

**66th Session of the WHO Regional Committee for the Eastern Mediterranean,  
14–17 October 2019  
Tehran, Islamic Republic of Iran**

**EMRO/RC66/DJ/4  
17 October 2019**

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<b>Documents</b>	Official documentation of the session will be available in Arabic, English and French on the Regional Committee website: <a href="http://www.emro.who.int/about-who/rc66/index.html">http://www.emro.who.int/about-who/rc66/index.html</a> . As RC66 is the first paperless Regional Committee, participants are kindly requested to consult the documents online as no hard copies will be provided.
<b>Internet access</b>	Wireless internet access is available in all meeting areas.  <b>For participants residing in Parsian Azadi Hotel:</b> Please use the same WIFI used in the hotel "Azadi hotel".  <b>For participants not residing in Parsian Azadi Hotel:</b> Please use the meeting WIFI "RC66".
<b>WHO publications</b>	A WHO publications exhibition stand has been set up in the foyer area on the mezzanine floor. Publications including the EMHJ are available online.
<b>Security</b>	Please ensure that your RC66 ID badge is displayed at all times while inside the premises.
<b>Interventions</b>	To help in drafting the report of this session of the Regional Committee, delegations may provide the text of remarks on paper to a member of the WHO Secretariat or by email to <a href="mailto:emrgorcrep@who.int">emrgorcrep@who.int</a> . NGO statements may also be submitted for posting on the website.
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<b>Note</b>	WHO has a no-smoking policy for all WHO meetings and related functions. Smoking is prohibited in all areas related to the Regional Committee sessions.

## 1. Programme of work

### Coordination of the work of the World Health Assembly, Executive Board and Regional Committee

Agenda item	09:00–11:00 Regular session (Zarrin Hall – Parsian Azadi Hotel)	
4(c)	Development of a global strategy for tuberculosis research and innovation	<a href="#">EM/RC66/10</a>
4(d)	Summary of the global strategy on digital health	<a href="#">EM/RC66/11</a>
4(e)	Draft global strategy to accelerate cervical cancer elimination	<a href="#">EM/RC66/12</a>
4(g)	Development of a proposal for a Decade of Healthy Ageing 2020–2030	<a href="#">EM/RC66/14</a>
4(f)	Thirteenth General Programme of Work, 2019–2023 Results framework: an update	<a href="#">EM/RC66/13</a>
4(h)	WHO presence in countries, territories and areas	<a href="#">EM/RC66/INF.DOC.9</a>
Agenda item	11:30–12:30 Regular session (Zarrin Hall – Parsian Azadi Hotel)	
	Adoption of the report, resolutions and decisions	
	Closing session	

## 2. Report of meetings

### Wednesday, 16 October 2019

Agenda item	Regular session
	<b>Chair: H.E. Dr Mai Salem Al-Kaila (Palestine)</b>
3(a)	<p><b>Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development</b></p> <p>A presentation was made by the Medical Officer, WHO Child and Adolescent Health unit on the above framework. In the WHO Eastern Mediterranean Region, children under 5 years of age represent 12% of the total population, while adolescents (10–19 years old) constitute around 20%. Currently, the Region has the second highest rates for both under-5 and adolescent mortality after the WHO African Region. In addition, despite considerable achievements in recent decades, the Region has the joint highest mortality rate for newborns (first 28 days following birth). The WHO Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development provides a range of country-level actions that can be adopted and adapted to the local context. The framework is intended to help countries of the Region enhance, strengthen or develop their national strategic plans for newborn, child and adolescent health and development, in line with GPW 13 and Vision 2023. It is intended that countries will implement the actions proposed in the framework by using it to guide the development or updating of national strategic plans and road maps for action. A list of implementation milestones has also been provided within the framework to help countries monitor their activities and report on progress.</p> <p>Interventions were made by representatives of the following Members of the Committee (in order): Pakistan, Islamic Republic of Iran, Kuwait, Tunisia, Afghanistan, Syrian Arab Republic, Djibouti, Iraq, Palestine, Lebanon, Libya, Sudan, Jordan.</p> <p>There was broad agreement that ending preventable deaths among newborns, children and adolescents in the Region and improving their health and development was a major priority. The development of the comprehensive WHO framework was a very welcome step as it would provide a road map for countries of the actions required to make improvements and to achieve the related goals. Despite significant gains in many countries it was acknowledged that much remained to be done. Representatives thanked WHO for the considerable support already provided to countries in their efforts to improve child and adolescent health, and called upon WHO to provide further support to countries in the implementation of the framework. WHO expressed its thanks to representatives for their very informative and helpful inputs and looked forward to the adoption of the framework and its subsequent implementation in countries.</p>
3(b)	<p><b>Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region</b></p> <p>The Regional Adviser on Nursing, Midwifery and Allied Health Personnel noted that nurses were a key part of the health workforce, well suited to tackling the rise in communicable and noncommunicable diseases, contributing to improving maternal, infant and child survival, and reducing the number of adverse events among patients. There was a need to strengthen nursing in order to achieve universal health coverage in the Region, but progress had been slow and there was a severe shortage of nurses and midwives. Investment in strong policies to scale up the training, employment, deployment and retention of nurses was therefore required to ensure availability of an adequate nursing workforce and access to services, particularly for refugees and displaced populations and those living in protracted emergencies. Recent and upcoming global campaigns on nursing, including the designation of 2020 as the Year of the Nurse and Midwife, provided an opportunity to galvanize the necessary action.</p>

