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Resolution

**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

**EM/RC66/R.1
October 2019**

**Sixty-sixth session
Agenda item 2**

Annual report of the Regional Director for 2018

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2018¹ and the progress reports requested by the Regional Committee;²

Recognizing that rheumatic heart disease is a leading cause of preventable cardiac death in people under the age of 25, and noting World Health Assembly resolution 71.14 on rheumatic fever and rheumatic heart disease;

Recognizing that accelerated global action is needed to address the pervasive problem of the double burden of malnutrition, to meet global targets on reducing noncommunicable diseases, and related targets under Sustainable Development Goals 2 and 3, by 2030;

Recognizing that the availability of quality, affordable medicines and vaccines is essential to universal health coverage;

Noting with concern the impact of political instability, conflict and external economic sanctions on the right to health of people in the Region, in particular forcibly displaced people and those in vulnerable situations;

Noting the recommendations of the Global Preparedness Monitoring Board and the slow progress on implementing national plans;

Appreciating that all countries of the Region have signed the UHC2030 Global Compact, committing to achieving universal health coverage leaving no one behind;

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 for 2018;
3. **ENDORSES** the framework for action on acute rheumatic fever and rheumatic heart disease in the Eastern Mediterranean Region (which is annexed to this resolution);

¹ EM/RC66/2.

² EM/RC66/INF.DOC.1-8.

4. **ENDORSES** the strategy on nutrition for the Eastern Mediterranean Region, 2020–2030;
5. **URGES** Member States to:
 - 5.1 Implement the regional framework for action on acute rheumatic fever and rheumatic heart disease in countries of the Region, to ensure effective prevention and control of rheumatic heart disease in the Region;
 - 5.2 Implement the regional nutrition strategy, 2020–2030;
 - 5.3 Strengthen the capacity of the pharmaceutical sector to improve the availability of quality, affordable medicines and vaccines;
 - 5.4 Accelerate implementation of National Action Plans for Health Security;
 - 5.5 Develop and implement national PHC for UHC roadmaps.
6. **REQUESTS** the Regional Director to:
 - 6.1 Provide technical support to countries in implementing the regional framework for action on acute rheumatic fever and rheumatic heart disease;
 - 6.2 Provide technical support to countries in implementing the regional nutrition strategy, 2020–2030;
 - 6.3 Develop a comprehensive regional strategy to ensure the availability, accessibility, affordability and quality of medicines and vaccines in the Region;
 - 6.4 Engage in evidence-based advocacy for the right to health of everyone in the Region, and advise on the health sector’s contribution to peace-building;
 - 6.5 Provide technical support to Member States to develop PHC for UHC roadmaps and ensure their implementation;
 - 6.6 Catalyze collective action among Member States to strengthen regional health security.

Annex 1 Framework for action on rheumatic fever and rheumatic heart disease in the WHO Eastern Mediterranean Region

