

## Resolutions and decisions of regional interest adopted by the Seventy-first World Health Assembly and the Executive Board at its 142nd and 143rd Sessions

RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-FIRST WORLD HEALTH ASSEMBLY			
Decision/ resolution no.	Title/subject	Regional implications	Action/comments
<b>WHA71.1</b>	Thirteenth general programme of work, 2019–2023	<ul style="list-style-type: none"> <li>The thirteenth general programme of work (GPW 13) will be the basis for the strategic direction of planning, monitoring and evaluation of work for the Regional Office during 2019–2023.</li> <li>GPW 13 will drive programme budgets and subsequent operational plans.</li> <li>The Regional Office will keep Member States informed of progress in GPW 13 implementation through regular updates to the governing bodies.</li> </ul>	<ul style="list-style-type: none"> <li>The medium-term outcome prioritization exercise for 2019–2023 is ongoing with Member States. This will provide the direction upon which the new instrument of the Country Support Plan is developed, which will document the support and contribution of the three levels of the Organization to achieving the agreed priorities in each country.</li> </ul>
<b>WHA71.2</b>	Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018	<ul style="list-style-type: none"> <li>The resolution urged Member States to be represented at the level of Heads of State and Government at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs), and to actively engage and prepare for the High-level Meeting at national, regional and global levels.</li> <li>The resolution requested the Director-General to report on the outcomes of the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and its follow-up, to the Seventy-second World Health Assembly in 2019, through the Executive Board.</li> </ul>	<ul style="list-style-type: none"> <li>Many Member States and national NCD focal points have been involved in working groups, web-based consultations and/or Communities of Practice of WHO's Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD); they might want to share their views on the quality of GCM/NCD's work and its usefulness. Uneven country reach, the need for greater country contextualization of GCM/NCD products and the limited opportunities for ongoing engagement of Member State representatives and national NCD focal points need to be addressed.</li> <li>WHO will prepare and support Member States in the next phase of the global NCD agenda following the outcome document of the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, updating Member States on the commitments accordingly.</li> </ul>
<b>WHA71.3 (EB142.R3)</b>	Preparation for a high-level meeting of the General Assembly on ending tuberculosis	<ul style="list-style-type: none"> <li>To follow up on the Declaration and recommendations of the High-Level Meeting on Ending TB, the Regional Office will need to provide guidance and technical support to Member States to reach the End TB Strategy targets, with specific attention to the first milestone set for 2020.</li> <li>The Regional Office will support Member States to adapt, implement and monitor the TB multisectoral accountability framework endorsed at the High-Level Meeting on Ending TB.</li> <li>The Regional Office will develop a mechanism to collect information from Member States on elements of the multisectoral accountability framework, and use these to provide focused technical support to address challenges faced by countries, in</li> </ul>	<ul style="list-style-type: none"> <li>Member States to prepare action plans for adaptation and implementation of the Declaration/recommendations of the High-Level Meeting, and establish a national task force to guide, support and monitor actions, and address challenges.</li> <li>The Regional Office to guide and support the development of national action plans for adaptation of the Declaration and recommendations of the High-Level Meeting.</li> <li>Member States to announce the establishment of a national inter-ministerial, multisectoral initiative or commission on TB, under the oversight of the Head of State.</li> <li>Member States to take immediate action to reach goals and targets of the first 2020 milestone of the End TB Strategy and to fulfill commitments made under the Moscow Declaration, ensuring TB is a prominent component of country's universal health coverage and Sustainable Development</li> </ul>

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		<p>particular at the initial stages of the roll-out.</p> <ul style="list-style-type: none"> <li>The Regional Office will guide and support Member States to develop an accelerated response to drug-resistant TB, as part of the national response to antimicrobial resistance.</li> </ul>	<p>agenda, and that sufficient and sustainable financing are ensured.</p> <ul style="list-style-type: none"> <li>Member States to adapt and use the multisectoral accountability framework to accelerate progress towards ending TB within national contexts, laws, regulations and circumstances.</li> <li>Member States to set priority actions for an accelerated response to the drug-resistant TB epidemic in line with the End TB Strategy and the Moscow/High-Level Meeting Declarations and as an integral part of the national response to antimicrobial resistance.</li> </ul>
