

Resolutions and decisions of regional interest adopted by the Seventy-second World Health Assembly and the Executive Board at its 144th and 145th sessions

RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-SECOND WORLD HEALTH ASSEMBLY			
Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
WHA72.1	Programme budget 2020–2021	<ul style="list-style-type: none"> The approved programme budget 2020–2021, being the first programme budget to implement WHO's Thirteenth General Programme of Work (GPW 13), is considered of high importance in view of: achievement of the "triple billion" strategic priorities; integrating the cost of emergencies (for the first time) into the programme budget; and assessing the WHO performance using the balanced scorecard system. The total programme budget for 2020–2021 is US\$ 5.8 billion, with around US\$ 1 billion financed by Member States' assessed contributions. The Region, like other regions, has benefited from an increase in its budget for 2020–2021 (US\$ 391.2 million) compared to the programme budget for 2018–2019 (US\$ 336 million). The increase of US\$ 55.2 million will help to cover: the transition of polio functions to base segment (US\$ 25.7 million); normative work, especially data and innovation (US\$ 10.8 million); and an increase in country capacity (US\$ 18.7 million). 	<ul style="list-style-type: none"> The Regional Office is working on the operationalization of the programme budget for 2020–2021 through the development of human resources and activity workplans for all budget centres in the Regional Office and country offices. It is worth noting that the programme budget for 2020–2021 presents a new results framework with a balanced scorecard that will assess the outputs of the Secretariat across the three levels of the Organization in six dimensions (leadership, global public health goods, country support, gender equality, equity and rights, value for money, and leading indicators) and that a new WHO impact framework will assess the results of GPW 13 in its entirety, and its impact on global health.
WHA72.2 EB144.R9	Primary health care	<ul style="list-style-type: none"> To support Member States in fulfilling the commitments of the Declaration of Astana and progress to action, the PHC Measurement and Improvement Initiative (PHCMI) was launched in April 2019. The PHCMI will build national capacity for assessment-based primary health care improvement, including the established family practice approach. Results from this initiative are driven by three primary outcomes: (1) building regional and national capacity in addition to awareness for an improved assessment-based approach to primary health care improvement; (2) institutionalizing primary health care measurement in existing health system performance assessments; and (3) improving primary health care performance/scaling-up of family practice to help countries accelerate progress towards the achievement of universal health coverage. 	<ul style="list-style-type: none"> WHO conducted its first regional consultative meeting on primary health care for universal health coverage on 29 July to 1 August 2019. The meeting represented the formal start of the PHCMI. The three pilot countries, Egypt, Jordan and Pakistan, presented the results of their experiences during the measurement phase of the initiative. This was the first in a series of regional consultative meetings focused on improving primary health care.
WHA72.3 EB144.R4	Community health workers delivering primary health care: opportunities and challenges	<ul style="list-style-type: none"> A few countries of the Region have a long history with community-based health workers and these experiences have informed the development of similar programmes in other regions. Protracted crises have led to increased health workforce shortages, especially in hard-to-reach areas. Community health worker programmes have recently been established in some countries. If introduced, it is critical that community health worker programmes are integrated in health systems. 	<ul style="list-style-type: none"> WHO will: <ul style="list-style-type: none"> review and update the situation of community health worker programmes in the Region; work with the relevant countries to improve the functioning of their community health worker programmes in the light of the new WHO guideline on health policy and system support to optimize community health worker programmes.
WHA72.4 EB144.R10	Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage	<ul style="list-style-type: none"> The high-level meeting on universal health coverage provides an extraordinary opportunity to scale up global and national political commitments towards universal health coverage and intensify development partners' support for its achievement as part of the SDG agenda. The high-level meeting culminated in a political declaration that will inform regional and national policies and strategies on progress towards universal health coverage. Countries of the Region need to take action to implement the commitments of the political declaration, and WHO is committed to providing the required support in that regard. 	<ul style="list-style-type: none"> Member States were informed about the high-level meeting and encouraged to participate with the highest level of representation. A regional approach to monitoring implementation of the recommendations of the high-level meeting on universal health coverage will be developed by WHO in conjunction with Member States. Further emphasis will be given by WHO to supporting countries in developing national roadmaps on progress towards universal health coverage based on the Salalah Declaration.

