22 October 2014, Tunis -- The 61st session of the Regional Committee concludes its meetings in Tunis, Tunisia today, adopting a number new health initiatives, action plans and resolutions. Nearly 100 delegates and 48 international, regional organizations attended the meeting and actively participated in the discussions.

Members of the Regional Committee adopted the Annual Report of the Regional Director for 2013, acknowledging the work achieved in the five key priority areas endorsed by the Committee in its 59th session, and commending the progress made by Member States with a high burden of maternal and child mortality in implementing maternal and child health acceleration plans.

Participants agreed to hold the 62nd Regional Committee from 5 to 8 October 2015 and five countries extended an invitation to host the meeting. A decision regarding the location will be made in the coming days.

Ensuring emergency preparedness

In order to strengthen preparedness of Member States for emergencies, WHO's Regional Office for the Eastern Mediterranean proposed a plan consisting of three pillars: (1) build a well-trained, professional cadre of public health experts to act as surge capacity for the Region; (2) establish a reliable logistics system that includes communications; and (3) agree on and commit to a strong financing mechanism for emergencies.

As a first step, Regional Office will send a team of experts to countries in the Region to assess national preparedness and response capacities for a possible Ebola outbreak. This will serve as an entry point to a broader emergency plan that will include capacity-building of national staff for surge deployments as needed. Regional Office's senior management expressed their eagerness to accelerate the approval process for the establishing of a dedicated WHO emergency hub in Dubai, and noted that this could only become achieved if Member States financially supported the initiative.

Eradicating noncommunicable diseases

Member States unanimously agreed that progress in the prevention and control of noncommunicable diseases (NCDs) has been insufficient and highly inconsistent in the Region

and that increased efforts are needed. As a result, participants adopted a resolution to scale up implementation of the UN General Assembly's Political Declaration on NCDs.

The resolution urges WHO to support Member States by assessing their progress in implementing the updated Regional framework for action and identifying gaps. Additionally, the resolution suggests convening a side event at the 136th session of the Executive Board and the Sixty-eighth World Health Assembly to brief Member States on the updated framework for action and performance indicators adopted by the current Regional Committee.

The resolution also calls for Member States to support the Regional Director's initiative to protect public health and promote healthy lifestyles, with a special focus on countering the largely unopposed commercial practices that promote unhealthy products, particularly those targeting children.

Ensuring regional health security

Member States approved a resolution to prioritize implementation of the International Health Regulations on a national level and allocate the required budget, human resources and other operational and logistical assets. To prevent and control transmission of communicable diseases, participants were urged to enhance cross-border collaboration for surveillance and response by entering into bilateral or multilateral agreements and/or arrangements at ground crossings.

Participants reaffirmed their commitment to pursuing universal health coverage based on the values and principles of primary health care and the right to affordable and quality health services, adopting a multi-sectoral approach.

Building leaders in public health

One of many initiatives launched during the 61st session of the Regional Committee is a "Leadership for Health Programme" that aims to strengthen the capacity of public health professionals in the Region. Launched in collaboration with the Harvard School of Public Health, the programme will build leaders who make a positive difference in the global health sphere by proactively addressing public health issues and effectively pursuing regional health priorities.

The four-week programme uses non-traditional teaching methods and focuses on competencies in public health such as leadership and leading change; organizational dynamics and change management; negotiation; team building and conflict resolution; and system thinking and problem solving with emphasis on health system strengthening.

25 participants will be trained every year, with the first round is expected to take place from 23 January to 18 February 2015.

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