<b>WHA71.4</b>	Cholera prevention and control	<p>Member States are expected to:</p> <ul style="list-style-type: none"> <li>identify cholera epidemics as such, and to elevate cholera as a State priority;</li> <li>develop and implement a multisectoral package of selected effective prevention and control measures;</li> <li>strengthen capacity for cholera preparedness in compliance with IHR (2005);</li> <li>refrain from implementing health measures that are more restrictive of international traffic and more invasive or intrusive to persons;</li> <li>establish national targets and make financial and political commitments to cholera control within national SDG implementation plans.</li> </ul>	<ul style="list-style-type: none"> <li>WHO should provide technical support to Member States to implement interventions related to cholera prevention and control.</li> <li>WHO to support the development and implementation of a multisectoral package of selected effective prevention and control measures.</li> <li>Continue to advocate against measures that are more restrictive of international trade, tourism and population movement when a country declares or officially notifies a cholera outbreak.</li> <li>The Regional Office is organizing an intercountry meeting in November 2018 on the strategic framework for prevention and control of emerging and epidemic-prone diseases; a priority area is implementation of global commitments related to cholera preparedness and response in endemic countries.</li> <li>Ending cholera: a global roadmap to 2030 should be implemented in cholera-endemic countries with the aim of intensifying efforts and strengthening partnerships to reduce cholera deaths by 90% by 2030.</li> </ul>
<b>WHA71.5</b>	Addressing the burden of snakebite envenoming	<ul style="list-style-type: none"> <li>Snakebite envenoming is a neglected area, and systematic data collection on snakebite envenoming by health ministries is lacking. The Regional Office should initiate action to measure and monitor the burden of the problem.</li> <li>The WHO Secretariat has established a working group to guide the development of a global strategic plan for prevention and control of snakebite envenoming, with specific interventions. Once developed, the plan should be operationalized at country level to comprehensively address all causes of envenoming, including scorpion bite.</li> </ul>	<ul style="list-style-type: none"> <li>Member States to establish data collection systems and improve reporting and surveillance of snakebite envenoming.</li> <li>The Regional Office to support research to measure the health, social and economic impacts of the problem in selected countries, making use of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) Small Grants Scheme.</li> <li>Member States to ensure accessibility, availability, and affordability of good quality antivenoms through community-based first aid and hospital care.</li> <li>The Regional Office to support countries to operationalize the global strategy (when developed) and ensure it is community oriented, and focused on high-risk groups.</li> </ul>
<b>WHA71.6</b>	WHO global action plan on physical activity 2018–2030	<ul style="list-style-type: none"> <li>Cultural, social, economic and environmental contexts of countries in the Region vary. Therefore, selected policy and strategic responses should be implemented, according to national contexts and priorities, to address inequities in opportunities to be physically active.</li> <li>Member States have made varying degrees of progress towards addressing physical inactivity.</li> </ul>	<ul style="list-style-type: none"> <li>Member States are encouraged to monitor implementation of the recommended policy actions in the Global action plan on physical activity, drawing on existing indicators as well as those under development.</li> <li>Capacity-building programmes will be needed to develop and implement an evaluation framework.</li> <li>Capacity of health providers to promote physical activity will need to be strengthened.</li> </ul>

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		<ul style="list-style-type: none"> <li>Engagement of relevant stakeholders, including the private sector, is required to promote physical activity.</li> </ul>	
<b>WHA71.7</b>	Digital health	<ul style="list-style-type: none"> <li>Recognition of the field of digital health, including eHealth and mHealth applications, will require availing necessary resources to support this area of work at regional and national levels.</li> <li>Greater demand on digital health solutions within health care delivery systems in Member States.</li> </ul>	<ul style="list-style-type: none"> <li>WHO should support development of national eHealth strategies in Member States, as the basis for promoting digital health solutions.</li> <li>WHO should support wide-scale development and implementation of mHealth projects in Member States, based on national/local needs.</li> <li>National capacities in digital health concepts and applications need to be developed, based on country needs.</li> </ul>
<b>WHA71.8</b>	Improving access to assistive technology	<ul style="list-style-type: none"> <li>The Regional Office has conducted a survey on assistive technology as a first step to operationalize resolution EM/RC63/R.3 on improving access to assistive technology. Results indicate that many of the challenges faced by countries, although varying in degree and effect, are common; that assistive technology policies, systems and service delivery mechanisms are generally weak; and that registry, tracking and monitoring systems are not in place in most countries.</li> <li>Based on the findings of the survey, a draft action framework has been developed to improve assistive technology provision as an essential component of universal health coverage, both in development and emergency contexts, in full consultation with Member States.</li> <li>Member States are invited to adopt the WHO Priority Assistive Products List, and to make such products available for their citizens.</li> </ul>	<ul style="list-style-type: none"> <li>The draft framework will be piloted in three Member States to ensure its effectiveness in developing action plans and implementation roadmaps to improve access to assistive technology. Piloting results will be used to further refine the framework.</li> <li>Member States, with the support of WHO and partners, are urged to implement the actions listed in the regional framework (when finalized). These actions will assist Member States in developing pragmatic roadmaps to improve access to assistive technology for their citizens.</li> <li>Technical assistance should be sourced from international experts, and networking and exchange of experiences should be enhanced between countries.</li> <li>Development of regional assistive technology centres for research, education and innovation, as well as a data repository and information system, are options that should be explored to ensure that needs are met, and that future efforts and strategies are based on accurate and reliable estimates of needed financing, products (and their availability and affordability), personnel and services.</li> </ul>
<b>WHA71.9 (EB142(6))</b>	Infant and young child feeding	<ul style="list-style-type: none"> <li>Member States should be committed to active engagement in open, inclusive and transparent discussions on current gaps in national responses and ways to address them, including the need to call for WHO support in specialized fields.</li> </ul>	<ul style="list-style-type: none"> <li>National nutrition strategies and/or action plans have been developed in all countries of the Region.</li> <li>Afghanistan, Pakistan, Somalia, Sudan and Yemen have become members of the Scaling up Nutrition (SUN) Movement, which is an opportunity to galvanize efforts to progress towards achieving the SDGs, particularly goals 1, 2 and 3 (ending poverty, zero hunger and good health and well-being).</li> <li>A regional roadmap for nutrition has been developed to implement WHO's global nutrition targets for 2025 and the recommendations of the Second International Conference on Nutrition.</li> </ul>
<b>WHA71.13</b>	Reform of the global internship programme.	<ul style="list-style-type: none"> <li>There will be a financial implication due to the need to pay stipends, meal allowances and for inclusion in WHO staff health insurance scheme.</li> </ul>	<ul style="list-style-type: none"> <li>Actions to be taken in Stellis (automated system) by all concerned, as opposed to offline applications.</li> </ul>
<b>WHA71.14</b>	Rheumatic fever and rheumatic heart disease	<ul style="list-style-type: none"> <li>Available data on rheumatic heart disease (RHD) indicate that a moderate-to-high/high burden exists or is likely to exist in Afghanistan, Djibouti, Egypt, Iraq, Jordan, Morocco, Pakistan and Sudan.</li> <li>To date, countries' response to the burden of acute rheumatic fever</li> </ul>	<ul style="list-style-type: none"> <li>Work with RHD-endemic countries to explore ways of integrating RHD in existing NCD and other programmes, with a focus on primary health care.</li> </ul>

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		<p>(ARF) and RHD has been mixed. Some Member States, such as Egypt, have established comprehensive and decentralized RHD programmes, integrated within their health ministries. However, other Member States have little or no data on the burden of ARF/RHD, nor any prevention or treatment programmes.</p> <ul style="list-style-type: none"> <li>Although there are many competing health issues, the SDG and universal health coverage agendas offer an opportunity for health systems and programmes to revisit the set of interventions to be prioritized as part of an essential health service package.</li> <li>In endemic countries, advocacy efforts should be made to raise the profile and strategically position RHD as an integrated component of the national NCD response. Reliable data on the burden of disease, health system readiness and policy options for strengthening the management and integration of RHD are potential entry points and areas of work. Past experiences and challenges should be shared between endemic countries.</li> </ul>	
<b>WHA71.15</b>	Multilingualism: respect for equality among the official languages	<ul style="list-style-type: none"> <li>Parity among the six official languages is not taken into account in the preparation and distribution of WHO's essential technical information in the Arabic language.</li> <li>Despite efforts, technical content available in Arabic and French is still limited.</li> <li>WHO has limited capacity for other national languages in the Region (such as Farsi, Dari, Urdu and so on). Therefore, some populations may not be able to take advantage of technical and scientific literature generated by WHO.</li> <li>Some WHO regions have opted for additional official languages. However such decisions have important financial and resource implications.</li> </ul>	<ul style="list-style-type: none"> <li>The Regional Office has revised and updated the Unified Medical Dictionary (software and content), which is a unique source for technical health and medical terminology in Arabic. These activities were implemented in consultation and collaboration with regional entities working in the field of translation and Arabization.</li> <li>The Global Arabic Programme and French Translation unit need financial and human resources to translate WHO's essential technical information, whether in written, audio-visual or digital form.</li> <li>Support is needed to translate WHO's essential technical information into the main national languages of the Region.</li> </ul>
<b>WHA71.16</b>	Poliovirus containment	<ul style="list-style-type: none"> <li>Two Member States in the Region, namely the Islamic Republic of Iran and Pakistan, requested that national facilities be designated as poliovirus-essential facilities that will retain the virus following global certification of eradication.</li> <li>All Member States need to document containment and destruction processes for poliovirus as a condition of global certification.</li> </ul>	<ul style="list-style-type: none"> <li>Poliovirus containment activities are progressing appropriately in the Region, and are ongoing. Important activities include: <ul style="list-style-type: none"> <li>National facilities in Islamic Republic of Iran and Pakistan have been officially designated as poliovirus-essential facilities;</li> <li>both countries have nominated their National Authority for Containment. Their members have been invited for auditor training; for Pakistan training is complete; for Islamic Republic of Iran it is pending. Further trainings will be conducted in the near future.</li> </ul> </li> <li>WHO's global action plan for poliovirus containment and potentially infectious materials containment (GAPIII) is being implemented in the Region. Phase 1a is completed, and Phase 1b will be completed by the end of April 2019.</li> </ul>

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			<ul style="list-style-type: none"> <li>Member States have already commenced destruction of wild poliovirus type 1 and 3 materials, as per Global Certification Commission recommendations.</li> <li>All GAPIII activities to date have been fully documented and reported to the Regional Certification Commission.</li> <li>The Regional Office is continuing to support Member States to fully implement GAPIII and to document containment activities appropriately for the regional and global certification commissions.</li> </ul>
<b>DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-FIRST WORLD HEALTH ASSEMBLY</b>			
<b>WHA71(8)</b>	Addressing the global shortage of, and access to, medicines and vaccines.	<ul style="list-style-type: none"> <li>Shortages of essential medicines and vaccines are increasing in the Region. Access to medicines in emergency situations also needs to be addressed, as this has major implications for the Region.</li> <li>A patient-centered approach to managing medicine and vaccine shortages is required in the Region. Risk management principles should be used to identify and prioritize measures to ensure the continued supply of medicines and vaccines most needed by public health systems.</li> </ul>	<ul style="list-style-type: none"> <li>Member States should create and maintain information systems for routine monitoring of data on the availability of essential medicines and vaccines, as well as price, in the public and private sectors.</li> <li>Member States should be assisted to document best practices in improving access to and setting regulatory mechanisms on essential medicines and vaccines susceptible to shortage, especially in emergency contexts.</li> <li>Member States should ensure allocation of adequate financing to allow for compliance with good manufacturing practices.</li> <li>Member States should be assisted to collect and disseminate best practices in procurement and supply management.</li> <li>WHO should review the Essential Medicines List to identify products or active pharmaceutical ingredients at risk of shortages due to limited interest from manufacturers.</li> <li>WHO should promote networking among Member States and establish a global reporting system for shortages and stock-outs of essential medicines and vaccines (shortage notification system).</li> <li>WHO should develop an approach to market shaping for these medicines and vaccines in collaboration with global partners.</li> </ul>
<b>WHA71(9)</b>	Global strategy and plan of action on public health, innovation and intellectual property: overall programme review	<ul style="list-style-type: none"> <li>Lack of new health products in areas of need and lack of sustainable financing.</li> <li>Many new medicines are unaffordable, and there are challenges related to inappropriate use, ineffective delivery and supply chain infrastructure.</li> <li>There is an urgent need for robust regulatory frameworks and trained personnel.</li> <li>There is a need to improve accessibility to innovative patented products.</li> </ul>	<ul style="list-style-type: none"> <li>Promoting research and development: <ul style="list-style-type: none"> <li>Member States to promote programmes for collaboration with developing countries to strengthen clinical trial capacity and expert networks;</li> <li>Member States and WHO to facilitate making publications open access immediately or within 6 months of publication.</li> </ul> </li> <li>Building and improving research capacity: <ul style="list-style-type: none"> <li>Member States, with the support of WHO, to strengthen capacity for policy formulation, regulation, research methodology and ethics, and resource preservation in traditional medicine.</li> </ul> </li> <li>Managing intellectual property to contribute to innovation and public health: <ul style="list-style-type: none"> <li>Member States to be supported to strengthen the Medicines Patent Pool, which may include support for the expansion of its portfolio to cover other diseases or technologies.</li> </ul> </li> <li>Improving delivery and access:</li> </ul>

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			<ul style="list-style-type: none"> <li>– WHO to support Member States to establish mechanisms to monitor patient out-of-pocket expenditure on health products.</li> <li>– WHO to support Member States to strengthen national regulatory capacity, regional harmonization for improving access to new and existing medicines.</li> <li>• Promoting sustainable financing mechanisms: <ul style="list-style-type: none"> <li>– Member States to encourage implementation of schemes which partially or wholly delink product prices from research and development costs.</li> <li>– WHO to establish a monitoring and accountability mechanism.</li> </ul> </li> </ul>
<b>WHA71(10)</b>	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> <li>• Next year's reporting on the health conditions in the occupied Palestinian territory will again focus on a Secretariat's report, with an initial draft to be prepared by the country office, as a field assessment is no longer explicitly requested in the decision (report "based on field monitoring").</li> <li>• The planned establishment of a WHO country office for Israel in Tel Aviv will present new opportunities and potential challenges for interregional coordination in preparing the World Health Assembly report.</li> </ul>	<ul style="list-style-type: none"> <li>• There was no consensus on the final decision text, which was adopted by the majority of Member States through a roll-call vote requested by Israel.</li> <li>• The part of the report addressing the health conditions in the occupied Syrian Golan is still pending and will need to be finalized by WHO headquarters – pending a final decision on whether it will be released prior to or submitted to next year's World Health Assembly.</li> </ul>
<b>WHA71(11)</b>	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits	<ul style="list-style-type: none"> <li>• Seven countries in the Region are benefiting from Pandemic Influenza Preparedness (PIP)-Partnership Contribution (PC) funds to scale up implementation of the PC preparedness high-level implementation plan II, 2018–2023, to strengthen laboratory, surveillance and regulatory capacities as well as burden-of-disease studies.</li> </ul>	<ul style="list-style-type: none"> <li>• Periodic monitoring of implementation of PIP-PC funds should be enhanced using the existing mechanism.</li> </ul>
<b>WHA71(12)</b>	WHO programmatic and financial reports for 2016–2017, including audited financial statements for 2017	<ul style="list-style-type: none"> <li>• The Regional Office's base programme budget for 2016–2017 of US\$ 324.5 million was only financed to the level of 66% (the lowest among all major offices), leaving a funding gap of approximately US\$ 108 million. Implementation of the available funds, however, was high at 93%. The Results Report highlighted a number of regional achievements.</li> <li>• The External Auditor raised concerns about the growing unfunded defined benefit obligation for staff health insurance, now at US\$ 1500 million. This is an area of concern for all Member States as the obligation will be funded by future contributions cost-shared with the Organization. Based on current estimates, the plan will only be fully funded by 2049 (increase in timeline from 2038).</li> <li>• Expenses analysis shows that, in the Region, 72% of costs are on programmatic implementation (medical supplies, contractual services and transfers/grants to implementing partners). Only 15% and 3% of costs are incurred for staff and travel, respectively. Despite</li> </ul>	<ul style="list-style-type: none"> <li>• The Regional Office's base programme budget for 2018–2019 is US\$ 336 million. As of the end of June 2018, it was only funded to a level of 45%. Of the available funding, 43% comes from corporate flexible funding. The Regional Office's implementation rate against available funds is 33%. The emergency budget is funded to the level of 68%, where 54% of the funds have been utilized.</li> <li>• The Regional Office and Member States should work together to mobilize the resources required to fund the programme budget 2018–2019 in order to achieve the expected results.</li> <li>• The Regional Office should continue to press for a greater allocation of corporate flexible funding to reward cost-effectiveness and compensate for the greater operational and security costs that exist in this emergency-intensive region.</li> </ul>

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		being relatively cost-effective compared to other major offices, as a region we continue to receive insufficient allocations of corporate flexible funding.	
