mental health clinics by 100% and had considerably improved mental health services. Syria had also established facilities for sheltering people with mental disorders and children's mental health centres and addiction treatment centres. He stressed his country's interest in participating in international mental health forums so as to learn from other countries' experiences. He also said there was need to update mental health and addiction related laws, enhance human resources and strengthen regulations for dispensing relevant medicines.

The Representative of Morocco proposed adding the following item to the regional activities within component 2 of the strategy: Establishing a mental health specialty within general health care services package to achieve integration of all its components and developing the necessary tools that would help countries develop and evaluate relevant policies, plans and laws. He also proposed adding the following to component 4 of the strategy: Focusing on prisoners as one of the vulnerable groups and integrating mental health into the health care service package provided in prisons.

The Representative of the South Sudan said that mental health care was almost nonexistent in his country, despite the large number of people with postwar trauma. He said that his government was committed to developing mental health services, and in this regard he thanked WHO for its planned support in setting up a policy and strategies for mental health services.

The Representative of Djibouti noted that stigma and negative stereotypes limited the use of mental health services. He said that his country's strategic plan for 2012 included the integration of mental health management into primary health care. He drew attention to the need for coordinated, harmonized efforts among all agencies and programmes concerned with substance abuse. In this regard, Djibouti was training health care workers and strengthening regulation of psychoactive substances. He said that in 2012, mental health would be integrated into the national health development plan. He noted the importance of traditional medicine in the Region and suggested exploring its value in addressing mental health issues. He agreed that political commitment was critical for strengthening mental health services.

H.E. the Minister of Public Health of Afghanistan stressed the importance of showing the impact of mental health on overall quality of life and development of society. She said that in Afghanistan, mental health had been integrated into the basic package of health services, and a training manual and learning resources for mental health had been developed. She emphasized the importance of involving other sectors such as education, labour and counter-narcotics in addressing mental health. In Afghanistan substance abuse was linked to unemployment, especially among youth, and 60% of the population was under the age of 25 years. She asked for guidance in scaling up mental health services, given that her country had a service delivery platform, a training manual and learning resources in place.

The Representative of Kuwait said that his country had set up an integrated mental health programme and applied it in all primary health care centres and developed relevant legislation in this field. He said there was need to raise social awareness about mental health and to develop a national integrated mental health structure involving all ministries.

The Representative of Yemen said that mental health in his country was deteriorating due to the political and social situation. He said that more priority needed to be given to this issue, and agreed that psychotherapists and other specialities needed to be included in efforts to improve mental health services.

The Representative of Egypt noted that the current circumstances in the Region were increasing mental health problems and substance abuse. She said there was need to enhance collaboration and exchange of expertise among WHO and Member States and to adopt the strategy developed by WHO in this regard. She said that Egypt, in collaboration with WHO, was actively working to combat mental health related stigma.

The Representative of Alzheimer's Disease International said that Alzheimer disease and other dementias were the main cause of years lived due to disability among people aged over 60 years. Alzheimer disease had been recognized as a major noncommunicable disease at the recent United Nations high-level meeting on noncommunicable disease in New York. She noted that Alzheimer disease and related dementias shared many risk factors with other noncommunicable diseases and asked countries to include dementia in national plans for addressing noncommunicable disease. WHO was working with Alzheimer's Disease International and experts from around the world to put together a specific dementia report that would be launched in 2012. She said that the report would be an important guide for developing national policies on dementia, and she urged countries to develop such policies.

The Representative of the Arab Federation of NGOs for Drug Abuse Prevention called for establishing centres for addiction studies and said that addicts should be regarded as patients who deserved treatment. He noted that there were still laws in countries of the Region that criminalized drug use, and stressed the need for raising awareness about addiction and promoting collaboration among countries and nongovernmental organizations to improve the way addicts were treated.

The Representative of the International Federation of Medical Students' Associations noted that mental health had low priority during clinical training in medical schools, and pointed out that suicide was the third leading cause of death in young people. She expressed hope of seeing more initiatives and programmes directed towards mental health issues, such as the mhGAP programme, and said that medical students wished to take part effectively in such programmes. She urged countries to take an active stance in addressing mental health issues and especially in combating substance abuse in a sustainable way.

The Regional Director stressed the need for including mental health in medical and nursing training curricula and examinations. With regard to stigma, he noted that it extended not only towards patients but also towards mental health professionals. He also pointed out that there was less stigma associated with mental health units inside general health facilities than with specialized mental health care facilities.

Dr Saeed noted that several themes had emerged during the discussions. One was the need to enhance capacity at regional level, including establishment of a coordination structure for mental health. Another theme was the need to build up human resource capacity, he said. Many countries had highlighted the need for multidisciplinary teams that could provide holistic mental health care. In Jordan, which was a pilot country for the mental health global action programme,

multidisciplinary teams were being trained to provide holistic mental health services. Countries had also drawn attention to the rise in mental health disorders associated with conflict. He stressed that all humanitarian actors needed to be able to provide basic mental health and psychosocial support services. The issue of integration had been highlighted repeatedly, he said. Integrating mental health into primary health care was a way to maximize resources and at the same time provide services in a non-stigmatizing environment. With regard to opium substitution therapy, he said that the evidence was clear that methadone users were more productive, less likely to engage in criminal activity and more likely to take up employment than opium users. He noted that suicide was an issue that had been heavily stigmatized and needed to be addressed on an urgent basis.

5.4 Strategic directions for scaling up research for health in the Eastern Mediterranean Region

Agenda item 4(d), Document EM/RC58/6, Resolution EM/RC58/R.3

Dr Naeema Al-Gasseer, Assistant Regional Director, presented the technical paper on strategic directions for scaling up research for health in the Eastern Mediterranean Region. She said that globally, research for health was sometimes considered a luxury and was therefore at risk of financial cuts when countries were stressed. However, the importance of research for health and for socioeconomic and health development had been proved and it was now considered an essential investment. Research for health provided the knowledge required to understand the concerns, as well as the effectiveness and efficiency, of the health services and the future needs of the health sector in general. Research for health was needed, not only to understand health conditions but to understand other determinants of health, including education, poverty, gender, human rights and environmental changes. Yet, it was still underfunded in many areas, and did not necessarily address the needs of people.

Dr Al-Gasseer noted that the Eastern Mediterranean Region was undergoing political, social, economic, demographic and health change. A number of countries were experiencing emergencies, while others were prone to natural disaster. The paper provided a situation analysis of research for health in the Region and outlined strategic directions for the utilization of research to improve health through the use of evidence, responding to the challenges in the Region. The strategic directions emphasized the overall message that research for health was not a luxury, but a necessary investment in socioeconomic and health development and was essential at all times.

These strategic directions were proposed in order to provide a flexible framework, taking into account the regional diversity, that could be adapted by Member States to address their health needs and formulate national research for health strategies. The paper built on previous achievements, highlighted opportunities and set the stage for addressing new challenges in a multisectoral approach, especially at a time of emergencies and financial constraints. The strategic directions outlined in the paper should be understood as relating to both Member States and the Secretariat. This supported the thesis that collaboration and cooperation was needed to implement the strategic directions proposed.

Discussions

The Representative of Palestine said that there was much research work that required regionally coordinated efforts, an issue highlighted in the Regional Director's report concerning the monitoring of certain diseases, including the eradication of polio. Consequently, there was a call for developing WHO-supported joint regional research protocol. In terms of institutionalization of research, he said that the Palestinian vision was to make use of the researchers in Palestinian universities in the Public Health Institute, which was to be established soon, in collaboration with WHO, in order that research carried out was based on the health needs of Palestinians.

The Representative of Iraq commended the Regional Office on its support in promoting investment in research for health and implementation of health economics, with special focus on the research addressing health and environmental problems in the Region. He emphasized the importance of experience exchange between countries of the Region and conducting joint health research on common health problems, as well as applied research to promote the concept of primary health care. He also emphasized the importance of creating partnership between the public and private sectors to carry out joint field research, with special focus on epidemiological field research as well as studies meant to promote integration of primary, secondary and tertiary health care services.

The Representative of Sudan emphasized the need for coordination between agencies contributing to research for health, such as scientific research institutions, government and private universities. He also highlighted the need for health research to be conducted in accordance with country priorities rather than the priorities of funding agencies. He noted that coordination is crucial for studies, surveys and research projects funded by WHO and other donors to ensure integration of programmes and their implementation at the country level.

The Representative of the United Arab Emirates confirmed his country's belief in the importance of research for health emphasizing that national strategies were built on it. He said that the national survey on nutrition, conducted in collaboration with WHO, had helped to build a database in this field. Strong cooperation existed between educational and academic institutions in the United Arab Emirates and the Regional Office, and an example of this had been the conducting of a study on the rates of diabetes in the country. He indicated the preparedness of the country to host the WHO Assistant Regional Director and her team to further discuss collaboration in research for health.

The Representative of Bahrain emphasized the importance of research for health in the Region, such as the national surveys on the prevalence of noncommunicable diseases. She added that the Gulf Cooperation Council has previous successful experiences such as the family health survey, as well as current experiences such as the study on economic burden of diabetes. She stressed the need for setting priorities for research for the Region. She further added that Bahrain supports health research through its Committee for Health Research and subcommittees on primary and secondary health care. She also noted that for family practitioners to graduate, they must complete a research study and that this is also the case for promotion.

The Representative of Yemen stressed the importance of research for health for the support of health systems and the control of epidemiologic, communicable and chronic diseases. He noted that the countries of the Region needed to allocate more resources and funds for research, especially for research on health systems, with more attention given to researchers. There was also a need to create centres of excellence in the Region. He further noted that there was a need for a rational linkage between research institutions, such as universities and implementing agencies, responsible for implementation, e.g. the ministry of health and its facilities and programmes for disease control. He indicated that what counted was how to benefit from research outcomes and assess their contribution to decision-making, priority setting and policy formulation. He proposed that Region-wide research be conducted in this area.

The Representative of Tunisia noted that scientific research expenditure as a percentage of gross domestic product had increased to enhance the importantly strategic sector of research. Scientific research in Tunisia had witnessed remarkable developments over the past several years. However, utilization of funds allocated for research projects at the level of laboratories and research units, did not exceed 50%. This was due to incompatibility between the distinctive administrative system in higher education and research institutions with the requirements of scientific research

activities, which mandated resilience in action and swiftness in implementation. Thus, the main problem was scattered efforts due to uncoordinated activities of various entities. A committee comprising members from the Ministry of Higher Education and Scientific Research Ministry of Public Health and the pharmaceutical sector would be best placed to address research issues according to national priorities. This approach would be implemented, at the first stage, in the areas of prevention and control of cancer, chronic diseases, ageing, genetic diseases and violence-related injuries.

The Representative of Oman noted that its council for scientific research had developed a research programme on road traffic crashes which was open for all sectors, inside and outside Oman, in an endeavour to build capacity in the area of research in the country and find practical solutions based on evidence that were suitable to the national situation. He added that four research projects, all pertaining to traffic road safety, had been commissioned. They concerned social determinants and behaviours of drivers, evaluation of methods of limiting speed and their effectiveness, road engineering and a database on national traffic safety.

The Representative of Kuwait acknowledged that investments in research for health were necessary to achieve development. He said that his country paid great attention to research for health and cooperated with research institutions and funding agencies to ensure that research was conducted in accordance with ethical standards for human research. He added that the Ministry of Health cooperated with WHO to conduct health surveys and research studies on health-related risk factors and prevalence of noncommunicable diseases, as well as projects on evaluation of the health system. He further added that the Ministry stipulated that doctors conduct and publish research in international peer-reviewed journals in order to maintain standards, improve performance and provide credibility. Health and medical projects and proposals were only approved when it was ensured that they complied with human and ethical standards.

The Representative of Egypt said that operational research studies had been conducted on some public health problems such as unwillingness on the part of mothers to immunize their children, especially against polio. It was revealed that 30% of poliomyelitis cases were among children who had not received the vaccine because their families refused to immunize them. Consequently, studies were needed to address and understand sociological aspects of the problem. He called for a meeting to be held for countries of the Region to set research for health priorities, particularly in the area of noncommunicable disease, with participation of anthropology experts to tackle this and other related issues. He noted that there was a need for intersectoral collaboration between the Ministry of Health and academia in carrying out research projects. He noted that budgets allocated for field research were insufficient.

The Representative of the Arab Universities Union noted that the proportion of gross domestic product spent on scientific research in the Arab and Islamic world was far less than in industrialized countries. He added that this also applied to the number of Arab researchers compared with their counterparts in western countries. He further added that among the most important obstacles scientific research had faced in the Region were financing (as 90% was from public funding), lack of policies and priorities, inadequate coordination between universities, whether within a country or between countries, migration of skilled workforce, political instability and low wages.

The Representative of the Arabization Center for Medical Science said that the Region was still lagging in the area of research for health because countries had never exerted sincere efforts in this direction. He stressed the importance of concentrating on research for health more than medical research in order to address issues of interest for people's health. He suggested that

incentives to conduct research for health be created by identifying fields of interest for research and designating a prize to be awarded to the best research project in the respective fields.

The Representative of the Health Ministers' Council for the Cooperation Council States acknowledged the importance the Regional Office was giving to research for health. He said that a number of joint research projects in various fields had been conducted in member countries. He also highlighted the importance of training and strengthening capacities of research professionals in areas of priority setting for health research and health system research. Priority issues for research for health included emergencies, disasters and environmental health. He stressed the need for WHO to pay special attention to and promote the concept of evidence-based health care systems. He pointed out that this trend should lead to support for research and for strengthening its role in evidence-based policy- and decision-making. He added that it was also important to create partnerships between the health systems and national research institutions to support research and research priorities.

Dr Al-Gasseer confirmed what was stated by the Representative of Palestine in regard to regional efforts in the institutionalization of scientific research. Such institutionalization was being demonstrated in both the work and approaches. She added that the joint work of various agencies in this connection was being reinforced. She highlighted the importance of political commitment in providing support on the ground through the formation of full multilateral partnerships. She thanked the United Arab Emirates for the invitation they had extended to herself and the working team from the Regional Office, and promised that they would work together to promote research for health. She added that the work in Bahrain was being monitored and the results achieved had been impressive. As for the collaborating centres referred to by the Representative of Yemen, she said that these centres were, in fact, centres of excellence and played a significant role in the area of research and that their role needed to be strengthened and their potentials utilized. She stressed the importance of reinforcing the role of private sector in partnerships. She confirmed that research ethics was one of the priorities receiving special attention by the Regional Office. The Regional Office is strengthening capacities to translate research outcomes into health policies through activation of EVIPNet and development of knowledge translation teams in Member States. She noted that though there were many efforts in the Region they were dispersed, and the Regional Office supported the coordination of these efforts. Dr Al-Gasseer noted that the focus of the World Health Report 2012 would be research for health. In line with this, the Regional Office had shared the draft report with Member States and was asking them to submit success stories in research for health in an attempt to compile a regional report.

The Director-General responded to the concerns of the Minister of Health of Sudan that donors and researchers were driving the research agenda and identifying priorities in health research that were not necessarily in line with countries' national priorities. She said that WHO was preparing the World Health Report 2012 on health research precisely to provide advice to ministers of health on how to take the leadership in health research, in collaboration with relevant national institutions. She stressed the need for the creation of correct mechanisms to conduct research and to ensure governance and the application of ethical and quality standards.

5.5 Medicine for mass gatherings

Dr Ziad Memish, Assistant Deputy Minister for Preventive Medicine, Ministry of Health, Riyadh made a presentation on the outcome of an international conference on medicine for mass gatherings, held in Jeddah, Saudi Arabia in October 2010. The conference had made a number of recommendations, including the establishment of an international reference body, information and awareness raising and research. It would submit its recommendations to the WHO Executive Board and the World Health Assembly.

The Representative of Iraq said that his country had adopted medicine for mass gatherings as part of its strategic and executive plans with regard to huge, sometimes million-people, gatherings, mainly on religious occasions that take place several times a year. He added the aim was not only to seek delivery of preventive and curative health services but also to ensure the quality of these services. In so doing, he noted, this issue relies on effective partnership with religious institutions, ministries and civil society organizations to provide efficient preventive and curative services and support the primary health care principle. He also stressed the importance of the procedures of health control and food safety, and delivery of effective services through primary health care centres, relying on mobile medical teams and medical caravans that are set up to provide services along the trip route. This is in addition to activating all emergency measures.

5.6 Prevention of blindness

His Royal Highness Prince Abdulaziz Bin Ahmed Al Saud, Chairman of the International Agency for the Prevention of Blindness, Eastern Mediterranean Region IMPACT-EMR, referred to the Region's success in its proposal for a resolution for the reduction of avoidable blindness and visual impairment. He praised the efforts of the Regional Office to support three Health Assembly resolutions in this respect. He added that incorporating eye health into primary health care services would help reduce diseases that cause blindness and promote their prevention. He said that despite the success of the initiative, the number of blind in the Region had risen from 5.3 million to 9.4 million. This should impel the Region to focus on reducing the causes of visual impairment and to find ways to prevent them. He requested the Regional Office to support these directions in the forthcoming meetings of the Executive Board and Health Assembly.

6. Technical discussions

6.1 Managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases

Agenda item 3, Document EM/RC58/Tech. Disc.1, Resolution EM/RC58/R.10

Dr Abraham Mnzava, Coordinator, Vector Control and Prevention, WHO headquarters, presented the technical paper on managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases. He said that the Eastern Mediterranean Region was facing an increasing burden of vector-borne diseases. Progress in scaling up universal access to interventions was compromised by a limited number of effective vector control interventions. Most of these interventions relied to a great extent on the use of pesticides. The lack of new pesticides under development and the spread of vector resistance to pesticides left control programmes with no option but to manage the few available pesticides judiciously. Such management must include appropriate use of these chemicals in order to minimize their human and environmental health impacts. In 2010, the WHO Pesticide Evaluation Scheme carried out a global survey of countries endemic for vector-borne disease in order to map registration and management practices for public health pesticides. In-depth analysis of the findings had provided an overview of the challenges, and also the opportunities, for strengthening capacity in the sound management and judicious use of pesticides.

The survey findings were expected to better inform future plans to optimize and harmonize public health pesticide registration procedures and post-registration regulation of public health pesticides in the Member States. Actions needed by countries included improvement of: legislation and regulation; procurement and quality control; judicious use of pesticides and implementation of integrated vector management; pesticide resistance prevention and management; surveillance of pesticide exposure and incidents; disposal of pesticide waste and containers; and strengthening capacity of decision makers of vector control programmes. WHO would support countries in developing legislation and national policy for management of public health, as well as national action plans for integrated vector management and judicious use of pesticides. In collaboration with the Food and Agriculture Organization of the United Nations and the United Nations Environment Programme, WHO would mobilize resources and support capacity-building in countries for life-cycle management of public health pesticides. WHO would facilitate other regional collaboration on management of public health pesticides, including harmonization of registration requirements and procedures, quality control, information exchange and work-sharing.

Discussions

The Representative of Morocco highlighted the burden of vector-borne diseases in the Region and said that adopting the recommendations included in the technical paper, which Morocco fully supported, would promote national coordination mechanism among all partners, including the private sector, thus ensuring best utilization of resources and coordinated integrated vector control measures. He also recommended: supporting the institutions in charge of regulating pesticides, formulating management strategies in regard to pesticides for mosquito control, requesting WHO to continue its technical support to countries to strengthen national legislation in the management of pesticides, in collaboration with the Food and Agriculture Organization of the United Nations and the United Nations Environment Programme, and supporting national capacity-building in the management of pesticides.

The Representative of Iraq said that a committee comprising representatives of the relevant ministries had been formed to coordinate joint work on the use of agricultural and public health pesticides. He added that the Ministry of Health always evaluated public health pesticides and

followed-up on the application of quality assurance of pesticides as quality control measures were not deemed sufficient. He hoped that coordination and cooperation would take place between countries, with the support of WHO to procure pesticides that were effective and, at the same time, environmentally-friendly. He highlighted the importance of conducting research studies on the impacts of pesticides following their use and efficacy on vectors. He stressed the importance of integrating work on agricultural and public health pesticides. He also stressed the need to provide health education in this field, conduct health promotion activities and build the capacity of personnel and institutions working in this field.

The Representative of the Syrian Arab Republic said that the Ministry of Health was responsible for all matters related to public health pesticides. He added that all pesticides ought to be approved by WHO or accredited bodies. He further added that technical matters related to pesticides were reviewed by a standing technical committee within the Ministry of Health, with members also from other concerned agencies. All pesticides were subjected to efficacy tests on targeted insects and passed through laboratory analyses before they were approved and registered with the Ministry of Health and cleared for public use, thus ensuring they were of good quality and caused no hazard to human health or the environment.

The Representative of the Islamic Republic of Iran said that the control of vector-borne diseases was complicated and expensive. Vector control measures were the most cost-effective intervention for the control of these diseases. He said that the inappropriate use of pesticides resulted from lack of sufficient coordination between the public health sector and the agricultural sector. Inappropriate use of pesticides would eventually lead to resistance and failure of control measures, and finally, an increasing burden of vector-borne diseases. The Region was facing emerging and re-emerging vector-borne disease epidemics, as a result of environmental changes and climate change; unplanned urbanization; and the inappropriate management of waste and sewage; and population movement. The main challenges included: the lack of strong integrated vector management programme at national level; lack of proper legislation and regulation for pesticide use; lack of appropriate pesticide management system and coordination between different sectors, including the public-private sector and academia. He suggested the establishment of: a regional task force for integrated vector management between countries of the Region; a regional technical committee to provide technical support to Member States for the management of pesticides, including an information-sharing mechanism among countries of the Region; a joint task force with the involvement of WHO, Food and Agriculture Organization of the United Nations and Member States for pesticide management. He also suggested creation of a regional database on pesticide resistance to be updated regularly with the conducting of sound and well-organized surveys in countries of the Region.

The Representative of Egypt noted that more training for health personnel was needed on the handling of pesticides during transportation and use. He added that only two countries in the Region had legislation on the use of pesticides. WHO could provide technical support to Member States in developing legislation for their use, as had been done with the Framework Convention on Tobacco Control. This could be undertaken in collaboration with relevant parties in the Ministries of Health, Agriculture and Justice and in research centres. He also noted that with the growing use of agricultural pesticides for domestic vector control could, and was, leading to injuries and fatalities, especially among children

The Representative of Bahrain said that Bahrain had formed a pesticides registration committee comprising representatives of the Ministries of Municipalities, Health, Interior, Industry and Commerce, Finance and the General Authority for the Environment. The objectives of the Committee were to strengthen national participation in developing legislation regulating the importation, exportation, handling and disposal of pesticides and assessment of their potential

hazard to human health and the environment. They also tested vector sensitivity to pesticides and their dangers to human health and the environment and the sensitivity of the vectors to the insecticides before their use according to international regulations, and in collaboration with WHO. She said that Bahrain had become malaria-free and added it had become almost free of all other vector-borne diseases thanks to the adoption of sound policies for vector control.

The Representative of Palestine said that a study conducted in collaboration with a university had revealed that a large number of the rural population had developed cancer due to the misuse of pesticides. He added that contamination from pesticides was found in fruit and vegetables, especially when such substances were not being adequately controlled. He emphasized the need for close collaboration with the Ministry of Agriculture to monitor their use. He also highlighted the importance of ensuring regional cooperation among bordering countries for the control of vectors through a unified and concurrent plan, under WHO's supervision and with its support. He stressed the need for the establishment of a regional laboratory for the testing of pesticides and to determine their efficacy and compatibility with set standards. The laboratory would also serve as a training centre to upgrade the capacity of Member States in pesticide control. He highlighted the importance of collaboration between WHO and Food and Agriculture Organization of the United Nations in the area of pesticides and the need to study vector resistance to pesticides and to conduct studies on the soil.

H.E. the Minister of Health of Sudan stressed the importance of paying due attention to the health of workers dealing with pesticides, and to provide personal protective equipment that was appropriate for the environment and climate in countries of the Region. He highlighted the need to address the problem of increasing resistance to pyrethroids, which could result from the inappropriate use of pesticides or the use of pesticides not conforming to specifications of quality. He also highlighted the importance of research that addressed the potential link between the use of pesticides with the development of certain diseases, such as cancer. He said that legislation was needed to control and monitor the activities of pesticide-producing companies. He urged the countries to provide data related to pesticides in a timely manner.

H.E. the Minister of Health of Jordan said that a joint committee comprising representatives from the ministries of health, agriculture, the environment and municipalities had been established to oversee correct use of pesticides, whether for public health interventions or agricultural purposes. He added that a monitoring system was in use to evaluate the effects of pesticides on human health and the environment. The Ministry of Health was collaborating with WHO on the disposal of pesticides that were either not being used or whose use had been banned in order to preserve the environment. He expressed full agreement with the recommendations included in the technical paper.

The Representative of Tunisia said that the lack of legislative text to regulate the management of public health pesticides left the Ministry of Health with no choice but to utilize a number of external and internal regulations for the technical control, importation, exportation, and certification of pesticides before their release. He said that pesticides were subjected to technical review including laboratory testing to verify their quality. He added that a study conducted by the Ministry of Health on pesticides resistance had revealed that mosquitoes developed different levels of resistance, depending on the area of breeding. A geographic distribution map for pesticide resistance was developed and a programme for vector control was implemented accordingly. He also mentioned that Tunisia benefited from the Africa Stockpiles Programme and developed a national strategy and work programme with the objective of avoiding accumulation of new stock of obsolete pesticide.

The Representative of South Sudan said that vector control was very important for South Sudan because in spite of a range of measures taken to prevent malaria, such as the use of insecticide-treated bednets, mosquitoes were causing a great problem for the population. He noted that 75% of patients in hospitals were malaria patients and 44% of the total population had malaria. He said that a vector control programme currently did not exist in South Sudan despite the enormous burden of disease related to vectors. This was mainly due to very low capacity in the country. Other challenges included the need for legislation on pesticide regulation; lack of infrastructure; and the nuisance of mosquitoes leading to sleepless nights for many Southern Sudanese. He said that, therefore, the country was looking forward to the introduction of pesticides to eliminate this serious problem. He thanked the WHO office in Juba for inviting two consultants in June 2010 to assess the situation there. Finally, he said that the Ministry of Health was going to establish integrated vector control programme and requested additional technical assistance from WHO.

The Representative of the Medical Women's International Association said that exploratory studies should be conducted on the extent of contamination from pesticides in food sold by street vendors.

