

**Resolutions and decisions of regional interest adopted by the Sixty-sixth
World Health Assembly and the Executive Board at its 132nd and 133rd Sessions**

DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-SIXTH WORLD HEALTH ASSEMBLY			
Decision/ Resolution no.	Title	Regional implications	Action/comments
WHA66(8)	Financing of WHO	<ul style="list-style-type: none"> • Improving the transparency, alignment and predictability of WHO's financing is at the centre of WHO's reform. • The Health Assembly's approval of the Programme Budget (PB) 2014–2015 in its entirety for the total amount of US\$ 3977 million under all sources of funds covers both assessed contributions (25%) and voluntary contributions. • Reliance on voluntary contributions is higher in the Eastern Mediterranean Region than average in the Organization. • Full financing of the PB would offer a solid foundation for bottom-up budgeting and planning based on country needs. Narrow earmarking would be replaced with flexible financing of the PB thus allowing focus on priority areas of work in countries. • The bottom-up planning process is already being implemented for the Region for the biennium 2014–2015. 	<ul style="list-style-type: none"> • The financing dialogue was launched in Geneva on 24 June 2013 with the participation of 87 Member States, six other United Nations agencies and 14 non-state partners. Ten countries from the Region participated in the launch meeting. • The financing dialogue process received strong support from meeting participants. • The second financing dialogue meeting will be organized in November 2013. Ahead of this meeting WHO will conduct bilateral follow-up with Member States and other funders. • A successful outcome to the financing dialogue would allow increased funding security and flexibility. As a consequence, the full implementation of PB 2014–2015 could start from the beginning of the biennium. • The report of the launch of the financing dialogue is available on the WHO website: http://www.who.int/financing_dialogue
WHA66(9)	Strategic resource allocation methodology	<ul style="list-style-type: none"> • The Health Assembly decision is linked with the WHO reform process and the financing dialogue with Member States and non-State partners launched in June 2013. • The Regional Committee emphasized in resolution 	<ul style="list-style-type: none"> • The Director-General has established a Working Group on Planning and Strategic Resource Allocation, which is co-chaired by the Regional Director for the Eastern Mediterranean. • The WHO Task Force on

		<p>EM/RC59/R.6 (2012) the need for a country-based (bottom-up) budget planning process based on the needs of Member States. This resolution signals a strong wish from the countries of the Region to deviate from previous practice so that regional action is aligned with the agreed strategic directions for the Region and country workplans respond directly to the specific needs of countries.</p> <ul style="list-style-type: none"> • The Regional Committee has assumed a proactive role in the implementation of the Health Assembly decision. 	<p>Resource Mobilization and Management Strategies has completed its work and has submitted a set of recommendations related to resource mobilization and management and allocation of resources.</p> <ul style="list-style-type: none"> • The Regional Office has provided guidance to country offices concerning operational planning 2014–2015 to be implemented in phases: 1) clear priority-setting at country level; 2) planning at the Regional Office to meet priority needs in countries taking into consideration global and regional resolutions and recommendations of advisory bodies such as Technical Advisory Committee; and 3) identification of remaining gaps and options to cover them. • The steps above, to be taken in the Region for the years 2014–2015, are expected to provide valuable experience across the Organization for the implementation of the decision on strategic resource allocation methodology for the years 2016–2017.
WHA66(10)	Substandard/spurious/falsely-labelled/falsified/counterfeit medical products	<ul style="list-style-type: none"> • Substandard/spurious/ falsely-labelled/ falsified/counterfeit (SSFFC) medical products pose a significant danger to public health in the world due to increasing international trade in pharmaceuticals and sales via the internet, which facilitate the entry of SSFFC medical products into supply chains. • Findings of the 2009 survey on counterfeit medical products in the Region drew attention to the need for more robust legislation, anti-counterfeit actions, information sharing, close collaboration between WHO and national medicine regulatory authorities, free trade zones and market control. 	<ul style="list-style-type: none"> • Regional training on surveillance and monitoring of SSFFC medical products will be conducted in September 2013, with the aim of setting up a surveillance system for sharing information on SSFFC incidents. • The Regional Office will assist countries in identifying gaps in national legislation and regulatory structures. • WHO will disseminate alerts and publications on SSFFC medical products. • National regulatory authorities in most countries of the Region need to be strengthened and their capacity developed.

WHA66(12)	Follow-up on the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	<ul style="list-style-type: none"> • Libya, Morocco, Oman and Saudi Arabia participated in the Consultative Expert Working Group report discussions in the open-ended consultative meeting held in November 2012. 	<ul style="list-style-type: none"> • WHO in consultation with countries of the Region will: <ul style="list-style-type: none"> – facilitate the set-up of a health research and development demonstration project; – establish national health research and development observatories for mapping health research and development flows and their impact on health, well-being and development needs. • All countries of the Region should participate in the global consultative meeting on demonstration projects, proposed for end 2013.
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-SIXTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD IN ITS 132ND SESSION			
WHA66.1	Twelfth General Programme of Work, 2014–2019	<ul style="list-style-type: none"> • The 12th General Programme of Work (GPW) considers new political, economic, social and environmental realities and examines the implications of this analysis for the work of WHO, highlighting the need for both continuity and change. This point is particularly relevant for the Region, where important changes have been occurring in recent years. • By reducing the duration of the Programme of Work from 10 to 6 years, the 12th GPW ensures close alignment with the planning and budgeting cycle, which is an important point in changing contexts such as those in the Region. • At country level, the limited number of high-level strategic priorities gives country offices more flexibility in aligning operational plans with national priorities. 	Links between the 12th GPW, and Programme Budget 2014–2015 and country level health needs are marking the ongoing operational planning for 2014–2015 in the Region.

WHA66.4 EB132.R1	Towards universal eye health: a global action plan 2014–2019	<ul style="list-style-type: none"> • Recent data show that there is improvement in eye care services in the Region. • Rapid assessment of avoidable blindness reports show some communities with high rates of blindness that require further support and strengthening of eye health by implementation of the action plan. • Libya and Qatar recently developed national action plans for eye health for the period 2014–2019 in line with the global action plan 2014–2019. 	WHO will: <ul style="list-style-type: none"> • sustain the technical support to countries in the Region for eye health and for implementation of the action plan 2014–2019; • conduct a regional workshop on development and implementation of the universal eye health plan; • collect eye data regularly, monitor and evaluate the progress; • strengthen collaboration and partnership by involving partners working in eye care and mobilize resources.
WHA66.5	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> • WHO may have to accelerate coordination efforts with partners and donors if health aid is increased (the health cluster has been de-activated). • WHO is providing continued advocacy and awareness regarding the situation addressing the health impact in Gaza and West Bank. • WHO is monitoring violations of International Health Law and the Geneva Conventions directly related to safe passage of Palestinians seeking health care and attacks on health care workers and institutions. • Increased/accelerated procurement of urgent medical equipment and essential medicines is needed. 	WHO will: <ul style="list-style-type: none"> • develop a joint WHO/UNRWA appeal which outlines priority health projects and activities, and seek donor support for this new initiative; • provide support in the area of health system capacity-building; • review contingency plans for the health sector; • ensure business continuity plans for the offices in Gaza, West Bank and Jerusalem; • document and promote trend analysis of health impacts in Palestine; • assess with health partners the performance of the health cluster.
WHA66.7	Implementation of the recommendations of the United Nations Commission on Life-saving Commodities for Women and Children	<ul style="list-style-type: none"> • Information is needed on regional manufacturers' capacity to produce quality-assured medicines and medical products listed as life-saving commodities, in order to assess availability of quality products. • Standards and specifications set for medicines, vaccines, diagnostics and medical products are listed on the WHO model list of essential medicines and included in the model formulary. • Standard treatment guidelines are available for various health 	<ul style="list-style-type: none"> • Funding needs to be made available to implement activities aimed at strengthening availability of quality products. WHO will: <ul style="list-style-type: none"> • map producers of the 13 target products listed as life-saving commodities in the Region; • assist manufacturers (e.g. members of the Arab Manufacturers Union) to get their products and production plants prequalified by WHO; • encourage countries in fast

		care settings.	tracking of WHO prequalified products as part of national medicines regulatory procedures.
WHA66.8	Comprehensive mental health action plan 2013–2020	<ul style="list-style-type: none"> • The regional strategy for mental health and substance abuse, endorsed by the Regional Committee in 2011, is one of the regional strategies contributing to the development of the global action plan. • A number of countries in the Region are experiencing acute and chronic humanitarian emergencies. Mental health and psychosocial support should be integrated into all health and developmental initiatives in such countries. • The budgetary resources provided for mental health by countries are not commensurate with the burden of mental health problems in the Region. • While many countries have national mental health strategies and plans highlighting the integration of mental health into primary health care, the process of integration is slow and patchy in almost all countries. • Institutional care is still the dominant model of mental health care provision in the Region. This situation is further exacerbated by lack of recent mental health legislation in most countries. • Mental health indicators are not incorporated into national civil registration and health information systems in the Region. This will make it difficult to report on some of the global targets, especially global targets 2 and 3.3 	<ul style="list-style-type: none"> • Capacity for adaptation of the global action plan, review and updating of national plans and legislation, developing community-based integrated services and generating and using evidence needs to be enhanced in Member States and at regional and country office levels of the Organization. • Implementation of the comprehensive mental health action plan and the global action plan for the prevention and control of noncommunicable diseases will be undertaken at country level in a coordinated and synergistic manner.
WHA66.9	Disability	<ul style="list-style-type: none"> • Rates of disability are rising in the Region. • The resolution requests the development of a comprehensive WHO disability action plan, to be presented to the 67th World Health Assembly, with concrete 	<ul style="list-style-type: none"> • A draft plan has been developed by WHO and circulated for inputs from civil society and disabled people's organizations as well as WHO regional offices. • The amended plan will be

		<p>evidence-based actions, clearly identified roles for Member States, WHO and partners, as well as measurable indicators.</p> <ul style="list-style-type: none"> • The plan will be in line with the provisions of the Convention on the Rights of Persons with Disabilities and other related international agreements. • The plan is crucial for strengthening the health sector response to issues around disability in a structured manner, while taking into consideration the multisectoral nature of such issues. 	<p>circulated for inputs from countries through a series of regional consultations. The regional consultation for the Eastern Mediterranean is planned to take place in the last quarter of 2013.</p>
WHA66.10	<p>Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases</p>	<ul style="list-style-type: none"> • The 59th Regional Committee in resolution EM/RC59/R.2 endorsed the regional framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases. • Recognizing that effective noncommunicable disease prevention and control require leadership and multisectoral approaches for health with active engagement of non-health sectors, the Regional Office will collaborate with Member States to improve the whole-of-government and health-in-all-policy approaches. • Where resource constraints limit the effective implementation of the set of actions laid out by the regional framework for action, countries need to focus on a set of priority actions taking into consideration the local context and levels of development. 	<ul style="list-style-type: none"> • Capacity for adaptation of the regional framework for action needs to be enhanced in Member States and at regional and country office levels of the Organization. • Countries are encouraged to revise and update their national noncommunicable disease prevention and control plan to address cost-effective interventions and to highlight the importance of the primary health care approach in national health care. • Member States are encouraged to initiate multisectoral collaboration for effective implementation of noncommunicable disease prevention and control programmes. • Based on the global monitoring framework, Member States need to strengthen noncommunicable disease surveillance focusing on national targets and indicators for noncommunicable disease prevention and control.
WHA66.11	<p>Health in the post-2015 UN development agenda</p>	<ul style="list-style-type: none"> • Several countries of the Region will not be able to achieve the health-related targets of the MDGs by 2015. Ensuring that health continues to be on the global development agenda remains essential for mobilizing 	<p>WHO will:</p> <ul style="list-style-type: none"> • continue advocating for a prominent position for health in the post-2015 development agenda, with focus on universal health coverage as a means to achieve equitable health

		<p>the support required for these countries to progress the health agenda</p> <ul style="list-style-type: none"> • The need for robust national health policies, strategies and plans is critical for all countries of the Region regardless of level of development. • Harmonizing and aligning aid in countries receiving donor support is critical to enhance aid effectiveness. • Health in the post-2015 development agenda will be discussed as a separate agenda item of the 60th Regional Committee. 	<p>outcomes and social health protection;</p> <ul style="list-style-type: none"> • ensure that countries of the Region are well represented in the post-2015 discussions to come; • sensitize the donor and development community to intensify their assistance to countries in need for support to achieve the health-related MDGs; • develop an effective communication strategy to inform policy-makers on current developments; • organize regional consultations on the post-2015 development agenda and on aid effectiveness.
WHA66.12 EB132.R7	Neglected tropical diseases	<ul style="list-style-type: none"> • The resolution, adopted with amendments, reinforces the role of Member States and country ownership of programmes for the prevention, control, elimination and eradication of neglected tropical diseases as compared with the previous version recommended to the Health Assembly by the Executive Board in January 2013 (EB132.R7). The resolution, inter alia, urges Member States to: <ul style="list-style-type: none"> – ensure that resources match national requirements – integrate control programmes for neglected tropical diseases into primary health care services; – improve forecasting, procurement, custom clearance and management of quality-assured medicines and supply chains; and – encourage initiatives for the research and development of new diagnostics, medicines and pesticides and biocides and other innovative instruments for vector control and infection prevention. 	<ul style="list-style-type: none"> • WHO will support Somalia, South Sudan, Sudan and Yemen to finalize integrated workplans with defined needs and to help mobilize necessary resources to scale up the programmes for major regional neglected tropical diseases (Guinea-worm, schistosomiasis, lymphatic filariasis and onchocerciasis). • Countries will be trained on the Tool for Integrated Planning and Costing (TIPAC) to guide integrated work planning across multiple disease-specific programmes. • WHO will support countries in the implementation of the recommended actions.

WHA66.22	Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	<ul style="list-style-type: none"> • The resolution contains a number of recommendations for developing countries, including countries in the Region: <ul style="list-style-type: none"> – mapping health research and development flows and the impact of these on health, well-being and development; – ensuring sustainable investment and collaboration to strengthen capacities; – establishing or strengthening national health research and development observatories; – promoting coordination of health research and development initiatives. • At regional level, consultations are needed to identify and facilitate implementation of demonstration projects to address identified gaps and discuss coordination, priority-setting and financing of health research and development. 	<p>WHO will:</p> <ul style="list-style-type: none"> • plan for a regional consultation, in line with those that are held in other regions; • initiate discussions regarding the global technical consultative meeting on demonstration projects planned for December 2013 to ensure regional representation; • support Member States in their efforts to implement the recommendations of the resolution.
WHA66.23	Transforming health workforce education in support of universal health coverage	<ul style="list-style-type: none"> • Implementation of the resolution by Member States will contribute to developing a competent and well prepared health workforce to support strengthening of the health system and contributing to the achievement of universal health coverage in the Region. 	<p>WHO will focus on:</p> <ul style="list-style-type: none"> • development of tools for assessment of health workforce education at county level; • technical support to Member States to transform health workforce education through intersectoral policy dialogue.
WHA66.24 EB132.R8	eHealth standardization and interoperability	<ul style="list-style-type: none"> • The resolution calls on Member States to develop national strategic plans for e-Health and to utilize WHO's technical support for that purpose. • The resolution highlights the need for legal frameworks and legislative mechanisms which are prerequisites for deployment of eHealth technologies and which are particularly under developed in the Region. • The interoperability standards advocated in the resolution will facilitate development of national eHealth networks in the Region. 	<p>WHO will:</p> <ul style="list-style-type: none"> • pursue the regional initiative for eHealth which was proposed by the regional task force established to develop strategic directions for eHealth; • incorporate the interoperability standards and development of national strategic eHealth plans into the regional initiative; • provide countries with support in the form of expertise and training in these two important areas.

RESOLUTIONS AND DECISIONS ADOPTED BY THE EXECUTIVE BOARD AT ITS 133RD SESSION			
EB133(2)	WHO governance reform	<ul style="list-style-type: none"> • Alignment between Regional Committees and Executive Boards and harmonization across Regional Committees are endorsed as well as streamlining decision-making and improving governing bodies meetings. • The need for stronger and effective engagement with other stakeholders including nongovernmental organizations and the private sector was considered. 	<ul style="list-style-type: none"> • The economic dimension of health is moving higher on national and international development agendas. This fact calls for stronger, more consistent and more targeted engagement from WHO and other international health partners.
EB133.R1	Comprehensive and coordinated efforts for the management of autism spectrum disorders	<ul style="list-style-type: none"> • Limited research is being conducted on child and adolescent mental disorders including autism spectrum disorders. • Prevalence estimates for child and adolescent mental disorders based on the studies conducted in the Region vary from 10% to 36% and the median treated prevalence rate for children and adolescents at the studied facilities is 0.07%, which is low compared even with the global median of 0.16%. This translates into a significant treatment gap. • Over the past decade there have been efforts to set up services for autism spectrum disorders in a few high-income countries of the Region including Kuwait, Qatar and the United Arab Emirates. • Several high-income and middle-income countries have also initiated community awareness-raising activities, however the reach is limited. 	<ul style="list-style-type: none"> • Country capacities to implement the provisions of the regional strategy on mental health and substance abuse, mental health global action plan and the mental health Gap Action Programme (mhGAP) need to be enhanced, along with capacity for conducting epidemiological and operational research. • WHO to provide support for implementation of the mhGAP to scale up care for individuals with autism spectrum disorders and other developmental disorders.
EB133.R2	Psoriasis	<ul style="list-style-type: none"> • Epidemiological data related to the situation, trends and management of psoriasis are limited at regional and national levels. 	<p>WHO will:</p> <ul style="list-style-type: none"> • promote close multi-country collaboration to generate evidence and assess the burden and share experiences based on local context; • build and enhance technical capacity through partnership and networking.