<b>WHA71(15)</b>	Implementation of International Health Regulations (2005): draft five-year global strategic plan to improve public health preparedness and response, 2018–2023	<ul style="list-style-type: none"> <li>The Region has extensive political and technical support for the global strategic directions, in alignment with an all-hazards approach and health security strengthening activities currently championed within the Region.</li> <li>WHO regions have adapted the global strategic directions into unique regional approaches for implementation.</li> <li>The high implementation rate of components of the International Health Regulations (IHR) (2005) monitoring and evaluation framework in the Region, namely Joint External Evaluation, will facilitate accelerated implementation of the strategic plan.</li> </ul>	<ul style="list-style-type: none"> <li>Data from the IHR monitoring and evaluation framework were analysed and presented in the Sixth regional IHR stakeholders meeting.</li> <li>Input from the Sixth regional IHR stakeholders meeting has informed the draft regional five-year strategic plan for public health preparedness and response.</li> <li>Through email communications, a further modified version of the regional plan has been developed. Consultation with IHR national focal points is ongoing.</li> <li>The regional plan will be further discussed and finalized at the upcoming Seventh regional IHR stakeholders meeting and the Fifth meeting of the IHR Regional Assessment Commission in December 2018.</li> </ul>
<b>RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD AT ITS 142ND SESSION</b>			
<b>EB142.R7</b>	Confirmation of amendments to the Staff Rules	<ul style="list-style-type: none"> <li>Staff Rule 515 on mobility was amended to provide that: staff members shall be given “due” preference for vacancies during the reassignment period.</li> <li>WHO representatives and WHO country offices will not initially be able to recruit expertise from outside the Organization; this may delay recruitment process when a country office is looking for specific expertise that is not available internally.</li> </ul>	<ul style="list-style-type: none"> <li>WHO representatives and WHO country offices may be required to do the recruitment process in parallel to mobility in order to identify/capture the best qualified candidate.</li> </ul>
<b>DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD AT ITS 142ND SESSION</b>			
<b>EB142(2)</b>	Poliomyelitis: polio transition planning	<ul style="list-style-type: none"> <li>Four Member States of the Region, namely Afghanistan, Pakistan, Somalia and Sudan, are among the 16 globally prioritized countries for polio transition.</li> <li>The Regional Director has approved a Regional Steering Committee on Polio Transition Planning. The Committee has convened two meetings so far, and has decided to expand the scope of transition planning to include Iraq, Syrian Arab Republic and Yemen among the Region's priority countries.</li> </ul>	<ul style="list-style-type: none"> <li>Polio transition planning is a country-specific process and needs primarily to occur at national level. The leadership of Member States is crucial to the process. If polio transition planning is well executed, investments in polio eradication will benefit other development goals in the long term.</li> </ul> <p><b>Afghanistan</b></p> <ul style="list-style-type: none"> <li>Despite ongoing transmission of wild poliovirus, foundations for the transition process are being laid. In June 2018, a framework for transition planning was developed by WHO for discussion with Government and partners. The next steps are to capture lessons learned and conduct a polio assets mapping by the end of 2018.</li> </ul> <p><b>Pakistan</b></p> <ul style="list-style-type: none"> <li>During the second half of 2018, a framework for transition planning will be developed. During the recent Technical Advisory Group meeting in Islamabad, WHO staff had awareness-raising discussions with the Ministry of National Health Services, Regulation and Coordination, and key partners.</li> </ul> <p><b>Somalia</b></p> <ul style="list-style-type: none"> <li>An extensive polio assets mapping was conducted in 2017. In April 2018, a transition planning workshop was held with participation of the Federal Ministry of Health, State ministries, WHO, UNICEF, GAVI and</li> </ul>