The Representative of the Arabization Center for Medical Science said that an increase in infectious diseases is among the challenges posed by climate change, and as a result of this the use of pesticides for public health interventions is needed more than ever. There is a need for strong regulation in their production, transport and use. There is also a need for stronger regional control in terms of quality assurance and for the development of legislation on pesticides. A registry of pesticides in use should be established to provide information on the products on sale. Disposal of pesticides can be problematic as improper disposal can harm the environment.

In response, Dr Mnzava said that there were several main themes. He confirmed that support would be provided to Member States in the development of national legislation to control and monitor the use of pesticides, and that a meeting had been planned to discuss this proposal. It was important for Member States to share data on pesticide use in the next three months. In terms of a link between the use of pesticides and the development of cancer, he said that it was beyond his capacity to answer the question but that it represented an important area for research. He said that the issue of vector resistance to pesticides was covered in meetings of the forum Global Collaboration for the Development of Pesticides for Public Health (GCDPP). Studies had shown that even in areas in which pesticides had not been used vectors were still developing resistance as a result of hydrocarbons. He said that he had no solution for the problem faced by workers forced to wear inappropriate protective clothing, especially in hot weather, when using pesticides in their work.

7. Other matters

7.1 Launch of the Country Cooperation Strategy (CCS) of Somalia

Launching the Country Cooperation Strategy (CCS) of Somalia, H.E. the Minister of Health of Somalia highlighted the drought and famine that had hit the African Horn country, stressing the need for coordinated efforts. He said that the southern parts of the country were the most affected and that the displaced southern persons who had already moved to Mogadishu were most in need of food and aid. He renewed his thanks to WHO and Arab and Muslim countries for their support of the famine-stricken Somali people.

7.2 Nomination of the Regional Director

Agenda item 5, EM/RC58/WP.1, Resolution EM/RC58/R.6

The Regional Committee, in a private session, nominated Dr Ala Din Alwan to serve as Regional Director for the Eastern Mediterranean and requested the Director-General to submit the nomination to the Executive Board.

7.3 Expression of appreciation

Resolution EM/RC58/R.7

The Regional Committee expressed its appreciation to Dr Hussein A. Gezairy for his commitment to international public health and his contributions and achievements during his tenure as Regional Director for the Eastern Mediterranean for almost 30 years. The Committee decided to make Dr Gezairy Regional Director Emeritus.

7.4 a) Resolutions and decisions of regional interest adopted by the Sixty-fourth World Health Assembly

Agenda item 7(a), Document EM/RC58/9

Dr Abdulla Assaedi, Deputy Regional Director, drew attention to the resolutions adopted by the Sixty-fourth World Health Assembly. He urged Member States to review the actions to be undertaken by the Regional Office and to report their own responses.

b) Review of the draft provisional agenda of EB130

Agenda item 7(b), Document EM/RC58/9-Annex1

Dr Abdulla Assaedi, Deputy Regional Director, presented the draft provisional agenda of 130th Executive Board and requested comments thereon.

7.5 Nomination of a Member State to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria and its committees

Agenda item 8, Document EM/RC58/10, Decision No. 5

The Regional Committee nominated Morocco and Sudan to serve on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria for a three-year period 2012–2014. The Islamic Republic of Iran was nominated to serve on the Policy and Strategy Committee, and the Syrian Arab Republic was nominated to serve on the Finance and Audit Committee.

7.6 Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction

Agenda item 9, Document EM/RC58/11, Decision No. 6

The Regional Committee nominated Tunisia to serve on the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction for a three-year period from 01 January 2012 to 31 December 2014.

7.7 Award of Dr A.T. Shousha Foundation Prize for 2011

Agenda item 10(a), Document EM/RC58/INF.DOC.9

The Dr A.T. Shousha Foundation Prize for 2011 was awarded to Dr Amjad Daoud Niazi for his significant contribution to public health in Iraq.

7.8 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region

Agenda item 10(b), Document EM/RC58/INF.DOC.10

The State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region was awarded in the area of cancer to Dr Alireza Ansary-Moghaddam, Islamic Republic of Iran, who decided to donate the prize to the people of Somalia suffering from drought and hunger.

7.9 World No Tobacco Day Award

The World No Tobacco Day Award was awarded to Dr Mariam Al Jalahma, Bahrain.

7.10 Review of rules of procedure of the Regional Committee

Decision No.7

H.E. Dr Abdullah bin Abdul Aziz Al-Rabeeah, Minister of Health of Saudi Arabia and Chairperson of the Fifty-seventh Session of the Regional Committee referred to decision no. 7 adopted by the previous session of the Regional Committee in which it was decided to form a sub-committee composed of the Chairperson, Vice-Chairpersons, Chairperson of the technical discussions and other members of the Regional Committee that so wished to review outdated rules of procedure and propose changes to the Regional Committee and report on the progress to date. He noted that the Secretariat had drafted a table comparing the rules of procedure of the Regional Committee with those of four other WHO regions. The table had been shared with the members of the sub-committee and it had been agreed that the sub-committee should now pass this work on to a technical committee with legal and administrative background to review and propose changes in keeping with best practice and in consonance with the WHO Constitution. The sub-committee would then review the report of the proposals made by the technical committee and propose its own changes to the Regional Committee at a future session. Annual updates would be made to the Regional Committee on progress in this regard.

7.11 Place and date of future sessions of the Regional Committee

Agenda item 11, Document EM/RC58/INF.DOC.11, Decision No. 8

The Regional Committee decided to hold its Fifty-ninth Session in Cairo, Egypt on 1–4 October 2012, subject to conclusion of administrative formalities.

8. Closing session

8.1 Review of draft resolutions and decisions

In the closing session, the Regional Committee viewed the draft resolutions and decisions of the session.

8.2 Adoption of resolutions

The Regional Committee adopted the resolutions of the Fifty-eighth Session.

8.3 Closing of the session

The Regional Committee thanked Dr Hussein A. Gezairy for his dedicated leadership and invaluable contributions to health development in the Region. It congratulated Dr Ala Din Alwan on his nomination as Regional Director. The Committee proposed that an annual award be established in the name of Dr Gezairy in the area of community development, the details of which would be decided at a later date.

9. Resolutions and decisions

9.1 Resolutions

EM/RC58/R.1 Annual report of the Regional Director for 2010 and progress reports

The Regional Committee,

Having reviewed the Annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2010, the progress reports requested by the Regional Committee and recent developments in the Region¹;

Recognizing with concern that Somalia is facing a humanitarian crisis due to drought and famine;

Recognizing that some countries are witnessing dramatic political, economic and health challenges, adding to the existing impact of natural and man-made disasters;

Expressing concern about the increasing number of cases of poliomyelitis in Afghanistan and Pakistan to the extent of becoming a public health emergency that is not only of national but also regional and global concern;

Recognizing that the Region is facing a double burden of communicable and noncommunicable diseases, and noting that greater attention needs to be given to noncommunicable diseases;

Acknowledging the continued, though slow, progress in the Tobacco-Free Initiative in the Region;

Appreciating the generous financial support of Saudi Arabia in support of WHO efforts in Somalia, as well as the support extended to Somalia by other countries and organizations;

Welcoming South Sudan as a member of the Regional Committee, and hoping that Palestine will be a full voting member of the Regional Committee next year;

1. **THANKS** the Regional Director for his comprehensive report on the work of WHO in the Region;
2. **ADOPTS** the annual report of the Regional Director 2010;
3. **CALLS** on Member States to:
 - 3.1 Extend further support to Somalia to assist the country to address urgent needs, either through the emergency solidarity fund established by the Regional Director or through direct support;
 - 3.2 Allocate adequate national resources for noncommunicable disease prevention and control programmes;
 - 3.3 Continue to implement the WHO Framework Convention on Tobacco Control
4. **CALLS ON:**
 - 4.1 Afghanistan and Pakistan to treat poliomyelitis eradication as a national health emergency and to activate national plans to ensure the required performance needed to achieve rapid cessation of transmission;

¹ Document nos. EM/RC58/2, EM/RC58/INF. DOC 1,2,3,4,5,6,7,8

4.2 All parties in Somalia to reach a peaceful solution which will have a positive impact on health and development for the people;

5. **REQUESTS** the Regional Director to:

5.1 Continue coordinated efforts with humanitarian and recovery agencies, as mandated by international mechanisms, to ensure extending all basic needs to Somalia, and to maintain this effort as long as required to address the emergency and rebuild the national health care system;

5.2 Continue to provide technical support and mobilize necessary financial resources to Afghanistan and Pakistan for the implementation of identified poliomyelitis eradication activities;

5.3 Allocate at least 5% of the WHO assessed contributions that are allocated to Member States for noncommunicable disease prevention and control programmes.

EM/RC58/R.2 Report of the Regional Consultative Committee (thirty-fifth meeting)

The Regional Committee,

Having considered the report of the thirty-fifth meeting of the Regional Consultative Committee²;

1. **ENDORSES** the report of the Regional Consultative Committee;
2. **COMMENDS** the support provided by the Regional Consultative Committee;
3. **REQUESTS** the Regional Director to implement the recommendations in the report.

EM/RC58/R.3 Strategic directions for scaling up research for health in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on strategic directions for scaling up research for health in the Eastern Mediterranean Region³;

Recalling resolutions WHA63.21 WHO's role and responsibilities in health research, WHA61.21 Global strategy and plan of action on public health, innovation and intellectual property, WHA58.34 Ministerial Summit on Health Research, EM/RC55/R.7 Bridging the gap between health researchers and policy-makers in the Eastern Mediterranean Region and EM/RC48/R.8 Renewed health research for development in the Eastern Mediterranean Region;

Recognizing that research for health is a vital component in developing health systems, in understanding the causes of ill health and in predicting and mitigating the effects of other factors on health;

Aware of the importance of research for health in achievement of social and economic development, health, equity and the Millennium Development Goals and that it is therefore considered an essential investment;

² Document no. EM/RC58/7

³ Document no. EM/RC58/6

Concerned with the challenges the Eastern Mediterranean Region is facing, including political change, instability, demographic and epidemiological transition, climate change, food insecurity and the impact of the global financial crisis, which might influence investments in research;

Acknowledging that research for health is not a luxury, but a necessity for all countries, at all times;

1. **ENDORSES** the strategic directions for scaling up research for health in the Eastern Mediterranean Region;
2. **URGES** Member States to:
 - 2.1 Advocate for scaling up research for health in the Region;
 - 2.2 Incorporate research for health in national health and development policy and strategies, and ensure institutional mechanisms for undertaking research to address national health priorities;
 - 2.3 Undertake assessment of the national health research system to identify gaps, needs, priorities and achievements at the national level, including organization, coordination, networking and resources;
 - 2.4 Develop, strengthen and implement national strategies for research for health, based on the regional strategic directions for research for health and the assessment of the national health research system, and report every two years on implementation;
 - 2.5 Establish and strengthen different networks at the national level to promote in-country research collaboration and the utilization of research results to inform health policy and planning;
 - 2.6 Establish and strengthen governance mechanisms for research for health to ensure rigorous application of global norms and standards;
 - 2.7 Allocate adequate resources to support research for health efforts at the national level;
 - 2.8 Improve the collection of research results and facilitate their accessibility;
3. **CALLS ON** high-income Member States to donate funds in support of regional research on priority public health areas;
4. **REQUESTS** the Regional Director to:
 - 4.1 Continue to support Member States in strengthening their national health research systems, with special emphasis on research ethics and establishing clinical trial registries;
 - 4.2 Enhance and expand regional and global partnerships to support to research for health;
 - 4.3 Strengthen the role of existing research networks and WHO collaborating centres as partners at the national and regional level in promoting and coordinating research-for-health efforts and facilitating the exchange of experience between countries to ensure optimal use of funds available for research.
 - 4.4 Study the possibility of establishing a regional prize for public health research.

EM/RC58/R.4 Dengue: call for urgent interventions for a rapidly expanding emerging disease

The Regional Committee,

Having discussed the technical paper on dengue: call for urgent interventions for a rapidly expanding emerging disease⁴;

Recalling resolutions WHA46.31 Dengue prevention and control, WHA55.17 Dengue fever and dengue haemorrhagic fever prevention and control, EM/RC52/R.6 Integrated vector management, and the recommendations of the sub-regional meeting on dengue fever for the Red Sea Rim, Cairo, Egypt, 20-22 July 2011;

Concerned at the occurrence of outbreaks of dengue fever/dengue haemorrhagic fever in the Eastern Mediterranean Region with an increasing frequency and expanding geographic distribution of both the viruses and mosquito vectors;

Understanding that increased travel, trade and global climate change, among other factors, have resulted in the emergence and re-emergence of dengue in the Region;

Acknowledging the need to strengthen national capacities to effectively address dengue fever in accordance with the International Health Regulations 2005;

Recognizing the importance of coordination within countries and collaboration between countries and regions in implementation of prevention and control measures for dengue;

1. URGES Member States to:

- 1.1 Ensure a high-level of political commitment, so that adequate human and financial resources are made available for the development and implementation of a national strategy and plan for dengue prevention and outbreak response as an integral part of communicable disease control;
- 1.2 Strengthen national capabilities at all health care levels in the diagnosis of dengue and dengue haemorrhagic fever, particularly laboratory diagnosis, case management and health education, as well as in vector surveillance;
- 1.3 Strengthen coordination between the various national authorities for the sound management and judicious use of pesticides;
- 1.4 Exchange information and data with each other on vectors and vector-borne diseases;

2. REQUESTS the Regional Director to:

- 2.1 Continue to support Member States in their efforts for prevention and control of dengue and dengue haemorrhagic fever;
- 2.2 Support establishment of regional collaborating centres for arboviruses and vector-borne diseases;
- 2.3 Report periodically, as appropriate, to the Regional Committee on the progress made in control of dengue and dengue haemorrhagic fever in the Eastern Mediterranean Region.