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WHA72.5 EB144.R11	Antimicrobial resistance	<ul style="list-style-type: none"> • Member States are urged to: <ul style="list-style-type: none"> – remain committed at the highest political level to combating antimicrobial resistance; – increase efforts to implement the actions and attain the strategic objectives of the global action plan on antimicrobial resistance; – further enhance the prudent use of all antimicrobials, and consider developing and implementing clinical guidelines and criteria according to which critically important antimicrobials should be used; – conduct post-market surveillance of antimicrobials and take appropriate action to eliminate substandard and falsified antimicrobials; – strengthen efforts to develop, implement, monitor, and update adequately resourced multisectoral national action plans; – participate in the annual antimicrobial resistance country self-assessment survey; – develop or strengthen monitoring systems and participate in the Global Antimicrobial Resistance Surveillance System (GLASS), and use this information to improve implementation of national action plans; – enhance cooperation at all levels for concrete action towards combating antimicrobial resistance; – support technology transfer on voluntary and mutually agreed terms for controlling and preventing antimicrobial resistance. 	<ul style="list-style-type: none"> • WHO will: <ul style="list-style-type: none"> – accelerate the implementation of the actions of, and advance the principles defined in, the global action plan on antimicrobial resistance, through all levels of WHO; – significantly enhance technical support provided to countries in collaboration with relevant United Nations agencies for developing, implementing, and monitoring their multisectoral national action plans; – support Member States to develop and strengthen their integrated antimicrobial resistance surveillance systems; – keep Member States regularly informed of WHO's work with the FAO/OIE/WHO Tripartite Collaboration on AMR and UNEP; – consult regularly with Member States and other relevant stakeholders to adjust the process and scope of the global development and stewardship framework; – support Member States to mobilize adequate, predictable and sustained funding, and human and financial resources and investment, through national, bilateral and multilateral channels to support the development and implementation of national action plans; – collaborate with the World Bank and other financial institutions, OECD, and regional economic communities, in order to continue to make and apply the economic case for sustainable investment in antimicrobial resistance; – facilitate, in consultation with the United Nations Secretary-General and the Tripartite Collaboration and UNEP, the development of a process to allow Member States to consider the Secretary-General's report requested in United Nations General Assembly resolution 71/3 (2016); – maintain and systematically update the WHO list of Critically Important Antimicrobials for human medicine; – submit consolidated biennial reports on progress achieved in implementing this resolution and resolution WHA68.7 (2015) to the Seventy-fourth, Seventy-sixth, and Seventy-eighth World Health Assemblies.

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WHA72.6	Global action on patient safety	<ul style="list-style-type: none"> • Patient safety is a growing challenge to health service delivery and unsafe health care causes a significant level of avoidable patient harm and human suffering. • Robust patient safety measurement is important in promoting more resilient health systems. • There is a need to ensure safer care delivery during emergencies and conflicts. 	<ul style="list-style-type: none"> • Member States need to: <ul style="list-style-type: none"> – recognize patient safety as a health priority and foundation of universal health coverage; – assess and measure the nature and magnitude of the problem of patient safety including risks, errors, adverse events and patient harm at all levels of health service delivery; – work in collaboration with other Member States, civil society organizations, patients' organizations, professional bodies, academic and research institutions, industry and other relevant stakeholders to promote, prioritize and embed patient safety in all health policies and strategies; – promote a safety culture by providing basic training to all health professionals, and developing a blame-free patient safety incident reporting culture through open and transparent systems; – put in place systems for the engagement and empowerment of patients' families and communities; – mark World Patient Safety Day annually on 17 September to promote all aspects of patient safety including progress towards reaching national milestones, in collaboration with relevant stakeholders; and – consider participation in the annual Global Ministerial Summits on Patient Safety
WHA72.7	Water, sanitation and hygiene in health care facilities	<ul style="list-style-type: none"> • There is a severe lack of information, standards, regulations, surveillance and reporting on water, sanitation and hygiene (WASH) services and their impact in health care facilities in the Region. • A global assessment on WASH in health care facilities, conducted by WHO and UNICEF in 2015, reported on only four countries of the Region, while the Joint Monitoring Programme global baseline report on WASH in health care facilities in 2019 reported on 10 countries. • There is variability and inequality between and within countries (rural versus urban, private versus public, hospitals versus primary health care centres). • Global findings indicate 40% of facilities lack basic water, 20% are without sanitation and 42% do not have hand hygiene facilities at the point of use. • This situation undermines universal health coverage, quality care initiatives, infection prevention and control efforts, and facilitates the spread of antimicrobial resistance. 	<ul style="list-style-type: none"> • Member States should: <ul style="list-style-type: none"> – conduct national assessments of the availability and quality of WASH services in health care facilities; – establish standards and implement a roadmap to ensure and sustain WASH and health care waste management services in all health care facilities; – delineate targets, with support from WHO, integrating indicators for safe WASH into national monitoring mechanisms to establish baselines, in coordination with environmental health, infection control and patient safety services; – implement resolution WHA72.7 and participate in the technical meeting on WASH in health care facilities at the 66th session of the Regional Committee, and assume ownership and leadership, and mobilize the necessary financing, to ensure and sustain WASH services in all health care facilities.

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WHA72.8	Improving the transparency of markets for medicines, vaccines, and other health products	<ul style="list-style-type: none"> The resolution promotes greater transparency in four areas: pricing of medicines; research and development costs; clinical trial data; and patent information. It opens a new path for medicine price negotiations and establishing the principle of transparency. It calls on Member States to work collaboratively to improve the reporting of information by suppliers on registered health products, such as reports on sales revenues, prices, units sold, marketing costs, and subsidies and incentives. It will facilitate the strengthening of pricing policies at national and regional level. It promotes collaboration for information-sharing on the prices of medicines and other medical products, regulation and procurement. It supports dissemination and enhanced availability of, and access to, aggregated results data. It facilitates improved public reporting of patent status information and the marketing approval status of health products 	<ul style="list-style-type: none"> The resolution urges Member States to enhance public sharing of information on actual prices paid by governments and other buyers for health products, and greater transparency on pharmaceutical patents, clinical trial results and other determinants of pricing along the value chain from laboratory to patient. It requests the WHO Secretariat to support efforts towards transparency and monitor the impact of transparency on the affordability and availability of health products, including the effect of differential pricing. The resolution also seeks to create obligations on medical technology companies to disclose different types of information, including by country: prices, revenues, units sold, marketing costs and patent landscapes, as well as information on clinical trial outcomes and costs, and government research and development subsidies. All Member States except Germany, the United Kingdom and Hungary supported the resolution. The final resolution was considerably weaker than the initial proposal, due to some industry-friendly countries who opposed various elements of the resolution. The final resolution consists largely of recommendations for voluntary action rather than the requirements for comprehensive disclosure proposed in the original draft. The biggest achievement was the agreement that Member States should take appropriate measures to publicly share information on net prices. The resolution creates a mandate for Member States and WHO to create systems to collect and share information about prices, sales, units sold, patents, public and private sector research and development costs, research and development subsidies, and other items. The final resolution may not have given WHO the authority to demand information from manufacturers, but the agenda will be pursued further at future meetings, starting with the United Nations high-level meeting on universal health coverage in New York in September.
WHA72.12 EB144.R6	Scale of assessments for 2020–2021	<ul style="list-style-type: none"> The scale of assessments adopted by the General Assembly of the United Nations were adopted for 2020–2021. 	<ul style="list-style-type: none"> Member States are reminded that assessed contributions are due 1 January of each year of the biennium and are encouraged to pay in full and on time.
WHA72.15	Eleventh revision of the International Classification of Diseases	<ul style="list-style-type: none"> Countries that have electronic medical records need support to migrate to ICD-11. Countries need support to develop death certification platforms using ICD-11. Countries which have never used ICD-10 need support to start using ICD-11. Sufficient resources need to be allocated at regional level to provide support to Member States in implementing ICD-11. Sufficient resources are needed for Arabic translation of updates. 	<ul style="list-style-type: none"> Egypt, the Islamic Republic of Iran, Jordan, Kuwait, Tunisia and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) are being supported to migrate their electronic medical records system to ICD-11 and develop death notification platforms using ICD-11.