Strategic approach	Key outcomes What is needed in each country	Progress indicators Steps to be taken by each country
In the area of: Governance	<p>Each country should:</p> <ul style="list-style-type: none"> • have an RF/RHD Advisory Group; • have a national RF/RHD plan that integrates, and is delivered in coordination with, other relevant plans and strategies; • have a national investment case on the cost/out-of-pocket spending/burden to patients. 	<ul style="list-style-type: none"> • Establish a national Advisory Group, ideally with the participation and endorsement of the Ministry of Health, whose role is to develop a national RF/RHD strategy and monitor programme implementation. • Appoint a national focal point. • Undertake a baseline review of the RF/RHD situation in the country, with particular consideration given to assessing burden and access barriers among populations at high risk, including migrants, refugees and conflict-affected groups. • As guided by the findings of the baseline review, develop a national RF/RHD plan that articulates implementation in coordination with other relevant strategies and plans. • Define national targets for programme implementation and for reducing the disease burden.
In the area of: Primary prevention	<p>Each country should:</p> <ul style="list-style-type: none"> • have local guidelines in place for the diagnosis and treatment of pharyngitis. 	<ul style="list-style-type: none"> • Adapt or develop and implement local guidelines for the diagnosis and treatment of pharyngitis, based on global best practice and integrated with existing strategies (for example, incorporation of a sore throat module into the Integrated Management of Childhood Illness).
In the area of: Secondary prevention	<p>Each country should:</p> <ul style="list-style-type: none"> • have local guidelines in place for the diagnosis and management of RF/RHD; • have a functioning RF/RHD register that is regularly monitored, with data used to inform programme activities; • integrate the delivery of RF/RHD care within existing primary health care structures and systems. 	<ul style="list-style-type: none"> • Implement RF/RHD prevention and management services that are integrated with, and delivered through, existing health system structures and services, in line with local guidelines. • Identify existing service-delivery platforms that offer opportunities to reach underserved patients or patients at high risk through the integration of RHD services (for example, antenatal care to identify and manage pregnant women with RHD). • Implement an RF/RHD register with a dedicated coordinator.
In the area of: Access to medicines	<p>Each country should:</p> <ul style="list-style-type: none"> • have reliable access to high-quality benzathine penicillin G (BPG); • make BPG treatment available without charge to patients. 	<ul style="list-style-type: none"> • Ensure that BPG is on the national Essential Medicines List and national formulary of medications. • Undertake an assessment of access to BPG to demonstrate robust procurement processes or to identify supply gaps that require broader (for example, regional) action. • Ensure that BPG procurement is incorporated into routine procurement and budgeting processes. • Identify and implement the measures needed to ensure the routine testing of BPG quality.
In the area of: Surveillance and monitoring	<p>Each country should:</p> <ul style="list-style-type: none"> • have reliable data on the RF/RHD disease burden at the national and, where possible, subnational level; • have a surveillance system in place to monitor the RF/RHD disease burden and identify groups at high risk. 	<ul style="list-style-type: none"> • Develop and implement a surveillance system which is integrated within existing health monitoring/surveillance structures and systems, and which generates data on core metrics for RF/RHD, including adverse treatment events. • Consider the need to include RF as a notifiable disease. • Consider the need for special studies in high-risk areas (for example, clinical audit, echocardiography screening).
In the area of: Health workforce at the community and primary health-care level	<p>Each country should:</p> <ul style="list-style-type: none"> • have a community and primary health-care workforce that is able to recognize and appropriately treat or refer pharyngitis and RF, and deliver prevention strategies; • ensure that health providers who deliver treatment have the necessary confidence to safely administer BPG; • integrate frontline health-worker training into the health workforce training curriculum. 	<ul style="list-style-type: none"> • Incorporate training on RF primary prevention into existing training structures and systems. • Incorporate the safe administration of BPG into training for all personnel administering treatment. • Implement dedicated training for frontline health-care workers as needed.

Strategic approach	Key outcomes What is needed in each country	Progress indicators Steps to be taken by each country
In the area of: Community awareness	<p>Each country should:</p> <ul style="list-style-type: none"> ensure that communities are aware of and understand RF/RHD and their link with Strep A infection (throat or skin), particularly communities and schools in high-risk areas. 	<ul style="list-style-type: none"> Develop and implement a community education and awareness-raising strategy for Strep A infection, RF and RHD.
In the area of: Tertiary care, including surgical intervention	<p>Each country should:</p> <ul style="list-style-type: none"> ensure access to echocardiography to guide diagnosis, monitoring and treatment planning for people living with RHD; develop an overview of pathways to access to interventional cardiac surgical procedures (including percutaneous procedures); ensure a sufficient sub-specialist medical workforce to provide care for the population of people with RHD. 	<ul style="list-style-type: none"> Report on access to echocardiography. Report on the number of surgeries for RHD performed per year.
In the area of: Social determinants of health	<p>Each country should:</p> <ul style="list-style-type: none"> have data on levels of household crowding, malnutrition, lack of education and other key risk factors in high-burden populations; introduce policies and programmes to alleviate over-crowded living conditions and improve housing among high-burden populations. 	<ul style="list-style-type: none"> Report on relevant Sustainable Development Goal (SDG) indicators, including: <ul style="list-style-type: none"> proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural); proportion of population living in households with access to basic services; coverage of essential health services; prevalence of malnutrition (weight for height > +2 or < -2 standard deviation from the median of the WHO Child Growth Standards); among children under 5 years of age, by type (wasting and overweight); proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex.