

Annual Report of the Regional Director 2012 – including progress reports (Agenda item 2, document EM/RC60/2)1.□

The Annual Report of the Regional Director covers the calendar year 2012 and early 2013. It includes the challenges and actions taken in five strategic areas: health system strengthening for universal health coverage; maternal, reproductive and child health and nutrition; noncommunicable diseases; communicable diseases; and emergency preparedness and response. It also covers action taken to implement WHO reform in the Region. Under this agenda item, progress reports on the following subjects will also be outlined and provided as information documents:

- Eradication of poliomyelitis; regional implications of the end–game strategy (EM/RC60/INF.DOC.1) 1.
- Tobacco-Free Initiative (EM/RC60/INF.DOC.2) 2.
- Achievement of the health-related Millennium Development Goals and global health goals after 2015□ □ (EM/RC60/INF.DOC.3) 3.
- Health systems strengthening: challenges, priorities and options for future action (EM/RC60/INF.DOC.4) 4.
- Implementing the International Health Regulations (2005) (EM/RC60/INF.DOC.5) 5.
- Update on emergencies and the impact of the Syrian crisis on health systems in the neighbouring countries (EM/RC60/INF.DOC.6) 6.
- Road safety (EM/RC60/INF.DOC.7) 7.

Regional strategy on environmental health (Agenda item 4(a), document EM/RC60/Tech.Disc.1)2.□

About one quarter of the total burden of disease in the Region is caused by modifiable environmental risks. The aim of this regional strategy on environmental health □ is to support countries of the Region in their efforts to reduce this major burden through: reducing environment-related communicable diseases; controlling environmental risks for noncommunicable diseases and injuries; protecting the most vulnerable populations from environment-related diseases; and strengthening capacities for emergency preparedness and response. The strategy incorporates evidence-based strategic directions and priorities developed through expert consensus and taking into account the magnitude of the problem; the expressed needs of countries; and the binding framework agreements at international and regional levels.

The strategy provides a framework for action, describing the roles and responsibilities of Member States and WHO in addressing these key priorities: water, sanitation and health (WASH); air pollution; waste management; chemical and food safety; emergency management; climate change; sustainable development; and knowledge management. The framework for action targets: enhancing the regulatory and monitoring capacity of the public health sector; strengthening its advocacy and leadership roles; and equipping it with environmental norms and assessment tools that will then be a catalyst for stakeholders to integrate health protection measures into the development processes.

)Agenda item 4(b), document EM/RC60/Tech.Disc.2(Towards universal health coverage: challenges, opportunities and roadmap 3.□

Universal health coverage means providing all people with access to needed health services – including prevention, promotion, treatment and rehabilitation – that is of sufficient quality to be effective, while ensuring that the use of these services does not expose the user to financial hardship. The aspiration to move towards universal health coverage is not new. It is articulated in WHO's Constitution of 1948 and is integral to both the Alma-Ata declaration of 1978 and the concept of health for all. The three dimensions of universal health coverage are: coverage with needed health services; coverage with financial risk protection; and coverage of all the population.

Building on previous efforts, the paper addresses what is meant by universal health coverage and why financial risk protection is important to universal health coverage; the status of Member States of the Region in their move towards universal health coverage; the current challenges and emerging opportunities to move forward; and the lessons learned from countries that have taken steps to move closer to the goal of universal health coverage. It proposes a roadmap for Member States to move forward, emphasizing the roles and

responsibilities of all stakeholders, including development partners, in achieving this goal.

Saving the lives of mothers and children (Agenda item 5(a), document EM/RC60/3)4.

Although there has been a substantial reduction in both under-five mortality and maternal mortality in the Eastern Mediterranean Region, this falls short of achieving the targets set for achievement of Millennium Development Goals (MDG) 4 and 5 by 2015. Efforts to reduce under-five and maternal deaths more quickly and to get closer to the targets of MDGs 4 and 5 need to be accelerated.

WHO, UNICEF and UNFPA, together with Member States of the Region and partners, have jointly embarked on a regional initiative to accelerate progress towards MDGs 4 and 5, "Saving the lives of mothers and children". This initiative focuses on 10 priority countries: Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, Sudan and Yemen. The initiative has evolved over several steps from identification and endorsement by the Regional Committee of maternal and child health as one of the regional strategic priorities, to a high-level meeting on maternal and child health which resulted in the Dubai declaration, to development of acceleration plans for the 10 countries concerned. The next steps include launching of the acceleration plans to mobilize resources and support, monitoring of their implementation and the establishment of a regional commission. The paper describes the regional initiative, its progress so far, the challenges and the way forward.

(Agenda item 5(b), document EM/RC60/10) Regional strategy for the improvement of civil registration and vital statistics systems5.□

It is universally recognized that the formal registration of the important events in people's lives is critical for the protection of the basic human rights of individuals and for producing reliable statistics on the demographics and health attributes of the population. The information produced by a reliable civil registration and vital statistics system is essential for many development sectors within the country, including the health sector. Despite the wide recognition of the importance and benefits of such a system, a recent (2012) assessment in the Region showed alarming shortcomings impeding the viability of these systems in most countries. Almost 40% of total annual births and 67% of deaths in the Region remain unregistered while causes of deaths are reasonably assigned for less than 9% of all annual deaths.□

The proposed regional strategy for the improvement of civil registration and vital statistics systems is intended to contribute to the improvement of evidence-based policy-making, efficiency in resource allocation and good governance, as well as the progressive realization of the basic rights of all individuals. The paper summarizes the current situation and challenges and describes seven strategic domains to guide and support the improvement of civil registration and vital statistics systems. It outlines key country actions and supportive activities at regional level.□

Resolutions and decisions of regional interest adopted by the Sixty-sixth World Health Assembly and the Executive Board at its 132nd and 133rd Sessions (Agenda item 6(a),6.□
document EM/RC60/4)

The paper highlights resolutions and decisions on global developments adopted by the World Health Assembly in 2013 that have direct relevance to or implication for the Region, and a direct link with many of the priority activities of the Region. In addition, it provides a summary of the steps and actions being taken in implementing specific resolutions relating to regional and country needs.

Session of the Executive Board (Agenda item 6(b), document EM/RC60/4-Annex 1)th Review of the draft provisional agenda of the 134th.□

The Regional Committee will review the draft provisional agenda of the 134th Session of the Executive Board (January 2014).

WHO reform: Preparation of the proposed programme budget 2016–2017 (Agenda item 6(c-i), document EM/RC60/5)8.□

2017 needs to go further in this direction. This will–2015 has provided a first step in the process of WHO reform. The Programme Budget 2016–The Programme Budget 2014 mainly mean bottom-up planning based on country priorities, costing of outputs using standard costs concepts, strategic resource allocations based on clear criteria, clearer planning and financing of management and administration costs and better linkages within the results hierarchy and to the leadership priorities.

(Agenda item 6(c-ii), document EM/RC60/6)WHO's financing dialogue Report of the launch of WHO reform:9.□

The Sixty-sixth World Health Assembly decided to establish a financing dialogue, convened by the Director-General and facilitated by the Chairman of the Programme, Budget and Administration Committee of the Executive Board, on the financing of the programme budget. The financing dialogue was launched in June 2103 with the participation of 87 Member States. The second financing dialogue will be organized on 25 and 26 November 2013. The Regional Committee will review the progress made since the launch of the financing dialogue and discuss the preparations for the second meeting.

Health in the post-2015 development agenda (Agenda item 6(d), document EM/RC60/7)10.□

There is a general consensus that health is central to the post-2015 development agenda. How the new goals for health should be formulated needs to be debated in an open, transparent and widely consultative process that ensures: a high level of commitment and ownership among countries and development partners alike; identification of clear goals and objectives that can be effectively monitored; a seamless blend of the Millennium Development Goals with the post-2015 development agenda; and continued and intensive advocacy for mobilization of financial and technical resources in order to achieve the post-2015 agenda for health. The 66th World Health Assembly in its agenda item 14.1 requested that WHO consultations on health in the post-2015 development agenda are inclusive and open to all regions, subregions and Member States, and are adequately informed by other ongoing processes. Given its importance, this global agenda on health is being discussed in the 2013 meetings of the WHO regional committees and a report on those discussions will be presented, through the Executive Board at its 134th session in January 2014, to the Sixty-seventh World Health Assembly.