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WHA72.16	Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured	<ul style="list-style-type: none"> In 2016, emergency care systems were included in resolution EM/RC63/R.1. Member States were urged to “conduct assessment of emergency care services at both the national system level and the service delivery level and develop national plans of action”, while the Regional Director was requested to “Provide technical guidance for assessment of emergency care services and establish a network of regional experts”. As a result, a regional cross-programme collaborative initiative (CPCI) was pursued in 2018–2019 to strengthen emergency care systems in countries of the Region. The CPCI continues to cover eight countries and is planned to be extended in 2020–2021 to cover further countries, as more requests have been received. 	<ul style="list-style-type: none"> In the first phase of the CPCI, eight countries (Egypt, Islamic Republic of Iran, Jordan, Libya, Pakistan, Qatar, Sudan, Tunisia) were supported to conduct assessments of their emergency care systems. Sudan was supported to develop its emergency care system road map, and Egypt, Jordan and Tunisia plan to develop road maps by the end of 2019. Further country road maps are planned for 2020–2021. The CPCI team is also supporting some countries (including Islamic Republic of Iran, Jordan and Sudan) in national activities related to emergency care systems, such as hospital emergency preparedness and response (HEPR) training, emergency unit management (EUM) training and assessment, and performance improvement of hospital emergency units through a mentorship programme. Both EUM and HEPR training programmes are being turned into online distance learning courses. The collaborative nature of these activities across four departments is a good example of cross-collaboration among technical areas in the Regional Office and across the three levels of WHO.
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-SECOND WORLD HEALTH ASSEMBLY			
WHA72(8)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> There are 5.4 million Palestine refugees in the WHO Eastern Mediterranean Region, with 2.2 million residing within the West Bank and Gaza Strip and 3.2 million outside, mainly in Jordan, Lebanon and Syrian Arab Republic. Humanitarian assistance to Palestinians and a peaceful resolution of conflict and chronic occupation are critical to regional stability. 	<ul style="list-style-type: none"> WHO will <ul style="list-style-type: none"> report on progress in implementing recommendations contained in the World Health Assembly report; provide support to Palestinian health services through capacity-building and the development of strategic plans; ensure sustainable procurement of WHO prequalified vaccines, medicines and medical equipment for the occupied Palestinian territory; provide health-related technical support to the Syrian population in the occupied Syrian Golan; continue providing the necessary technical support to meet the health needs of the Palestinian people; support the development of the health system in the occupied Palestinian territory; ensure the allocation of human and financial resources in order to achieve these objectives.
WHA72(9)	WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments	<ul style="list-style-type: none"> In the Region, environmental risk factors (such as air, water and soil pollution; chemical exposures; and climate change) cause the premature death of more than 854 000 people annually (nearly 1 in 5 of all deaths), mostly due to noncommunicable diseases and injuries, and mainly among children and vulnerable populations and in emergency countries. The development of the global strategy is timely and in line with the 2030 Agenda for Sustainable Development, GPW 13 and the regional Vision 2023. It builds on the: Regional strategy and framework for action on health and the environment (2014–2019); the Arab strategy on health and the environment (2017–2030); the Regional plan of action to implement the global roadmap on air pollution and health (2017–2022); the Regional framework for action on climate change and health (2017–2021); and the Regional framework for action on health and the environment (2019–2023). 	<ul style="list-style-type: none"> WHO and Member States are requested to: <ul style="list-style-type: none"> assert the leadership of the health sector for strong governance mechanisms and enhanced communication and coordination, to catalyse healthy environments and health for all by all; support transforming the way WHO works to tackle environmental risks to health by adopting the Health in All Policies (HiAP) approach, advancing universal health coverage, and scaling up disease prevention and health promotion. Member States are requested to encourage an integrated, interventional multisectoral approach directed at both upstream and downstream environmental and social determinants of health. The health sector, in coordination with key sectors such as energy, transport, technology, water and sanitation, and urban planning, should show leadership and work with other sectors to assume its obligations in shaping a healthy and sustainable future. Implementation should occur not only through influencing other relevant sectors, but also within the core functions of the health sector.

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WHA72(10)	Plan of action on climate change and health in small island developing States	<ul style="list-style-type: none"> The Region is the second worst affected region (after the African Region) in terms of the adverse health impacts of climate change, although its contribution to the climate change phenomenon is limited given its low historical emission of greenhouse gases. No small island developing States (SIDS) exist in the Region (Bahrain is the only island, but is not low-income) and therefore no country is eligible to benefit from the SIDS initiative. Several (non-island) countries in the Region are vulnerable to adverse health effects due to climate change, including those with coastal zones, cyclones and seawater intrusion, water scarcity, food insecurity, dust- and sandstorms, as well as heat waves and other severe weather episodes such as droughts and floods. 	<ul style="list-style-type: none"> Member States should stress that WHO's SIDS initiative should be made more comprehensive so that it can assist similarly-affected Member States from all regions, including the Eastern Mediterranean.