⁴ Document no. EM/RC58/3

EM/RC58/R.5 Scaling up the Expanded Programme on Immunization to meet global and regional targets

The Regional Committee,

Having reviewed and discussed the technical paper on scaling up the Expanded Programme on Immunization to meet global and regional targets⁵;

Recalling United Nations General Assembly resolution S-27/2 A world fit for children, and the target adopted by the Assembly at its special session in 2002, and resolutions WHA58.15 Global immunization strategy, WHA63.24 Accelerated progress towards achievement of Millennium Development Goal no. 4 to reduce child mortality: prevention and treatment of pneumonia, EM/RC44/R.6 Eradication and elimination of diseases with special reference to measles and tuberculosis, and EM/RC51/R.10 Vaccine development, accessibility and availability: towards self-sufficiency in the Eastern Mediterranean Region;

Acknowledging the significant increase in routine vaccination coverage, the remarkable reduction in measles mortality of at least 90%, compared with the level in 2000, in all countries of the Region, and the significant progress in introduction of new vaccines in the high-income and low-income countries of the Region;

Recognizing the essential role of a strong immunization programme within the health system for achieving all immunization-related targets, including eradication of poliomyelitis and elimination of measles, as well as Millennium Development Goal no. 4;

Further recognizing that a considerable number of the deaths among children under 5 years of age in the Region could be prevented by the addition of three new vaccines, namely Hib conjugate vaccine, pneumococcal conjugate vaccine and rotavirus vaccine;

Concerned that at least 1.5 million infants in countries of the Region did not receive their third dose of routine DTP vaccine in 2010, that the regional target of measles elimination by 2010 was not achieved and measles is resurging in some countries in the Region, and that there has been delay in introducing new life-saving vaccines in some countries of the Region, especially the middle-income countries;

Noting the role that pooled vaccine procurement systems can play in improving affordability and accessibility of all vaccines;

Aware of the importance of health education and communication of the public in addressing refusals and creating demand for vaccination;

Aware also of the role that the regional vaccination week can play in advocacy, education and communication;

1. URGES Member States to:

- 1.1 Review and strengthen the structure and managerial capacity of the national immunization programme at all levels;
- 1.2 Strengthen national vaccine-preventable disease surveillance, including surveillance for adverse events following immunization, and monitoring and evaluation of the national immunization programme;
- 1.3 Allocate necessary resources for proper implementation of the regional strategy for measles elimination in order to achieve elimination by 2015;

⁵ Document no. EM/RC58/4

- 1.4 Mobilize the resources necessary to introduce pneumococcal conjugate vaccine, Hib conjugate vaccine and rotavirus vaccine as soon as possible;
 - 1.5 Continue to implement the annual Vaccination Week in the Eastern Mediterranean Region and use this campaign as an opportunity to promote the value of immunization;
 - 1.6 Participate in the establishment of a regional pooled vaccine procurement system;
2. **REQUESTS** the Regional Director to:
- 2.1 Continue to provide technical support to Member States in their efforts to strengthen the technical and managerial capacity of the national immunization programme and to introduce new vaccines;
 - 2.2 Support and develop ongoing collaborative activities with the various agencies extending support to national immunization programmes, in order to ensure maintenance of the current achievements in the Region;
 - 2.3 Establish a regional pooled vaccine procurement system; and
 - 2.4 Facilitate transfer of technology for production of vaccines.

EM/RC58/R.6 Nomination of the Regional Director for the Eastern Mediterranean

The Regional Committee,

Considering Article 52 of the Constitution of WHO; and

In accordance with Rule 51 of the Rules of Procedure of the Regional Committee for the Eastern Mediterranean;

1. **NOMINATES** Dr Ala Din Alwan, as Regional Director for the Eastern Mediterranean; and
2. **REQUESTS** the Director-General to propose to the Executive Board the appointment of Dr Ala Din Alwan.

EM/RC58/R.7 Expression of appreciation to Dr Hussein Abdul Razzak Gezairy

The Regional Committee,

Appreciating the commitment of Dr Hussein A. Gezairy to international health and his contributions and achievements during his tenure as Regional Director for the Eastern Mediterranean for almost 30 years;

1. **THANKS** Dr Hussein A. Gezairy for his dedicated leadership and invaluable contribution to health development in the Eastern Mediterranean Region;
2. **DECIDES** that, in view of his immense contribution, he be made Regional Director Emeritus.

EM/RC58/R.8 Strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016

The Regional Committee,

Having discussed the technical paper on a strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016⁶;

⁶ Document no. EM/RC58/5

Recalling resolutions WHA55.10 Mental health: responding to the call for action, EM/RC52/R.5 Substance use and dependence, EM/RC53/R.5 Public health problems of alcohol consumption in the Eastern Mediterranean Region and EM/RC57/R.3 on Maternal, child and adolescent mental health: challenges and strategic approaches;

Mindful also of the World Health Reports 2001 and 2002 which highlighted the burden imposed by mental, neurological and substance use disorders, not only as discrete disorders but as independent risk factors for injuries, violence and communicable and noncommunicable diseases;

Recognizing that children and young people account for a considerable proportion of the population in the Region, that complex emergencies are prevailing in a significant number of Member States, and that the Region is undergoing rapid sociocultural transformation;

Recognizing also that mental health problems are more likely in populations exposed to the stresses of complex emergencies and economic and sociocultural changes;

Concerned at the reports showing a high burden of mental health problems among Member States and the paucity of large-scale epidemiological studies of the extent, causes and major risk factors;

Concerned also at the shortage of mental health human resources to address the burden of mental, neurological and substance use disorders in Member States of the Region;

Noting that WHO launched the Mental Health Gap Action Programme (mhGAP) programme as a priority programme in 2008 and released the mhGAP intervention guide in 2010, highlighting the existence of cost-effective and evidence-based programmes to prevent and manage mental health problems;

Acknowledging the importance of investing in promotion of mental health and prevention of mental and substance use disorders for achieving the Millennium Development Goals;

1. **ENDORSES** the strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016;
2. **URGES** Member States to:
 - 2.1 Review and update national health policies, strategies and plans in line with the regional strategy to ensure that mental health and substance use are identified as a priority public health issue with commensurate allocation of resources;
 - 2.2 Review, develop and update mental health legislation to ensure conformity with international human rights standards;
 - 2.3 Set up a national multisectoral mechanism with the involvement of concerned ministries and relevant sectors, including civil society, with the Ministry of Health taking the lead, in order to coordinate, plan and monitor the implementation of the national mental health and substance use strategies/plans of action;
 - 2.4 Integrate and strengthen mental health and substance use prevention and care services within the existing health system, including primary health care as well as secondary and tertiary levels, ensuring a multidisciplinary approach;
 - 2.5 Promote mental health literacy and improve the teaching of mental health as a basic subject in university curricula, in order to prevent mental and substance use disorders, promote mental health, and minimize stigma and discrimination;
 - 2.6 Promote applied research and build up the capacity to undertake research in the area of mental health and substance abuse;

3. REQUESTS the Regional Director to:

- 3.1 Take necessary steps to enhance regional capabilities to provide the technical support needed to the Member States;
- 3.2 Facilitate exchange of information on successful experiences within and outside the Region and the development of networks for promotion of mental health and prevention of mental, neurological and substance use disorders; and
- 3.3 Promote applied research and international cooperation in building up the capacity in Member States to undertake research in the area of mental health and substance abuse.

EM/RC58/R.9 Report of the Eastern Mediterranean Advisory Committee on Health Research (twenty-fifth meeting)

The Regional Committee,

Having considered the report of the twenty-fifth meeting of the Eastern Mediterranean Advisory Committee on Health Research⁷;

1. **ENDORSES** the report of the Eastern Mediterranean Advisory Committee on Health Research;
2. **COMMENDS** the support provided by the Eastern Mediterranean Advisory Committee on Health Research;
3. **CALLS UPON** Member States to implement the recommendations included in the report, as appropriate.

EM/RC58/R.10 Managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases

The Regional Committee,

Having reviewed the technical discussion paper on managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases⁸;

Recognizing the increasing use of public health pesticides to address the re-emergence of vector-borne diseases as a major public health problem;

Noting the progress made in the implementation of resolution EM/RC52/R.6 Integrated vector management, as the regional strategic approach to control vector-borne diseases;

Recalling resolution WHA63.26 Improvement of health through sound management of obsolete pesticides and other obsolete chemicals;

1. **URGES** Member States to:
 - 1.1 Ensure incorporation of sound public health pesticide management into national health policy and relevant development programmes, including environmental health, and establish a single regulatory body;

⁷ Document no. EM/RC58/8

⁸ Document no. EM/RC58/Tech.Disc.1

- 1.2 Establish or strengthen multi-stakeholder platforms, including the private sector and donors, for sound management of public health pesticides in order to optimize the use of resources and coordinate actions;
 - 1.3 Develop comprehensive national plans for the sustainable funding of public health pesticide management practices, covering all aspects, including registration and judicious use of pesticides, disposal of pesticide waste and enforcement of related regulations;
 - 1.4 Draw the attention of policy-makers, national vector control programme managers and other national stakeholders, including end users, to the risks posed by substandard pesticide products and the need to have access to and use of quality control facilities;
 - 1.5 Strengthen collaboration with each other on management of public health pesticides;
- 2. REQUESTS** the Regional Director to:
- 2.1 Facilitate and support regional collaboration on management of public health pesticides, including harmonization of registration requirements and procedures, quality control, information exchange and work-sharing;
 - 2.2 Take necessary steps to mobilize resources and support capacity strengthening of Member States for life-cycle management of public health pesticides, in collaboration with the Food and Agriculture Organization of the United Nations and United Nations Environment Programme;
 - 2.3 Continue to raise awareness among Member States, regional and international organizations and the donor community of the importance of sustainable and sound management of public health pesticides;
 - 2.4 Report periodically to the Regional Committee on progress in implementation of this resolution.
- 3. REQUESTS** the Director-General to seeks ways to improve enforcement of international legislation relating to transport and storage of pesticides and disposal of pesticide waste, in particular that covering the responsibilities of producing companies.

9.2 Decisions

DECISION NO. 1 ELECTION OF OFFICERS

The Regional Committee elected the following officers:

Chairperson: H.E. Dr Ahmed bin Mohamed bin Obaid Al Saidi (Oman)

First Vice-Chairperson: H.E. Dr Abdiaziz Sheikh Yusuf (Somalia)

Second Vice-Chairperson: H.E. Dr Suraya Dalil (Afghanistan)

H.E. Mr Rahal El Mekkaoui (Morocco) was elected Chairperson of the Technical Discussions.

Based on the suggestion of the Chairperson of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

- Dr Mohammad Mehdi Gouya (Islamic Republic of Iran)
- Dr Nasr El Sayed (Egypt)
- Dr Mohammed Jaber Huwail (Iraq)

- Dr Mohamed Mahyoub Hatem (Djibouti)
- Dr Asad Ramlawi (Palestine)
- Dr Abdullah Assa’edi, (Eastern Mediterranean Regional Office)
- Dr Naeema Al-Gasseer (Eastern Mediterranean Regional Office)
- Dr Mohamed Helmy Wahdan (Eastern Mediterranean Regional Office)
- Dr Haifa Madi (Eastern Mediterranean Regional Office)
- Dr Ibrahim Abdel Rahim (Eastern Mediterranean Regional Office)
- Dr Kassem Sara (Eastern Mediterranean Regional Office)
- Ms Jane Nicholson (Eastern Mediterranean Regional Office)

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its Fifty-eighth Session, adding an item on medicine for mass gatherings.

DECISION NO.3 AWARD OF THE DOWN SYNDROME RESEARCH PRIZE

The Regional Committee decided to award the Down Syndrome Research Prize to Dr Muneera Abdullah Al-Husain (Saudi Arabia) based on the recommendation of the Down Syndrome Research Foundation.

DECISION NO. 4 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN

The Regional Committee decided to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean to Dr Mohamed Mohsen Ibrahim (Egypt) in the area of cardiovascular diseases based on the recommendation of the Foundation Committee of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean, and decided not to award a second prize this year.

DECISION NO. 5 NOMINATION OF A MEMBER STATE TO THE BOARD OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA AND ITS COMMITTEES

The Regional Committee nominated Morocco and Sudan to serve on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria for a three-year period 2012–2014. The Islamic Republic of Iran was nominated to serve on the Policy and Strategy Committee, and the Syrian Arab Republic was nominated to serve on the Finance and Audit Committee.

DECISION NO.6 NOMINATION OF A MEMBER STATE TO THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT, AND RESEARCH TRAINING IN HUMAN REPRODUCTION

The Regional Committee nominated Tunisia to serve on the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction for a three-year period from 1 January 2012 to 31 December 2014.

DECISION NO.7 REVIEW OF RULES OF PROCEDURE OF THE REGIONAL COMMITTEE

Based on the proposal of the sub-committee formed by Decision No.7 of the Regional Committee at its Fifty-seventh session, the Regional Committee decided that review of the rules of procedure of the Regional Committee should be passed on to a technical committee with legal and administrative background, which would report back to the sub-committee in due course.

DECISION NO.8 PLACE AND DATE OF THE NEXT SESSION OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its Fifty-ninth Session in the Regional Office in Cairo from 1 to 4 October 2012.

Annex 1

Agenda

1. **Opening of the Session**
 - (a) Election of Officers
 - (b) Adoption of the Agenda EM/RC58/1-Rev.2
2. **Reports on the work of the World Health Organization in the Eastern Mediterranean Region**
 - (a) Annual Report of the Regional Director 2010 EM/RC58/2
 - (b) Progress report on eradication of poliomyelitis EM/RC58/INF.DOC.1
 - (c) Progress report on the Tobacco-Free Initiative EM/RC58/INF.DOC.2
 - (d) Progress report on achievement of the Millennium Development Goals EM/RC58/INF.DOC.3
 - (e) Progress report on control and elimination of malaria EM/RC58/INF.DOC.4
 - (f) Progress report on cancer prevention and control EM/RC58/INF.DOC.5
 - (g) Regional emergency solidarity fund and progress made in operationalizing the regional hub for logistics and supply management EM/RC58/INF.DOC.6
 - (h) Pandemic H1N1 and progress on the response EM/RC58/INF.DOC.7
 - (i) Progress report on the regional situation regarding road traffic injuries EM/RC58/INF.DOC.8
3. **Technical Discussions**

Managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases EM/RC58/Tech.Disc.1
4. **Technical Papers**
 - (a) Dengue: call for urgent interventions for a rapidly expanding emerging disease EM/RC58/3
 - (b) Scaling up the Expanded Programme on Immunization to meet global and regional targets EM/RC58/4
 - (c) Strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016 EM/RC58/5
 - (d) Strategic directions for scaling up research for health in the Eastern Mediterranean Region EM/RC58/6
5. **Nomination of the Regional Director** EM/RC58/WP.1
6. **Committee reports**
 - (a) Report of the Regional Consultative Committee (thirty-fifth meeting) EM/RC58/7
 - (b) Report of the 25th meeting of the Eastern Mediterranean Advisory Committee on Health Research EM/RC58/8

7. **World Health Assembly and Executive Board**
 - (a) Resolutions and decisions of regional interest adopted by the Sixty-fourth World Health Assembly EM/RC58/9
 - (b) Review of the draft provisional agenda of EB130 EM/RC58/9 -Annex I
 - (c) WHO reform for a healthy future EM/RC58/12
8. Nomination of a Member State to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria and its committees EM/RC58/10
9. Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction EM/RC58/11
10. **Awards**
 - (a) Award of the Dr A.T. Shousha Foundation Prize for 2011 EM/RC58/INF.DOC.9
 - (b) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region EM/RC58/INF.DOC.10
11. Place and date of future sessions of the Regional Committee EM/RC58/INF.DOC.11
12. Other business
13. Closing session

Annex 2

List of representatives, alternatives, advisers of Member States and observers

1. Representatives, Alternates and Advisers of Regional Committee Members

AFGHANISTAN

Representative	H.E. Dr Suraya Dalil Minister of Public Health, a.i. Ministry of Public Health Kabul
Alternate	Dr Toufiq Mashal Director-General, Preventive and Primary Health Care Ministry of Public Health Kabul
Advisers	Dr Ahmad Jan Naeem Director-General, a.i. Policy, Planning, and External Relations Ministry of Public Health Kabul Dr Ahmad Jawad Osmani Acting Director of International Relations Department Ministry of Public Health Kabul Dr Mir Jawadullah Mirzad Adviser to the Deputy for Policy and Planning Ministry of Public Health Kabul Dr Ghulam Sakhi Kargar Norughli Ministry of Public Health Kabul Dr Golalai Nur Safi Ministry of Public Health Kabul

BAHRAIN

Representative	Dr Aysha Mubarak Jaber Buanq Under-Secretary Ministry of Health Manama
Alternate	Dr Mariam Al Jalahma Assistant Under-Secretary for Primary Care and Public Health Ministry of Health Manama

Advisers

Dr Jassim Ebrahim Qassim Al-Mehzaa
Director of Emergency Section
Sulaimania Medical Center
Manama

Mr Abdulaziz Mohamed Rashed Alrafaei
Director of Public and International Relations
Ministry of Health
Manama

Mr Ghassan Ahmed Al-Mahraki
Councillor
Embassy of Bahrain
Cairo

DJIBOUTI

Representative

S.E. Mr Ali Yacoub Mahamoud
Minister of Health
Ministry of Health
Djibouti

Alternate

Mrs Samira Ali Higo
Technical Adviser of Hospital Services
and Coordinator Tobacco Free Programme
Ministry of Health
Djibouti

Adviser

Dr Mohamed Mahyoub Hatem
Technical Counselor
Ministry of Health
Djibouti

EGYPT

Representative

H.E. Dr Amr Mohamad Helmy
Minister of Health and Population
Ministry of Health and Population
Cairo

Alternate

Dr Nasr El Sayed
Minister's Assistant for Preventive Affairs,
Primary Health Care, and Family Planning
Ministry of Health and Population
Cairo

Adviser

Dr Faten Ghazy
Acting Head of the Cabinet
of H.E. the Minister of Health and Population
Ministry of Health and Population
Cairo

	<p>Dr Adel H. Adawy Assistant Minister of Health and Population for Curative Care Ministry of Health and Population Cairo</p>
<p>MINISTRY OF FOREIGN AFFAIRS <i>Int. Specialized Agencies Affairs</i></p>	<p>Minister Plenipotentiary (Ms) Dina Al-Seehy Director, International Nominations International Specialized Agencies Affairs Ministry of Foreign Affairs Cairo</p>
	<p>Mr Amr Mohamed Yousry Third Secretary/Member International Specialized Agencies Affairs Ministry of Foreign Affairs Cairo</p>
	<p>IRAN, ISLAMIC REPUBLIC OF</p>
<p>Representative</p>	<p>H.E. Dr (Mrs) Marzieh Vahid Dastjerdi Minister of Health and Medical Education Ministry of Health and Medical Education Teheran</p>
<p>Alternate</p>	<p>Dr Mohammad Hussein Nicknam Acting Minister of Health for International Relations Affairs Ministry of Health and Medical Education Teheran</p>
<p>Advisers</p>	<p>Dr Alireza Mesdaghinia Deputy for Public Health Ministry of Health and Medical Education Teheran</p> <p>Dr Mohammad Mehdi Gouya Director, Center for Disease Control Ministry of Health and Medical Education Teheran</p> <p>Dr Mohammad Jafar Malek Deputy for International Relations Department Ministry of Health and Medical Education Teheran</p> <p>Mr Javad Safaee Deputy for Economic and International Specialized Department Ministry of Foreign Affairs Teheran</p>

Dr Alireza Ansary-Moghaddam
Kuwait Foundation Award Recipient
and Member of Scientific Board
Zahedan University of Medical Sciences
Teheran

Mr Hasan Bagheri Far
Ministry of Health and Medical Education Expert
Ministry of Health and Medical Education
Teheran

Mr Anoushiravan Mohseni Bandpy
Member of the Islamic Consultative Assembly
International Relations Department
Ministry of Health and Medical Education
Teheran

IRAQ

Representative

H.E. Dr Majeed Hamad Amin Jameel
Minister of Health
Ministry of Health
Baghdad

Alternate

H.E. Ambassador Dr Mohamed Ali Al-Hakim
Permanent Representative to the UN Office
Geneva

Advisers

H.E. Ambassador Dr Quais Al-Azzawi
Permanent Representative to Iraq
League of Arab States
Cairo

H.E. Ambassador Nizar Al-Khairalah
Ambassador of Iraq
Embassy of Iraq
Cairo

Dr Emad Abdul Razaq Abdulghani
Mental Health Advisor
Ministry of Health
Baghdad

Dr Mohammed Jaber Huwail
Assistant Director-General for PHC
Ministry of Health
Baghdad

Dr Ramzi Rasoul Mansour
Director of International Health
Ministry of Health
Baghdad

Dr Zainab Adham
Minister's Office
Ministry of Health
Baghdad

Dr Jasim Mohammed Khwaif
Director, Emergency Health Services Department
Ministry of Health
Baghdad

Dr Fadhel Saeed Waheed
Head of Cancer Control Unit
Ministry of Health
Baghdad

Dr Amjad Daoud Niazi
Medical Consultant
Ministry of Health
Baghdad

Mr Nizar Abdel Abbas Mahdi Al-Hilali
Head of Protocol and Public Relations
Ministry of Health
Baghdad

JORDAN

Representative

H.E. Dr Abdul Latif Woreikat
Minister of Health
Ministry of Health
Amman

Alternate

Dr Mohamed Bassam Kassem
Director of Primary Health Care
Ministry of Health
Amman

Advisers

Mr Mustafa Ibrahim Qasem
Director of International and Public Relations
Ministry of Health
Amman

Mr Issa Khalil Al-Salman
International and Public Relations
Ministry of Health
Amman

KUWAIT

Representative

H.E. Dr Helal Mosaed Al-Sayer
Minister of Health
Ministry of Health
Kuwait

Alternate Dr Quais Saleh Al-Doweiry
Assistant Undersecretary for Public Health Affairs
Ministry of Health
Kuwait

Advisers Dr Ahmed El Awadi
Director of International Health Affairs
Ministry of Health
Kuwait

Dr Youssef Mendkar
Director of Public Health Department
Ministry of Health
Kuwait

Dr Mahmoud Abdel Hadi
Director of Legal Department
Ministry of Health
Kuwait

Mr Faisal Al-Dosari
Director of Public Relations Department
Ministry of Health
Kuwait

LEBANON

Representative **H.E. Mr Ali Hassan Khalil**
Minister of Public Health
Ministry of Public Health
Beirut

Alternate Dr Walid Ammar
Director-General
Ministry of Public Health
Beirut

Advisers Dr Rasha Hamra
Director of Public Relations
and Health Education Department
Ministry of Public Health
Beirut

Mr Hachem Nahhas
Minister's Office
Ministry of Public Health
Beirut

LIBYA

Representative Mr Mohamed Ibrahim Saleh Daganee
Director
Information and Documentation Center
Ministry of Health
Tripoli

Alternate Dr Mohamed Nageeb Smeo
Disease Control Center
Ministry of Health
Tripoli

Adviser Ms Suad M. S. Al-Joki
MFA International Organizations
Department Representative
Ministry of Foreign Affairs
Tripoli

MOROCCO

Representative Mr Rahal El Mekkaoui
Secretary-General
Ministry of Health
Rabat

Alternate Dr Omar El-Menzhi
Director of Epidemiology and Communicable Diseases
Ministry of Health
Rabat

Advisers Dr Abdelali Alaoui Belghiti
Director of Hospitals
Ministry of Health
Rabat

Dr Lahlou Tahour
Adviser to H.E. the Minister of Health
Ministry of Health
Rabat

OMAN

Representative **H.E. Dr Ahmed bin Mohamed bin Obaid Al Saidi**
Minister of Health
Ministry of Health
Muscat

Alternate H.E. Mr Khalfan Habib Al Omairy
Counsellor and Ambassador Extraordinary
& Plenipotentiary & Permanent Representative
to the League of Arab States a.i.
Cairo

Advisers

Dr Salim bin Said bin Abdullah Al Wahaibi
Director-General of Health Affairs (DGHA)
Ministry of Health
Muscat

Mr Issa Bin Abdullah Al-Alawi
Director of Minister's Office
Ministry of Health
Muscat

Dr Ali Bin Amer El Dhawi
Director-General, Health Services
in North-East Zone
Ministry of Health
Muscat

Dr Qamara Bint Said Al-Serereya
Director of Planning Department
Muscat Health Services
Ministry of Health
Muscat

Dr Heba Bint Ibrahim Al-Agameya
Health Specialist
Minister's Office for Medical Services
Muscat

PAKISTAN

Representative

H.E. Mr Qamar Zaman Kaira
Member, National Assembly
Islamabad

Alternate

Begum Shahnaz Wazir Ali
Member of Parliament
and Chairperson, Higher Education Commission
Islamabad

Advisers

Ambassador Mr Zameer Akram
Permanent Representative of Pakistan's Mission
to the United Nations in Geneva
Geneva

H.E. Ambassador (Ms) Seema Naqvi
Ambassador Extraordinary and Plenipotentiary
Embassy of the Republic of Pakistan
Cairo

Dr Jehanzeb Aurakzai
Director-General
Health Emergencies/Cabinet Division
Islamabad

PALESTINE

Representative

H.E. Dr Fathi Abu Moghli
Minister of Health
Ministry of Health
Palestinian National Authority (Interim)
Ramallah

Alternate

Dr Asad Ramlawi
Director General Primary Health Care,
and Public Health
Ministry of Health
Palestinian National Authority
Nablus

Adviser

Dr Naim Sabra
Director-General of Hospitals
Ministry of Health
Palestinian National Authority
Nablus