International Health Regulations (2005): criteria for additional extensions (Agenda item 6(e), document EM/RC60/8) □11.□

The International Health Regulations (2005) (IHR) set out a time-frame within which States Parties are to develop, strengthen and maintain minimum national core capacities for surveillance and response to public health events, including those at points of entry as detailed in Annex 1 of the Regulations. To date, 19 States Parties in the Region have requested an extension to the first deadline of 15 June 2012. It is anticipated that many States Parties might seek a further extension in June 2014. Resolution WHA65.23 requests the Director-General to develop and publish criteria to be used by the Director-General in making the decision to grant further extension. To this end, the Secretariat proposed criteria to the 132nd Executive Board in January 2012. A request was made to further consult States Parties during the 2013 regional committees to ensure adequate opportunity for WHO Member States to contribute to the decision on the criteria to be used.

Implementing the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases based on the regional framework for action (Agenda item 7,12.□
document EM/RC60/9)

The Regional Committee in its fifty-ninth session endorsed a regional framework for action on the commitments of Member States to implement the United Nations Political Declaration on Noncommunicable Diseases. It also urged Member States to, among other things, implement the core set of interventions contained therein, strengthen mechanisms for engaging non-health sectors in implementing it, and strengthen surveillance for noncommunicable diseases and their risk factors by implementing the WHO surveillance framework, and scale up the integration of the essential interventions for the prevention and management of noncommunicable diseases into primary health care. The paper describes the progress to date in implementing the regional framework for action by WHO and Member States.

Review of implementation of Regional Committee resolutions 2000-2011 (Agenda item 8, document EM/RC60/INF.DOC.8)13.□

Within the context of the resolution audit and monitoring process, this paper reviews 136 resolutions of the Regional Committee for the Eastern Mediterranean resolutions issued between 2000 and 2011. It indicates the progress made towards implementing the components of the resolutions, and in accordance with a defined set of criteria, makes recommendations with regard to whether the individual resolutions should be considered to remain active. The criteria are based on public health significance, relevance to regional strategic directions in the five priority areas for 2012–2016, funding mechanisms, periodic reporting requirements and fulfilment of requested actions by June 2013. The main objective of this review is to ensure that active resolutions remain relevant, effective and responsive to regional public health challenges in line with the 2012–2016 strategic vision and in the context of the major initiatives and resolutions of the United Nations.

Report of the first meeting of the Technical Advisory Committee to the Regional Director (Agenda item 9, document EM/RC60/INF.DOC.9)14.□

In October 2012, the fifty-ninth session of the WHO Regional Committee for the Eastern Mediterranean issued resolution EM/RC59/R.6 endorsing the establishment of a Technical Advisory Committee to the Regional Director which would provide independent advice and assistance on matters pertaining to regional health priorities and programme development. The Committee convened for the first time on 15–17 April 2013 at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt. During the meeting the Committee members were requested to discuss a number of working papers that had been provided to them in advance of the meeting and identify what additional challenges existed and provide advice on how WHO could best respond. This report documents the feedback of participants, summarizes the procedural matters related to future meetings, and outlines strategic and operational recommendations for WHO based on the discussions of the committee.

Award of the Dr A.T. Shousha Foundation Prize and Fellowship (Agenda item 10(a), document, EM/RC60/INF.DOC.10) 15.□

The Executive Board, at its 132nd Session approved the nomination of Dr Mohammad-Reza Mohammadi (Islamic Republic of Iran) for the Dr A.T. Shousha Foundation Prize for 2013. The prize will be awarded to Dr Mohammadi during the first day of the Sixtieth Session of the Regional Committee.□

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, 16.□
EM/RC60/INF.DOC.11)

The Fifty-ninth Session of the Regional Committee decided not to award the prize the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean in 2013. Revised criteria for assessment of nominations for 2014 will be used by the Foundation Committee in its ninth meeting during the 60th Session of the Regional Committee in October 2013.

Monday 29th of April 2024 08:39:03 AM