WHA72(11) EB144(1)	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases	<ul style="list-style-type: none"> In September 2018, a new political declaration was endorsed by Member States at the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases (NCDs). The new political declaration includes the promotion of mental health and well-being, reduction of indoor and outdoor air pollution, commitments on NCD economics, including the effective use of fiscal measures and innovative financing models, and the importance of NCD management in emergencies. These developments necessitate an update of the current regional framework for action on NCDs, which is the road map for countries in the Eastern Mediterranean Region to implement their commitments to tackle NCDs through four areas of work: governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. 	<ul style="list-style-type: none"> An updated regional framework for action has been developed and is being submitted for endorsement at the 66th session of the Regional Committee; see Agenda item 3(e).
WHA72(12) EB144(6)	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits	<ul style="list-style-type: none"> Seven countries in the Region are benefiting from Pandemic Influenza Preparedness (PIP) Partnership Contribution (PC) funds to scale up the implementation of the PC preparedness high-level implementation plan II, 2018–2023, with the aim of strengthening laboratory, surveillance and regulatory capacities as well as burden-of-disease studies. In the 2020–2021 biennium, an additional two countries will be added to the list of priority countries to benefit from the PC funds. Other Member States in the Region are benefiting indirectly from the PC funds. 	<ul style="list-style-type: none"> WHO will <ul style="list-style-type: none"> enhance periodic monitoring of implementation of PIP PC funds using the existing mechanism; advocate for the timely sharing of seasonal influenza viruses and the benefits arising from such sharing within the Nagoya Protocol; contribute to the annual PIP progress report.
WHA72(13)	The public health implications of implementation of the Nagoya Protocol	<ul style="list-style-type: none"> The Nagoya Protocol entered into force on 12 October 2014 and aims to implement the third objective of the Convention on Biological Diversity, namely the fair and equitable sharing of benefits arising out of the utilization of genetic resources. Countries of the Region may adversely suffer in terms of fairness in virus sharing and equitable sharing of benefits arising out of the utilization of these genetic resources for developing vaccines, diagnostics and other medical countermeasure products. 	<ul style="list-style-type: none"> WHO will <ul style="list-style-type: none"> ensure that health ministries are fully engaged in discussions and planning to ensure that access and benefit-sharing legislation and implementation plans take into account the imperatives of public health; advocate for development of specific legislation to support the implementation of the Nagoya Protocol.

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WHA72(14)	Promoting the health of refugees and migrants	<ul style="list-style-type: none"> The Region has been working towards a coherent policy on migrant and refugee health since WHA70.15 was adopted in 2017. The Region houses the largest number of refugees and displaced populations in the world as well as nine countries considered to be in chronic complex emergency. This has left large segments of the population with little or no access to basic services, including health care. 	<ul style="list-style-type: none"> A regional framework for action to promote the health of migrants, refugees and displaced populations is being developed. Two regional multisectoral and multi-agency consultations have been held to discuss a regional strategy. It was decided to reflect the global action plan at the regional level by mainstreaming migration into existing strategies and policies, primarily using a universal health coverage and social determinants of migration approach. To support the development of a regional strategy and framework, a tool was developed to assess public health needs. The tool was piloted in Jordan, Libya, Somalia and Sudan, with modest success in some countries. In addition, two pieces of work have been commissioned: from the Center for Migration and Refugee Studies at the American University in Cairo, on health financing for migrants and refugees in the Region, and from the American University of Beirut, on access and utilization of health services among refugees and migrants. Strong collaboration with the International Organization for Migration (IOM) has been developed by seconding an IOM staff member to the WHO Regional Office for one year and promoting collaboration between IOM's Displacement Tracking Matrix and WHO's Early Warning, Alert and Response Network. In terms of implementation, foreseeing that the global action plan would be developed in 2019, in 2017 the Regional Office joined the United Nations Multi-Country Joint Programme on Mixed Migration and Health to develop a proposal, entitled Mixed migration in the Middle East and North Africa (MENA) region: improving health, well-being and protection of people on the move and host communities, focusing on nine countries with a joint fund of US\$ 150 million.