Dr Tarif Mohamed Talaat Ashour
Director of Media
Ministry of Health
Palestinian National Authority
Nablus

Dr Hossam Omar Towkan
Medical Counselor
Embassy of Palestine
Cairo

QATAR

Representative

H.E. Mr Abdulla bin Khalid Al-Qahtani
Minister of Public Health
Secretary General, Supreme Council of Health
Doha

Alternate

Dr Saleh Ali Al-Marri
Assistant Secretary-General for Medical Affairs
Supreme Council of Health
Doha

Advisers

Dr Mohammed Bin Hamad Al-Thani
Director, Public Health Department
Supreme Council of Health
Doha

Mr Abdullatif Ali Al-Abdulla
Manager, International Health Relations Department
Supreme Council of Health
Doha

Mr Hassan Mohammed Al-Abdulla
Manager, Public Health Relations
and Marketing Department
Supreme Council of Health
Doha

Dr Khalid Abdulnoor Saifeldeen
Chief of Emergency Medicine
Supreme Council of Health
Doha

SAUDI ARABIA

Representative

H.E. Dr Abdullah bin Abdul Aziz Al-Rabeeh
Minister of Health
Ministry of Health
Riyadh

Alternate

Dr Ziad Memish
Assistant Deputy Minister for Preventive Medicine
Ministry of Health
Riyadh

Advisers

Dr Afaf Al Shammary
General Supervisor of the General Directorate
of International Relations
Ministry of Health
Riyadh

Dr Nawaf Bin Abdel Aziz Al-Harhi
Director-General Health
Ha'el Directorate
Ha'el

Mr Ibrahim Bin Eyada El Anzi
Secretary to H.E. The Minister of Health
Ministry of Health
Riyadh

SOMALIA

Representative

H.E. Abdiaziz Sheikh Yusuf Ibrahim
Minister of Health and Human Services
Ministry of Health
Mogadishu

Alternate

H. E. Dr Hussein Muhumed Mohamed
Minister of Health
Ministry of Health
Somaliland

Advisers

Dr Mohamed Hersi Duale
Deputy Minister of Health
Ministry of Health
Puntland

Dr Abdi Awad Ibrahim
Advisor to H.E. The Minister of Health
Ministry of Health
Mogadishu

SOUTH SUDAN

Representative

Dr Yatta Lori Lugor
Deputy Minister of Health
Ministry of Health
Juba

Alternate

Dr Margaret Itto
Director-General
for Training and Professional Development
Ministry of Health
Juba

Adviser

Dr John Lagu Nyungura
Director, Communicable Disease, Surveillance,
and Response Support
Ministry of Health
Juba

SUDAN

Representative

H.E. Dr Elsadig Gesmalla Elwakeil
Acting Minister of Health
Ministry of Health
Khartoum

Alternate

Dr Mohammed Ali Yahia Elabassi
Director-General
External Relation and International Health
Ministry of Health
Khartoum

Advisers

H.E. Ambassador Kamal Hassan Ali
Permanent Representative
League of Arab States
Cairo

Professor Mohamed Ahmed Ali Elsheikh
Candidate for the Post
of the WHO/EM Regional Director
Khartoum

Dr Tilal Elfadil Mahdi
Director-General
Basic health Directorate
Ministry of Health
Khartoum

Dr Maamoun Mohamed Hameda
Khartoum

SYRIAN ARAB REPUBLIC

Representative

H.E. Dr Wael Nader Al-Halki
Minister of Health
Ministry of Health
Damascus

Alternate

Dr Hassan Alhaj Hussein
Director of international relations
Ministry of Health
Damascus

TUNISIA

Representative

Dr Mohamed Salah Ben Ammar
Director-General of Health
Ministry of Public Health
Tunis

Alternate

Dr Hichem Abdessalem
Director-General of Technical Cooperation
Ministry of Public Health
Tunis

Adviser

Dr Nabil Ben Salah
Director of Medical Research Division
Ministry of Public Health
Tunis

UNITED ARAB EMIRATES

Representative

H.E. Mr Abdul Rahman bin Mohamed Al-Owais
Acting Minister of Health and
Minister of Culture, Youth and Social Development
Abu Dhabi

Alternate

Dr Mahmoud N. Fikry
Executive Director for Health Policy Affairs
Ministry of Health
Abu Dhabi

Advisers

Mr Nasser Khalifa Al Badour
Adviser & Director of H.E. The MOH Office
& International Relations & International Organizations
Ministry of Health
Abu Dhabi

Dr Khalfan Rashed Abdallah Al-Shamsi
Khalifa Hospital- Ajman Medical District
Ministry of Health
Abu Dhabi

Mr Khaled Al-Shehi
Medical Attaché
Embassy of the United Arab Emirates
Cairo

REPUBLIC OF YEMEN

Representative

H.E. Dr Abdul Karim Yehia Rasa'a
Minister of Public Health and Population
Ministry of Public Health and Population
Sana'a

Alternate

Dr Majid Al Gunaid
Deputy Minister for Primary Health Care
Ministry of Public Health and Population
Sana'a

Advisers

Dr Jamal Nasher
Deputy Minister for Planning and Development
Ministry of Public Health and Population
Sana'a

Dr Jamila Al Raibee
Deputy Minister for Population
Ministry of Public Health and Population
Sana'a

Mr Abdulsalam Salam
Director-General
Public Relations and Media
Ministry of Public Health and Population
Sana'a

Dr Eman Al Kubati
Director General, Reproductive Health
Ministry of Public Health and Population
Sana'a

Dr Abdel-Moneim El Hikmy
Director-General
Supreme Pharmaceutical Authority
Ministry of Public Health and Population
Sana'a

Dr Mohamed Gharama Al-Rae
Adviser to H.E. the Minister
Ministry of Public Health and Population
Sana'a

Dr Adel Ali Mohamed Al-Anisi
Medical Counsellor
Embassy of Yemen
Cairo

2. OBSERVERS

(Observers from WHO Member States outside the EMR)

TURKEY

Mr Ó Faruk Koçak
Deputy Undersecretary
Ministry of Health
Ankara

Mr Yusuf Irmak
Department of Foreign Affairs
Ministry of Health
Ankara

Dr Hasan Çağil
Ministry of Foreign Affairs
Ankara

(Observers representing the United Nations Organizations)

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Ms Shahida Azfar
Regional Director a.i.
UNICEF Middle East and North
Africa Regional Office
Amman

Dr Mahendra Sheth
Regional Health Advisor
UNICEF Middle East and North
Africa Regional Office
Amman

UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST (UNRWA)

Dr Akihiro Seita
WHO Special Representative, and Director of Health
UNRWA Headquarters Branch
Amman

UNITED NATIONS ENVIRONMENT PROGRAMME (UNEP)

Dr Abdul-Majeid Haddad
Regional Climate Change Coordinator
UNEP
Manama

UNITED NATIONS POPULATION FUND (UNFPA)

Mr Hafedh Chekir
Regional Director
UNFPA Regional Office
Cairo

Ms Genvieve Ah Sue
Deputy Regional Director
UNFPA Regional Office
Cairo

Dr Mohamed Afifi
Special Assistant to RD
UNFPA Regional Office
Cairo

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

Dr Hind Khattab
Regional Director
UNAIDS Regional Support Team, MENA
Cairo

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)

Dr Akram Ali Eltom
Director of Partnerships Unit
The Global Fund
Geneva

Dr Youssef Abdel-Jelil
Regional Team Leader
Middle East and North Africa Team
The Global Fund
Geneva

Ms Hind Abbou
Governance Officer
Board Relations Team
The Global Fund
Geneva

WORLD FOOD PROGRAMME (WFP)

Ms Magdalena Moshi
Regional Programme Adviser
Regional Bureau of the World Food Programme
Cairo

(Observers representing intergovernmental, non-governmental and national organizations)

LEAGUE OF ARAB STATES (LAS)

H.E. Ambassador Dr (Mrs) Sima Bahous
Assistant Secretary-General,
and Head of Social Affairs Sector
League of Arab States
Cairo

Mrs Laila Negm
Minister Plenipotentiary
and Head of Health and Humanitarian Aid
League of Arab States
Cairo

HEALTH MINISTERS' COUNCIL FOR THE COOPERATION COUNCIL STATES

Dr Tawfik A.M. Khoja, FRCGP
Director-General Executive Board
Council of Health Ministers for Gulf
Cooperation States
Riyadh

AFRICAN UNION COMMISSION (AU)

Bience P. Gawanas
African Union Commission
Addis Ababa

Ms Eglal Mohamed Abdelhalim
Cultural/Information Officer
African Union Commission
Addis Ababa

IMPACT - EASTERN MEDITERRANEAN REGION

H.R.H. Prince Abdulaziz Bin Ahmed Al Saud
Chairman of the Board
IMPACT-EMR
Riyadh

Dr Abdulaziz Al Rajhi
Co-chairman, EMR International Agency for the
Prevention of Blindness (IAPB)
IMPACT-EMR
Riyadh

ARAB MEDICAL UNION (AMU)

Dr Abdul Moneim Abu El Fetouh
Secretary-General
Arab Medical Union
Cairo

Prof. Dr Osama Raslan
Assistant Secretary-General
Arab Medical Union
Cairo

Dr Alsheikh Sediq Badr
Deputy Secretary-General
Arab Medical Union
Cairo

ARABIZATION CENTER FOR MEDICAL SCIENCE (ACMLS)

Dr Abdel Rahman Al Awadi
Secretary-General
Arabization Center for Medical Science
Kuwait

Dr Yacoub Ahmed Al-Sharrah
Assistant Secretary-General
Arabization Center for Medical Science
Kuwait

ARAB COUNCIL FOR CHILDHOOD AND DEVELOPMENT (ACCD)

Eng. Mohamed Reda Fawzi
Director
Research and Information Development
Arab Council for Childhood and Development
Cairo

ARAB LABOR ORGANIZATION (ALO)

H.E. Mr Ahmed Mohamed Luqman
Director-General
Arab Labor Organization
Cairo

Mr Mohamed Abdellahi Ould Beidech
Director
External Relations
and International Cooperation Dept.
Arab Labor Organization
Cairo

ASSOCIATION OF ARAB UNIVERSITIES (AAU)

Prof. Dr. Sultan Abu Orabi Al Adwan
Secretary General
Association of Arab Universities
Amman

ARAB ASSOCIATION FOR THE SERVE THE AFFECTED AREAS OF THE MINES

Major General Magdi Diab
Chairman
Arab Association for the Serve
the Affected Areas of the Mines
Cairo

Mr Mohamed Ahmed Mohamed
Counselor
Arab Association for the Serve
the Affected Areas of the Mines
Cairo

ARAB PHARMACISTS UNION (APU)

Dr Ali Ibrahim
Secretary-General
Arab Pharmacists Union
Cairo

AFRICAN DEVELOPMENT BANK GROUP (ADB)

Ms Almaz Amine
Chief Country Operations Officer
African Development Bank Group
Cairo

THE GULF FEDERATION FOR CANCER CONTROL (GFCC)

Dr Khaled Ahmed Al-Saleh
Secretary-General
Gulf Federation for Cancer Control
Kuwait

ISLAMIC ORGANIZATION FOR MEDICAL SCIENCES (IOMS)

Dr Abdel Rahman Al-Awadi
President
Islamic Organization for Medical Sciences
Kuwait

ARAB COMMUNITY CENTER FOR ECONOMIC AND SOCIAL SERVICES (ACCESS)

Dr Adnan Hammad
Director
Arab Community Center
for Economic and Social Services
Michigan

ROTARY INTERNATIONAL POLIOPLUS

Dr Ahmes Ghabrial
Chair
Rotary National PolioPlus Committee
Cairo

INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS (IAPO)

Mr Syed Hussain Jafri
Immediate Past Chair
International Alliance of Patients' Organizations
London

Mr Atta-ur-Rahman Fitrat
Executive Director
Life Saving Organization of Afghanistan
and IAPO Member
Kabul

**INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS
(IFMSA)**

Ms Lujain Al-Qodmani
Regional Coordinator for EMR
International Federation of Medical
Students' Associations (IFMSA)
Kuwait

Mr Usman Ahmad Mushtaq
International Federation of Medical
Students' Associations (IFMSA)
Oslo

Mr Omar Hesham Abd ElShafy ElSayed Safa
Publications Support Division Director
International Federation of Medical
Students' Associations (IFMSA)
Tanta

Ms Mona Mahmoud AbdelAzim Faramawy
International Federation of Medical
Students' Associations (IFMSA)
Dubai

Mr Ahmad Hazem Adi
International Federation of Medical
Students' Associations (IFMSA)
Riyadh

Mr Hatem Alaa Abdel Halim Mohamed Marzouk
Developmental Assistant for the EMR
International Federation of Medical
Students' Associations (IFMSA)
Cairo

INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS (IAPB)

Dr Abdulaziz Al Rajhi
Co-chairman, EMR International Agency for the
Prevention of Blindness (IAPB)
Riyadh

**INTERNATIONAL COUNCIL FOR CONTROL OF IODINE DEFICIENCY DISORDERS
(ICCIDD)**

Dr Izzeldine Sharief Hussein
Regional Coordinator
ICCIDD
Al-Khuwair/Oman

Dr Gulsen Saleh
General Coordinator of IDDSSE
and Focal Point of ICC IDD in Egypt
Cairo