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			<p>other key partners. A national polio transition plan is being drafted for further consultation.</p> <p><b>Sudan</b></p> <ul style="list-style-type: none"> <li>A draft national polio transition plan was developed in June 2018, and is the subject of active consultation before endorsement by key partners, with targets adjusted according to a prior polio asset mapping exercise.</li> </ul> <p><b>Other priority countries</b></p> <ul style="list-style-type: none"> <li>A first desk review was conducted in May/June 2018 to map polio assets in other high-risk countries – Iraq, Syrian Arab Republic and Yemen. During the second half of 2018, draft national polio transition plans will be developed for all three countries in consultation with governments and partners.</li> </ul>
<b>EB142(5)</b>	Health, environment and climate change	<ul style="list-style-type: none"> <li>In the Region, more than 854 000 deaths annually (1 in 5 deaths) are related to environmental risks, with 72% due to noncommunicable diseases and injuries.</li> <li>The regional contribution to climate change is limited, yet it is the second-worst-affected region in terms of health consequences.</li> <li>Feeding into the draft global strategy, Member States are developing national plans of action to implement the regional and Arab strategies on health and the environment (for 2014–2019 and 2017–2030, respectively).</li> <li>Member States have endorsed the regional framework for action on climate change and health, 2017–2021.</li> </ul>	<ul style="list-style-type: none"> <li>The global strategy on health, environment and climate change will be submitted to the Seventy-second World Health Assembly in May 2019.</li> <li>Integrated multisectoral strategies will be needed for both “upstream” and “downstream” environmental and social determinants.</li> </ul>
<b>EB142(9)</b>	Engagement with non-State actors	<ul style="list-style-type: none"> <li>Admission into official relations with WHO of several non-State actors (list available) and discontinuation of official relations with several entities (list available).</li> </ul>	<ul style="list-style-type: none"> <li>List of non-State actors admitted into official relations with WHO and list of those discontinued will be shared and disseminated.</li> </ul>
<b>DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD AT ITS 143RD SESSION</b>			
<b>EB143(6)</b>	WHO reform: governance – prioritization of proposals for additional items on the provisional agenda of the Executive Board	<ul style="list-style-type: none"> <li>The Board decided to apply, on a trial basis, the proposed criteria and list of factors and the tool for the prioritization of proposals for additional items on the provisional agenda of the 144th session of the Executive Board.</li> </ul>	<ul style="list-style-type: none"> <li>The Regional Office could adopt/amend the criteria and tool for use at the Regional Committee.</li> <li>Member States should be appraised on the criteria and tool in order to optimize inclusion of proposed items from Member States of the Region in the Executive Board/World Health Assembly agendas.</li> </ul>
<b>EB143(7)</b>	WHO reform: governance – Rules of Procedure	<ul style="list-style-type: none"> <li>Amendment of the Rules of Procedure of the Executive Board (Annex 1), with effect from the closure of the 143rd session of the Executive Board in May 2018.</li> <li>Renumbering of the Rules of Procedure of the Executive Board.</li> <li>Recommending to the Seventy-second World Health Assembly in 2019 the adoption of a draft decision to likewise amend the Health Assembly Rules of Procedure and the numbering.</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate the approved amended rules.</li> <li>Programme Subcommittee of the Regional Committee could review the amended rules and recommend adoption for future regional committees, if relevant.</li> </ul>
<b>EB143(9)</b>	Evaluation: evaluation policy (2018)	<ul style="list-style-type: none"> <li>The Executive Board approved the amendments to the evaluation policy made chiefly to take into consideration the changed organizational context and the most</li> </ul>	<ul style="list-style-type: none"> <li>The Regional Office will conduct two evaluations, given funding is available: <ul style="list-style-type: none"> <li>evaluation of the Regional Centre for Environmental Health Action in 2018;</li> </ul> </li> </ul>



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Decision/ resolution no.	Title/subject	Regional implications	Action/comments
		recent United Nations Evaluation Group's Norms and standards for evaluation.	– mid-term review of the Roadmap of WHO's work for the Eastern Mediterranean Region (2017–2021) in 2019.