WHA72(19)	2020: International Year of the Nurse and the Midwife	<ul style="list-style-type: none"> The supply of nurses and midwives in the Region continues to face many challenges, with the changing health system context exacerbating existing challenges and creating new ones, particularly in low- and middle-income countries. 	<ul style="list-style-type: none"> There will be a regional launch at a panel discussion of 2020 as International Year of the Nurse and the Midwife. A technical paper and resolution will be discussed at the 66th session of the Regional Committee calling for accelerated action to strengthen nursing workforce development in order to promote the roles of nurses and midwives in addressing health priorities, improving health outcomes towards gender equality, and achieving universal health coverage and the Sustainable Development Goals in the Region; see Agenda item 3(b). A regional advisory group will be established to agree on regional and country level activities for implementing the resolution, if endorsed.

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WHA72(21) WHA72(22) WHA72(23) EB144(3) EB144(4)	WHO reform: amendments to the Rules of Procedure of the World Health Assembly	<ul style="list-style-type: none"> The Executive Board at its 144th session in January 2019 reviewed a series of reports on WHO reform processes, and adopted decisions EB144(3) and EB144(4) amending the Rules of Procedure of the Executive Board and recommending to the Seventy-second World Health Assembly the various amendments to its Rules of Procedure. The background document EB144/34 was a report by the Executive Board Chairperson on the outcome of the informal consultations on governance reform held on 13–14 September and 23–24 October 2018. The document outlined proposed amendments to the Rules of Procedure in the context of time limits for tabling draft resolutions and/or decisions to the Executive Board or World Health Assembly and the alignment of the terminology used in the Rules of Procedure of the Governing Bodies with that used in the Framework of Engagement with Non-State Actors. The background document EB144/33 was a report from the Director-General on the amendment of Rules of Procedure to replace or supplement the gender-specific language in the Governing Bodies so as to indicate both feminine and masculine forms in the English language only and to follow United Nations practice for the other five official and working languages of WHO's Governing Bodies. In this context, the Seventy-second World Health Assembly considered the relevant reports from the Director-General and adopted decisions WHA72(21), WHA72(22) and WHA72 (23), thus amending the Rules of Procedure of the World Health Assembly. 	<ul style="list-style-type: none"> WHO will circulate a full list of the amendments to the Rules of Procedure to Member States.
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD AT ITS 144TH SESSION			
EB144(2)	Accelerating the elimination of cervical cancer as a global public health problem	<ul style="list-style-type: none"> In May 2018, the WHO Director-General made a global call to action towards the elimination of cervical cancer at the World Health Assembly. WHO has been working with partners to develop a draft global strategy on elimination of cervical cancer that suggests cervical cancer should no longer be considered a public health problem when the age-adjusted incidence rate is less than 4 per 100 000 women-years. WHO has developed guidance on three essential work streams to effectively achieve the elimination of cervical cancer as a public health problem: (1) vaccination to prevent human papillomavirus (HPV) infection; (2) screening and treatment of pre-cancerous lesions; and (3) treatment of early invasive cancers and palliative care. To build on this momentum, regional consultations have been planned in all WHO regions with participation from regional experts, health ministries and United Nations agencies to provide feedback on the global strategy. While lower incidence rates of cervical cancer are recorded in the Eastern Mediterranean Region compared to other WHO regions, the burden of cervical cancer is probably underestimated due to lack of quality data. Furthermore, projections show that incidence might double in the coming decades due to population growth. Currently, of the 22 countries, only four countries present rates above 10 per 100 000 population, six countries present rates ranging from > 4 to < 10 per 100 000 and 12 have rates < 4 per 100 000. 	<ul style="list-style-type: none"> In response to the global call and to contribute to the draft global strategy, a regional consultation on cervical cancer elimination was held at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, in June 2019. The objectives of the meeting were to: review the draft global strategy towards elimination of cervical cancer and provide regional input; assess the cervical cancer burden and HPV introduction status in the Region; present elements of a situation analysis on the cervical cancer burden and national country capacity and responses. A report on the consultation is forthcoming. Additional inputs from Member States unable to attend the consultation are being collected to be shared with WHO headquarters.
EB144(5)	Engagement with non-State actors	<ul style="list-style-type: none"> Limited, as long as no agreements are made with those non-State actors or affiliates identified for non-engagement in the decision. 	<ul style="list-style-type: none"> WHO will: <ul style="list-style-type: none"> disseminate the decision to WHO Representatives and Member States; disseminate the decision in the Regional Office; consider a briefing session in each country for WHO and ministry of health staff on the Framework of Engagement with Non-State Actors (FENSA); train Regional Office and country office technical staff on FENSA.