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION (MWIA)

Professor Shafika Nasseer
National Coordinator
Medical Women's International Association
Cairo

Professor Salma Galal
Member
Medical Women's International Association
Cairo

Professor Mervat El-Rafie
Member
Medical Women's International Association
Cairo

ALZHEIMER'S DISEASE INTERNATIONAL (ADI)

Mrs Diane Mansour
Alzheimer's Disease International
Beirut

Professor Yasmin Raashid
Alzheimer's Disease International
Lahore

Dr Nadia Hanafy
Director of Geriatric Department
Palestine Hospital
and Member of Alzheimer's Egypt Society
Cairo

HAMDARD FOUNDATION

Dr Sadia Rashid
President
Hamdard Foundation Pakistan
Karachi

Prof. Dr Hakim Abdul Hannan
Dean Faculty of Eastern Medicine
Hamdard University
Karachi

WORLD VISION INTERNATIONAL (WVI)

Dr Viktorya Sargsyan
Regional Advisor for MNCH and Nutrition
World Vision- Middle East
and Eastern Europe/Central Asia
Yerevan/Armenia

WORLD HEART FEDERATION (WHF)

Prof. Dr Ihab Attia
President of the Egyptian Working Group
of Preventive Cardiology
Egyptian Heart Society
Cairo

ARAB COMPANY FOR DRUG INDUSTRIES AND MEDICAL APPLIANCES (ACDIMA)

Prof. Dr Mukhtar Shihabeddin
Director-General
Arab Company for Drug Industries
and Medical Appliances
Amman

ARAB FEDERATION FOR NGO'S SUBSTANCE ABUSE PREVENTION

Dr Ahmed Gamal Mady Abou El-Azayem
President
Arab Federation for NGO's Substance Abuse Prevention
Cairo

GENERAL SECRETARIAT OF THE ARAB RED CRESCENT AND RED CROSS ORGANIZATION (ARABRCRC)

Mr Abdullah Bin Mohamed Hazza'a
Secretary-General
General Secretariat of the Arab Red Crescent
and Red Cross Organization
Riyadh

EGYPTIAN RED CRESCENT (ERC)

Dr Yahya Mahmoud Tomoun
ERC Consultant
Egyptian Red Crescent
Cairo

LEBANESE HEALTHCARE MANAGEMENT ASSOCIATION

Prof. Dr Nabil M. Kronfol
President and Founder
Lebanese HealthCare Management Association
Beirut

DEPARTMENT OF RADIOLOGY/KING SAUD UNIVERSITY

Dr Nizar Abdulaziz Al-Nakshabandi
Associate Professor of Radiology
and Chairman Dept of Radiology
King Saud University
Riyadh

SAUDI RED CRESCENT AUTHORITY (SRCA)

Mr Fa'ez Bin Ali Al-Ahmari
Saudi Red Crescent Authority
Riyadh

Mr Fa'ek Bin Ali Ahmed El-Herfy
Counselor
Saudi Red Crescent Authority
Riyadh

SAUDI SOCIETY OF FAMILY AND COMMUNITY MEDICINE

Prof. Dr Sameeh Mohamed Al-Almaie
Chairman
Saudi Society of Family
and Community Medicine
Al Khobar

THE SAUDI FUND FOR DEVELOPMENT

Mr Nasser Bin Kredi El Sebei
The Saudi Fund for Development
Riyadh

Mr Mesfer Fouzan AlMesfer
Research Specialist
The Saudi Fund for Development
Riyadh

Annex 3

Address by Dr Hussein A. Gezairy

WHO Regional Director for the Eastern Mediterranean

to the

Fifty-eighth session of the Regional Committee for the Eastern Mediterranean

Cairo, Egypt, 2–5 October 2011

Your Excellencies, Director-General, Ladies and Gentlemen,

It is my great pleasure to welcome you all here today to the fifty-eighth session of the Regional Committee. In particular let me welcome those of you for whom this is your first Regional Committee. This includes our newest Member State, South Sudan, as well as the delegations of the Arab Spring States, so welcome to all.

I will begin my address to you by reminding you of some principles which have guided our march together over the last period; and a number of areas of work in which our Region took the lead and set an example of health work worldwide. I will also tackle a number of issues which have occupied, and continue to occupy, much of our effort and time.

At the forefront of these guiding principles is that ownership of the Organization is, by Constitution, vested in Member States, and that what people are dealing with in WHO is, by Constitution also, no more than a group of select and distinguished international civil servants, and that the main duty of these Secretariat staff is to place the facts, in a timely and clear manner, before their real owners and inform them of current, urgent and anticipated problems, and to suggest appropriate actions and solutions. The decision remains, firstly and lastly, in the hand of the Member States, through their governing bodies, represented in the World Health Assembly, regional committees and Executive Board.

For this reason, from the beginning, I used to remind myself and my colleagues of the WHO staff, that there are no WHO programmes in the Member States, but only Member States' programmes, which are technically supported by WHO, in the first place, and sometimes financially supported. WHO differs completely from the other specialized agencies in the fact that it is an agency of technical, not financial, support.

Also for that reason, I insisted, and still insist, on the principle of full transparency in the work of WHO, and that all our actions are subject to accountability. We put this into application through an approach that we innovated, namely the "Joint Programme Review Missions", which bring together, every two years, a selected group of WHO staff and of senior health officials from all the countries of the Region in order to review the achievements of the Organization-supported health programmes, the obstacles faced by these programmes, and to review the current health situation in the concerned country. They will then jointly study, in these missions, the budget of the next biennium and consensually distribute it to the programmes. I implore God that the approach we took, and which became a model for a number of regions, will continue.

The principles we committed ourselves to also include that we must not sit, arms folded, and wait for events to happen. We must be proactive and adequately and sufficiently prepared to confront them, when they occur. This requires, of course, the existence, in every country, of a solid monitoring, control and surveillance system, and that the Regional Office monitors

the situation at the global level, because most health problems do not stop at the borders. They spread readily to neighbouring and non-neighbouring countries. Thus, we paid great attention in the first place to supporting all the countries in reinforcing their surveillance systems, and to have in the Regional Office an observatory that monitors the health situation everywhere in the Region. The continuing visits I made to the Member States, to closely monitor the current health situation and the present and expected challenges, have contributed to this support.

The principles we committed ourselves to also include the need for all diseases which can spread from one country to another to be eradicated from the world. Otherwise they will continue to pose a threat, even if confined to a very small focus. This was proven true by the campaign to eradicate smallpox, and to the success of which the countries of the Region contributed a great deal. This encouraged us to initiate the campaign to eradicate poliomyelitis, which has succeeded in most of the countries. However, the risk of outbreak will continue to threaten the whole world as long as there are just a few cases remaining on Earth.

This leads me to speak about activation of the society and the need to mobilize the entire community for health work. Since the founders of the Organization corrected the misconception which had prevailed for a long period of time, following the wane of the Arab Islamic civilization, and declared, in the preamble of the constitution, that health is not merely the absence of disease or disability, but a state of complete well-being, physical, mental and social. In other words, health is the normal state while sickness is the exception. It was at that time that the idea of involving all individuals in the community in maintaining their health and well-being began to appear. This idea was manifested in the phrase "community involvement", then evolved to "community participation", which was agreed upon and adopted in the Alma-Ata conference, and which this region was the first to implement. We went even further, to "community partnership" ... a full partnership to improve the health status, and then "community leadership", wherein the community would have a leading role in determining its real needs and propose the means to achieve them. We focused on a number of initiatives aiming at activating our communities, starting with BMN – the basic minimum needs approach, which soon became BDM – the basic development needs approach – and then to community-based initiatives (CBI). We were keen to encourage all thoughts and all local approaches in order to develop the sense of ownership for these initiatives by the community. We worked on activating different community groups including women, men, the family, schools and places of worship, by developing the education materials appropriate for each group.

At the same time, we provided support to the Member States to strengthen and develop national health system performance in each country, thereby fulfilling the objectives of the global health policy and confronting the global health challenges. This was achieved through initiatives such as "national health accounts", "social health insurance systems", "development of human and financial resources" and "provision of health services at all levels". Our attention was particularly focused on the development of community health workers, such as skilled birth attendants, trained midwives, female health visitors, primary health care workers (*behvarz*), primary health care physicians and public health diploma graduates.

Communication channels for the development of human resources were not limited to ministries of health only. We communicated directly with the different university faculties which graduate the health workers, in their various specialties, as well as other higher education institutions. We were totally in line with the concept of "intersectoral cooperation"

which is a major primary health care concept. We are always keen to keep the ministry of health in the picture with this cooperation effort.

This cooperation, the significance of which we believe in and which we are keen to implement, is not confined to the institutions concerned with health at the national level. It extends to cooperation with other health-related UN agencies as well as cooperation with other WHO regions.

We were keen to realize complementarity with UNICEF, rather than competition, in all areas of common interest. We had no problem within some of our achievements being credited to UNICEF, as long as it was in the best interest of the people. This model of cooperation between us and UNICEF encouraged other agencies such as the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organisation (ILO) and others, to join us in this endeavour.

Cooperation between us and the other WHO regions was also a model. An example of this cooperation is the MECACAR initiative which encompassed 18 countries from the European and Eastern Mediterranean regions, in the area of polio eradication initially, and in other areas as well. We also cooperated with the African and South-East Asian regions in the area of polio eradication. We obtained the necessary *fatwas* (legal opinions) from Islamic scholars to correct the misconceptions some Indian and Nigerian Muslims had with regard to the permissibility of vaccination. These *fatwas* had immense positive impact.

Let me conclude my address to you with three issues which I regard as extremely important.

The first issue is the rising tide of noncommunicable diseases. Our Member States were well represented at the United Nations two weeks ago for the High Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. Some of you attended in person. I take this opportunity to thank you all for your concern. Thirty years ago, when I first took office, the attentions were focused on infectious diseases, which took a heavy toll, particularly on children. At that time, it was estimated that noncommunicable diseases accounted for a considerably lower burden of disease than infectious and parasitic diseases in the Region. This has changed and noncommunicable diseases are now responsible for 60% of total deaths. The Eastern Mediterranean Region was the first region to draw attention to this growing problem.

Noncommunicable diseases account for an estimated 2.2 million deaths, a third of which occur before the age of 60. They are chronic diseases and treatment is life-long. The secondary complications and sequelae can be more costly than the disease itself. This places enormous burden not only on the health sector, but also on the economy and development as a whole, on the family and on the individual.

Many of the risk factors for noncommunicable diseases, such as tobacco use, alcohol use, unhealthy diet and lack of physical activity, are well known factors and can be easily prevented by adopting a healthy life style. Clean air, clean water, safe food and safe disposal of waste, in short, a safe environment, would prevent a great many of these noncommunicable diseases and conditions. Based on that, it is only right for us to view with such deep concern climate change, which the wrongful deeds of unknowing man have caused and are still causing to happen. We must do everything we possibly can to relieve its impact and mitigate its outcomes. Let me call on you, one more time, to give noncommunicable diseases the attention they deserve and to consider their elimination as a right for our children

and for future generations, and to set aside a reasonable portion of the WHO country budget. You may consider agreeing on taking out 5% of the budget at the beginning of each biennium and allocating it to the control of noncommunicable diseases.

I would like also to take this opportunity to congratulate Lebanon on joining the blessed group of countries in the Region which have passed tobacco control laws, hoping that other countries who have not yet done so, will do the same.

The second issue of concern to me is poliomyelitis eradication. We have made massive strides in tackling this dreadful infectious disease that caused so much suffering for our children in the past. Thanks to a long global initiative endorsed by the World Health Assembly in 1988 for poliomyelitis eradication, it has been possible to reduce its incidence by 99% and to limit its endemic circulation to only four countries, two of them, Afghanistan and Pakistan, in this Region. We were hopeful of stopping circulation of the poliovirus from Pakistan and Afghanistan by the end of this year. Unfortunately, this is unlikely to happen now, based on the recent increase in the number of cases which is attributed to a multiplicity of factors, including conflict, insecurity, natural disasters and poor management. Many countries managed to stop circulation even in the midst of conflict and insecurity, such as Somalia, but proper management is the key. Without this, polio eradication cannot be achieved. We should also not forget that many of the countries managed to eradicate polio through good routine immunization, which is the main and indispensable component of primary health care. I sincerely hope that it will not be long before we celebrate a polio-free Eastern Mediterranean Region.

Finally, let me mention the most important issue that overshadows all the above – emergency preparedness and response. Conflict and crisis are not new to this Region. What is important for us as health actors is to recognize our duties towards those affected. This means not only ensuring medical and psychosocial support, but also ensuring that respect for human rights and ethical norms in society is recognized at all times, in all circumstances and by all parties. WHO's Constitution mandates it as the directing and coordinating authority on international health work. In emergency response, we lead the health cluster of United Nations and partner agencies. In the current situation in the Region, we are seeing great enthusiasm and willingness from nongovernmental and charity organizations to contribute to relief efforts. This is very welcome but poses the challenge of coordinating needs in order to avoid duplication of efforts and waste of resources.