Interventions were made by representatives of the following Members of the Committee (in order): Kuwait, Islamic Republic of Iran, Tunisia, Pakistan, Oman, Afghanistan, Lebanon.

The Regional Adviser on Nursing, Midwifery and Allied Health Personnel acknowledged the concerns raised by Member States, including the need to strengthen the role of nurses in primary health care. She also recognized the progress made in some countries, such as in the development of specialized nursing training.

### **Presentation**

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, presented Member States with a framed copy each of the UHC2030 Global Compact for progress towards universal health coverage, in recognition of the signing of the Compact by all countries of the Region, noting that the Region was leading the way for other WHO regions in achieving this.

<b>Agenda item</b>	<b>Regular session</b>
<b>3(c)</b>	<p><b>Introducing the framework for action for the hospital sector in the Eastern Mediterranean Region</b></p> <p>The Regional Adviser on Hospital Care and Management expressed the view that the hospital sector needed to be transformed so that it could work effectively and efficiently to help achieve UHC and the health-related targets of the SDGs. UHC could only be achieved through a primary health care approach and hospitals, which account for a huge proportion of public health expenditure, needed to be an integral part of health systems based around primary health care. There needed to be a shift away from health systems designed around diseases and institutions towards health systems designed for people. A regional framework for action for the hospital sector was proposed for consideration by Member States, which included interventions at the system (policy) level and facility (hospital) level.</p> <p>Interventions were made by representatives of the following Members of the Committee (in order): Kuwait, Islamic Republic of Iran, Oman, Egypt, Iraq, Tunisia, Libya, Afghanistan.</p> <p>The Regional Adviser on Hospital Care and Management welcomed the contributions of representatives. He said that community needs assessments, coordinated service care packages, development of public–private sector partnerships and greater regulation and consistent enforcement of regulations for the private hospital sector were needed. He reminded representatives of the regional meeting to be held 4–6 November 2019 on implementation of the framework. He then concluded by commending the transformation of the hospital sector which had taken place in Sudan.</p>
<b>3(d)</b>	<p><b>Developing national institutional capacity for evidence-informed policy-making for health</b></p> <p>The Director, Department of Science, Information and Dissemination, presented this technical paper. To ensure that health policies were appropriate, effective and cost-effective, they needed to be based on sound evidence. Evidence-based policy-making was therefore essential to achieve the SDGs and UHC. The countries of the Region were keen to enhance the use of evidence in health policy-making, but faced many challenges in obtaining and using evidence. A regional framework was therefore being proposed to support countries in improving their national institutional capacity for evidence-informed policy-making. The framework provided practical actions that Member States could undertake to build national institutional capacity, and outlined the support that WHO could provide. The framework was flexible to accommodate different country needs, priorities and capacities. A five-dimensional analytical approach was suggested to assist countries in formulating a suitable strategy. The Regional Committee was invited to endorse the framework for action.</p>

Interventions were made by representatives of the following Members of the Committee (in order): Kuwait, Islamic Republic of Iran, Tunisia, Palestine, Iraq and Libya.

Representatives welcomed the proposed framework. It was noted that evidence played a potentially crucial role in informing health-related activities across sectors. However, there were many challenges in generating, collecting and using high-quality data and research, and sustained capacity-building support from WHO was therefore requested. Technological changes posed new challenges but also provided new opportunities. As well as action at country level, the establishment of a Region-wide project or institution to develop sources and analyses of evidence should be explored.

The Director, Department of Science, Information and Dissemination, thanked the representatives for their contributions. The framework was intended to encourage coherent thinking about, and action on, all aspects of evidence-informed policy-making, both within countries and within WHO, and to guide WHO in supporting countries systematically. The idea of a Region-wide initiative would be further explored with interest.

Agenda item	Regular session
	<b>Chair: H.E. Dr Saeed Namaki (Islamic Republic of Iran)</b>
<b>3(e)</b>	<b>Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018</b> <p>The Regional Adviser on Noncommunicable Diseases Prevention noted the new Political Declaration on NCDs issued by a High-level Meeting of the United Nations General Assembly in September 2018. A sense of urgency was required if the Region was to achieve health target 3.4 of the SDGs: to reduce by one third premature deaths from NCDs by 2030. NCDs were responsible for 2.6 million deaths in 2016 in the Region and the figure was expected to increase to over 3.8 million by 2030. Despite country progress and increased awareness of the problem, action had been slow and uneven. The Political Declaration committed countries to scaling up efforts, including the promotion of mental health and well-being, reduction of air pollution, effective use of legal and fiscal measures, and addressing NCD management in emergencies. These developments necessitate an update to the current regional framework for action on NCDs. To step up action, countries must increase financial investment, build technical and operational capacity, establish or strengthen legislative and regulatory measures, and adopt multisectoral, multistakeholder, health-in-all-policies, whole-of-government and whole-of-society approaches.</p> <p>Interventions were made by representatives of the following Members of the Committee (in order): Tunisia, Islamic Republic of Iran, Kuwait, Egypt, Syrian Arab Republic, Oman, Iraq, Lebanon, Pakistan.</p> <p>The Regional Adviser on Noncommunicable Diseases Prevention thanked Member States for their ongoing work on NCDs. He identified a number of key issues for country action, including: the need for strong, high-level multisectoral collaboration and coordination, and reporting mechanisms; the expansion and full implementation of NCD prevention measures; cost-effective selection of medicines for NCDs and regional coordination on medicine prices (especially for cancer); and action at the community level, with consideration of the healthy city approach to NCD risk factor control.</p>
	<b>Endorsement of the “Tehran Declaration on Healthy Lifestyles”</b>

Agenda item	Regular session
3(f)	<p><b>Regional framework for action to strengthen the public health response to substance use</b></p> <p>The Regional Adviser on Mental Health and Neurological Disorders noted that substance use was an issue of public health importance requiring a coordinated multidimensional response across different countries. A shift towards a more balanced public health approach to substance use and a focus away from supply-reduction measures was indicated by several important developments, including the inclusion of a specific target on prevention and treatment of substance use under SDG 3 and the availability of cost-effective and affordable interventions. To achieve the SDGs, and specifically the goal of UHC, treatment coverage for substance use disorders and the development of comprehensive, integrated health and social services for substance use and substance use disorders was needed. A new regional framework for action to strengthen the public health response to substance use, which identified cost-effective, affordable and feasible strategic interventions, was proposed for consideration by Member States.</p> <p>Interventions were made by representatives of the following Members of the Committee (in order): Kuwait, Islamic Republic of Iran, Tunisia, Jordan, Sudan, Djibouti, Iraq, Lebanon.</p> <p>The Regional Adviser on Mental Health and Neurological Disorders noted common themes and made reference to pioneering countries that had already adopted harm-reduction and human-rights-based approaches in response to the problem of substance use. He said that evidence-based interventions and registration of medications for treatment were needed and highlighted the cost-effectiveness of a public health approach.</p>
4(a)	<p><b>Resolutions and decisions of regional interest adopted by the Seventy-second World Health Assembly and the Executive Board at its 144th and 145th sessions</b></p>
4(b)	<p><b>Review of the draft provisional agenda of the 146th session of the WHO Executive Board</b></p> <p>The Director, Programme Management, drew attention to the resolutions and decisions adopted by the Seventy-second World Health Assembly and the 144th and 145th sessions of the Executive Board. with implications for regional activities. Chef de Cabinet then presented the draft provisional agenda of the 146th session of the WHO Executive Board and requested comments thereon.</p> <p>Interventions were made by representatives of the following Members of the Committee (in order): Islamic Republic of Iran, Qatar.</p> <p>The Director, Programme Management thanked representatives for their comments and specific responses were then provided by her and by the Director, Administration and Finance, the Chef de Cabinet and the Director, Governing Bodies and External Relations. It was clarified that despite all organizational reform often being a slow process, the WHO reform process was seen as an opportunity to maximize the impact of WHO activities at country level and was under way on a number of fronts. With regard to the Regional Office, important initiatives relevant to reform included organizational restructuring, the Regional Director's Vision 2023 and programme budget adjustments. A particular emphasis was being placed on making WHO country offices even more fit for purpose, but issues such as staff mobilization were highly complex and required very careful consideration. The suggestion to combine regional interventions at World Health Assembly and Executive Board meetings would be considered. It was pointed out that changes to the processes for such meetings were also being implemented to streamline governance processes. Furthermore, innovations were being implemented for the mid-term budgetary review process as this was indeed an important activity.</p>