It is my duty on this occasion to extend my deepest thanks to the Kingdom of Saudi Arabia for its contribution of US\$10 million to the Regional Office response to the famine in Somalia. This is a generous initiative, the example of which, I hope, will encourage other countries that are able, to follow and to similarly support the Regional Office. I also must praise the courageous step taken by the Custodian of the Two Holy Mosques to return women to their deserved position, prescribed by Allah, as the nuclei of the society, generators of life and creators of the future. Saudi women's participation in the Shura Council is a most significant step on the road to reviving women's role in the society.

May Allah help us all to do good and support our efforts to achieve integrated care for the people of this Region and of all the world.

Peace be upon you.

Annex 4
Address by Dr Margaret Chan
WHO Director-General
to the
Fifty-eighth session of the Regional Committee for the Eastern Mediterranean
Cairo, Egypt, 2–5 October 2011

Mr Chairman, honourable ministers, distinguished delegates,

Dr Gezairy, ladies and gentlemen,

This century began with unprecedented determination and commitment to improve health, supported by unprecedented cash for the massive distribution of commodities, like medicines, vaccines, and bednets, to the world's disadvantaged populations.

Better health was seen as central to the overarching objective of poverty reduction set out in the Millennium Development Goals.

Tremendous progress has been made. Worldwide, young child and maternal deaths are now at their lowest levels in decades. The tuberculosis epidemic, once declared a public health emergency, has been turned around.

Malaria cases and mortality have dropped in some countries by more than 50%. And nearly 7 million people in low- and middle-income countries are seeing their lives revived and prolonged by antiretroviral therapy.

Yet this progress has been made against some ever-growing odds.

In reality, the first decade of the century evolved in turmoil. A world of radically increased interdependence found itself beset by one global crisis after another.

The economic downturn has deepened. Food security has become a critical issue. Infectious diseases are a much larger health and economic menace in a world tied together by the speed of international travel, and live-wired by chat rooms, blogs, and Twitter.

The climate is warming. Natural disasters are becoming more frequent and destructive. And hot spots of civil strife and conflict, sometimes brief, sometimes sustained, mar nearly every region in the world.

Chronic noncommunicable diseases have spread everywhere, fuelled as they are by universal trends, like rapid unplanned urbanization and the globalization of unhealthy lifestyles. Diseases like heart disease, diabetes, and cancer know no north-south, tropical-temperate, or rich-poor divide.

These are the diseases that break the bank. Just last week, an expert study concluded that the costs of treating cancer are now unsustainable in even the richest nations. In some developing countries, the costs of treating diabetes alone devour 15% of the entire national budget for health.

The year 2011 has experienced this turmoil in concentrated form. In the wake of last year's devastating earthquake, Haiti remains crippled by the worst cholera outbreak in modern history. The triple tragedies in Japan quickly became the most costly natural disaster in history.

In this region, drought, crop failure, livestock deaths, and human starvation ravage the Horn of Africa in the worst food security crisis experienced in decades. For multiple reasons, humanitarian agencies have been able to deliver only a fraction of the aid that is needed.

Again, monsoon rains and floods in Pakistan have displaced millions, intensifying the need for shelter and emergency health care. Right now, parts of Pakistan are experiencing an exceptionally severe outbreak of dengue, with catastrophic costs for households and health budgets.

These crises come in a country that has still not recovered from last year's devastating floods and the massive destruction of the health infrastructure that occurred.

As I said, this has been a year of concentrated turmoil.

Ladies and gentlemen,

The face of the Middle East is changing. The protests that began at the start of the year captured worldwide attention, and social media elevated this attention to mega-publicity.

Populations have risen up to demand democratic reforms and respect for human rights, and this includes the right to health.

As noted in a recent UN Arab Human Development Report, prepared by Arab scholars, "The Arab people are suffering from three huge deficits: a deficit of freedom, a deficit of knowledge, and a deficit of women's empowerment."

I have an additional observation. I am speaking as a medical doctor. Most of us choose this profession out of a desire to help, to heal, to care, to relieve suffering. During our training and subsequent practice, this urge to help and to heal becomes almost instinctive.

In my view, a physician, in conducting his or her professional duties to treat and to care for the sick and injured, must maintain medical neutrality and be protected for doing so, as stated in the Geneva Convention. This medical neutrality must never be compromised.

Like the financial crisis of 2008, the Region's swelling tide of uprisings and protests seemed to take the world by surprise. With the benefit of hindsight, political and economic analysts have identified root causes which make the turmoil understandable, even predictable.

They cite vast inequalities in income levels, in opportunities, especially for youth, and in access to social services as the cause. And they conclude that greater social equality must be the new political and economic imperative for a safer and more secure world.

I would add: responding to the legitimate aspirations of populations is the legitimate route to stability and security.

Public health is extremely well-positioned to improve equity, especially when health services are delivered according to the values, principles, and approaches of primary health care.

This was a bright side of last month's high level meeting on chronic noncommunicable diseases held during the UN General Assembly. Consensus is now solid that a robust primary health care system is the only way that countries will be able to cope with the growing burden of chronic diseases.

Immunization is on your agenda. As noted, the current unrest in the region has had an impact on immunization programmes, including growth in the size of susceptible populations.

You will be considering a proposed regional strategy for addressing mental health and substance abuse. The strategy responds to issues that are becoming increasingly important in times of conflict, natural disasters, and political turmoil.

This year, the world has entered a new era of financial austerity.

The economic downturn has deepened and the consequences are being severely felt in the region.

These consequences have affected the financing of WHO at every level.

I look forward, in particular, to your discussion of the item on WHO reform for a healthy future.

Let me repeat a statement made in your documents. Now is the time to emphasize the cost-effectiveness and public health benefits of a comprehensive primary health care approach as opposed to a disorganized clinical approach.

I was pleased to see primary health care mentioned so frequently in the documents prepared for this session.

I was pleased, but not surprised, given the passionate views of your Regional Director and his strong support for community-based initiatives.

Ladies and gentlemen,

Dengue is on your agenda as a matter of urgency. You will also have a technical discussion on managing the use of public health pesticides as the Region's burden of vector-borne diseases continues to grow.

Dengue is the world's most rapidly spreading mosquito-borne viral disease. The disease is a relative newcomer to this region, but outbreaks are now hitting Eastern Mediterranean countries with a vengeance.

This comes as no surprise. Like diabetes, which is likewise hitting this region hard, dengue is strongly associated with rapid unplanned urbanization.

The mosquito vector, the so-called "container breeder", thrives on stagnant water contained in urban litter, trash and receptacles, also for storing household water. These conditions can be tackled by urban sanitation.

In Pakistan, Saudi Arabia, and Yemen, dengue is highly visible as a leading cause of morbidity and hospitalization among children and young adults, and has led to a number of deaths.

The disease may be even more widespread, yet not on the radar screen because of weak surveillance and laboratory capacity, especially as symptoms mimic many other common diseases.

Dengue is a complex disease, with its four serotypes. Preparedness and response demand collaboration from multiple sectors and demand good laboratory-based surveillance for both the virus and its mosquito vector.

In fact, vector control is the one and only preventive measure. A firm diagnosis cannot be made without skilled laboratory support. Surveillance for preparedness and alert must be tailor-made and fine-tuned for dengue.

Integrated disease surveillance is the smart approach but, with dengue, you cannot simply "piggy-back" on systems set up for other mosquito-borne diseases, like malaria.

These are just some of the challenges you will be discussing.

In Pakistan, the number of confirmed and suspected cases of dengue has risen, in just the past few weeks, with extraordinary speed. This is a disease that can take advantage of any weakness in the health infrastructure.

But Pakistan is doing the right things, especially in its civil awareness campaign aimed at ridding households, streets, and bazaars of stagnant water. We appreciate the frank and open reporting and the attention being given to vector control.

The WHO representative in Pakistan is an expert in vector control. He is now backed up by experts from headquarters, sent at the request of Pakistani authorities.

The objective is to control the current outbreak, but also to build deep capacity for vector control, especially integrated vector management that rationalizes the use of resources, including pesticides.

This has to be done. The conditions are ripe for outbreaks of dengue to ravage parts of this region time and time again.

Ladies and gentlemen,

Your region continues to intensify efforts on polio eradication, despite challenging conditions in the two countries, Afghanistan and Pakistan, where transmission of the virus has never been interrupted.

At the request of the World Health Assembly, an Independent Monitoring Board of the Global Polio Eradication Initiative was established to keep close track on progress and setbacks in the drive to rid the world forever of this disease.

The Board's most recent report, issued in July, expressed grave concern over the increasing challenges facing Pakistan.

This year, Pakistan is experiencing a significant increase in new cases, and now accounts for nearly a quarter of all cases worldwide. It is also the only place in Asia with type 3 polio, a strain which is on the verge of elimination on the continent.

The country's President has launched an Emergency Action Plan on Polio Eradication, and we commend this initiative.

Last month, we received confirmation that polio from Pakistan has spread into China. Again, we see that endemic transmission anywhere in the world threatens the world everywhere.

Given these challenges, the Independent Monitoring Board has gravely warned that Pakistan risks becoming the last global outpost of this disease.

In Afghanistan, concerted and tactical efforts at the community level in the Southern Region are targeted at reaching more children with polio vaccine in areas that are difficult to access.

Nonetheless, the increased number of new cases observed over the past two months reveals the fragility of such progress. The Independent Monitoring Board cautions that the programme has not yet sufficiently overcome its access challenges.

WHO will support Afghanistan and Pakistan in implementing novel community-based approaches that we know can work in security-compromised areas.

We will help foster political commitment at the critical union-council level, to ensure that more children are immunized in all areas. We know the challenges you face. But we also know they can be overcome.

No challenge anywhere can be allowed to jeopardize the goal of permanently improving the world by driving out a truly awful disease.

I know your Regional Director agrees with this view, and agrees with his characteristic passion.

Dr Gezairy, as you step down at the end of this term, I join a multitude of others, within this region and well beyond, in thanking you for so many jobs for the good of public health so very well done.

You will be sorely missed.

Thank you.

Annex 5

Final list of documents, resolutions and decisions

1. Regional Committee documents

EM/RC58/1-Rev.2	Agenda
EM/RC58/2	The work of the World Health Organization in the Eastern Mediterranean Region – Annual Report of the Regional Director 2010
EM/RC58/3	Dengue: call for urgent interventions for a rapidly expanding emerging disease
EM/RC58/4	Scaling up the Expanded Programme on Immunization to meet global and regional targets
EM/RC58/5	Strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016
EM/RC58/6	Strategic directions for scaling up research for health in the Eastern Mediterranean Region
EM/RC58/7	Report of the Regional Consultative Committee (thirty-fifth meeting)
EM/RC58/8	Report of the 25 th meeting of the Eastern Mediterranean Advisory Committee on Health Research
EM/RC58/9	Resolutions and decisions of regional interest adopted by the Sixty-fourth World Health Assembly
EM/RC58/9 -Annex I	Review of the draft provisional agenda of EB130
EM/RC58/12	WHO reform for a healthy future
EM/RC58/10	Nomination of a Member State to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria and its committees
EM/RC58/11	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction
EM/RC58/Tech.Disc.1	Managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases
EM/RC58/WP.1	Nomination of the Regional Director
EM/RC58/INF.DOC.1	Progress report on eradication of poliomyelitis
EM/RC58/INF.DOC.2	Progress report on the Tobacco-Free Initiative
EM/RC58/INF.DOC.3	Progress report on achievement of the Millennium Development Goals
EM/RC58/INF.DOC.4	Progress report on control and elimination of malaria
EM/RC58/INF.DOC.5	Progress report on cancer prevention and control
EM/RC58/INF.DOC.6	Regional emergency solidarity fund and progress made in operationalizing the regional hub for logistics and supply management

EM/RC58/INF.DOC.7	Pandemic H1N1 and progress on the response
EM/RC58/INF.DOC.8	Progress report on the regional situation regarding road traffic injuries
EM/RC58/INF.DOC.9	(a) Award of the Dr A.T. Shousha Foundation Prize for 2011
EM/RC58/INF.DOC.10	(b) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC58/INF.DOC.11	Place and date of future sessions of the Regional Committee

2. Resolutions

EM/RC58/R.1	Annual report of the Regional Director for 2010 and progress reports
EM/RC58/R.2	Report of the Regional Consultative Committee (thirty-fifth meeting)
EM/RC58/R.3	Strategic directions for scaling up research for health in the Eastern Mediterranean Region
EM/RC58/R.4	Dengue: call for urgent interventions for a rapidly expanding emerging disease
EM/RC58/R.5	Scaling up the Expanded Programme on Immunization to meet global and regional targets
EM/RC58/R.6	Nomination of the Regional Director for the Eastern Mediterranean
EM/RC58/R.7	Expression of appreciation to Dr Hussein Abdul Razzak Gezairy
EM/RC58/R.8	Strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016
EM/RC58/R.9	Report of the Eastern Mediterranean Advisory Committee on Health Research (twenty-fifth meeting)
EM/RC58/R.10	Managing the use of public health pesticides in the face of the increasing burden of vector-borne diseases

3. Decisions

Decision 1	Election of Officers
Decision 2	Adoption of the Agenda
Decision 3	Award of the Down Syndrome Research Prize
Decision 4	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean
Decision 5	Nomination of a Member State to the Board of the Global Fund to Fight Aids, Tuberculosis and Malaria and its Committees
Decision 6	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development, and Research Training in Human Reproduction
Decision 7	Review of rules of procedure of the Regional Committee
Decision 8	Place and date of future sessions of the Regional Committee