

Report of the

**63rd session of
the WHO Regional
Committee for the
Eastern Mediterranean**

Cairo, Egypt
3–6 October 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The Sixty-third Session of the Regional Committee for the Eastern Mediterranean was held in Cairo, Egypt from 3 to 6 October 2016.

The following Members were represented at the Session:

Afghanistan	Pakistan
Bahrain	Palestine
Djibouti	Qatar
Egypt	Saudi Arabia
Iran, Islamic Republic of	Somalia
Iraq	Sudan
Jordan	Syrian Arab Republic
Kuwait	Tunisia
Lebanon	United Arab Emirates
Libya	Yemen
Morocco	
Oman	

In addition, observers from Turkey, United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), Food and Agriculture Organization of the United Nations (FAO), International Atomic Energy Agency (IAEA), World Meteorological Organization (WMO), GAVI, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and a number of intergovernmental, nongovernmental and national organizations, attended the Session.

Technical meetings were held on the day preceding the session on subjects of current interest and concern. A summary of the outcomes is included as an annex to this report.

2. Opening session and procedural matters

2.1 Opening of the Session

Agenda item 1

The opening session of the Sixty-third Session of the Regional Committee for the Eastern Mediterranean was held in the Kuwait Conference Hall, Cairo, Egypt on 3 October 2016.

2.2 Formal opening of the Session by the Chair of the Sixty-second Session

The opening session of the Sixty-third Session of the Regional Committee for the Eastern Mediterranean was held on the evening of Monday 3 October 2016 in the Kuwait Conference Hall of the Regional Office, Cairo, Egypt. The session was opened by H.E. Dr Ali Saad Al-Obaidi, Minister of Health, Kuwait and Chair of the 62nd session. Dr Al-Obaidi said that the Region continued to suffer from a high level of emergencies and WHO was ever present with its humanitarian response, as well as with its commitment to other major public health challenges. He thanked the Committee for its support during his tenure. Finally, he noted the appreciation of his country for the work of WHO and for health as a development priority in the Region.

2.3 Address by Dr Ala Alwan, the Regional Director

The Regional Director, Dr Ala Alwan, referred in his opening address to the five strategic priorities which the Committee had endorsed in 2012. He said that, since then, these had been addressed in a systematic way with agreement on strategies, road maps and frameworks for action. Universal health coverage was at the heart of SDG 3 and strengthening health systems towards achieving universal health coverage was, and would remain, the key pillar of WHO's work with Member States. He said that special emphasis had been placed on two areas – eradication of poliomyelitis and health security – highlighting the progress made in the Region against polio and also in the process of joint external evaluation of implementation of the International Health Regulations (2005). The impact of emergencies on WHO's work and on health outcomes in the Region could not be ignored, he said. WHO had continued to provide support to maintain functionality in health facilities and had worked closely with partners to reach as many people as possible with essential health care. He concluded with acknowledgement of reform as a key agenda item and said that efforts would continue throughout WHO to improve and harmonize processes across the Organization.

2.4 Address by Dr Margaret Chan, WHO Director-General

Dr Margaret Chan, WHO Director-General, referred to the deteriorating humanitarian situation in the Region, which had denied access to health services to 62 million people, displaced millions, left thousands every month suffering conflict-related injuries, and had seen the collapse of the health system in Yemen. She praised medical staff in the three level 3 emergency countries in the face of hundreds of attacks on hospitals and health facilities in 2016, including deliberate air strikes. She noted with concern, the unknown vaccination status of children in besieged areas and the lack of medicines to manage noncommunicable diseases. Viewed against the demands of these severe humanitarian crises, the Region's achievements – political commitment to universal health coverage, health system strengthening, development of information systems, countries with a high burden of maternal and child morbidity targeted for accelerated action, and the maintenance of immunization programmes in emergency situations – were all the more remarkable. Legislative and fiscal measures were needed, however, to address the increasing rates of tobacco use, and obesity and overweight, both in children and adults. She called on countries to support Afghanistan and Pakistan's implementation of emergency action plans to overcome obstacles preventing interruption of polio transmission. She highlighted Egypt's success in diversifying procurement to reduce the cost of hepatitis treatment almost 500-fold and noted Pakistan's adoption of a similar approach. She assured countries that WHO was expediting its pre-qualification assessment to ensure that generic drugs for hepatitis C met international standards of quality and efficacy.

2.5 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	Dr Ahmed Emad El Din Rady (Egypt)
Vice-Chair:	Dr Ferozuddin Feroz (Afghanistan)
Vice-Chair:	Dr Mohamed Haji Abdinur (Somalia)
Chair of technical discussions:	Dr Omar Basheer Altaher Mohamed (Libya).

2.6 Adoption of the agenda

Agenda item 1(b), Document EM/RC63/1-Rev.2, Decision 2

The Regional Committee adopted the agenda of its Sixty-third Session.

2.7 Decision on establishment of the Drafting Committee

Based on the suggestion of the Chair of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

- Dr Safaa Mourad (Egypt)
- Dr Hilda Harb (Lebanon)
- Dr Assad Hafeez (Pakistan)
- Dr Abdullah Assiri (Saudi Arabia)
- Dr Abderrahman Alaoui (Morocco)
- Dr Jaouad Mahjour (World Health Organization)
- Dr Zafar Ullah Mirza (World Health Organization)
- Dr Maha El-Adawy (World Health Organization)
- Dr Rana Hajjeh (World Health Organization)
- Ms Jane Nicholson (World Health Organization)

3. Reports and statements

3.1 The work of the World Health Organization in the Eastern Mediterranean Region—Annual Report of the Regional Director for 2015

Agenda item 3(a), Document EM/RC63/3, Resolution EM/RC63/R.1

Progress reports on eradication of poliomyelitis; emerging and re-emerging diseases including dengue and dengue haemorrhagic fever; and Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO 2012–2016.

Agenda item 3(b,c) and 8, Documents EM/RC63/INF.DOC.1–2 and 6

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2015 and early 2016. He focused on developments and action taken in the five strategic priorities for the Region. He highlighted: health systems strengthening towards universal health coverage including health workforce development, leadership development, family practice and health information systems; maternal and child health including breastfeeding, preconception care and immunization; noncommunicable diseases, environmental health and mental health; health security and communicable diseases including hepatitis, tuberculosis, malaria and the International Health Regulations (IHR 2005); and emergency preparedness and response including polio eradication. He said that implementation of reform measures was continuing to strengthen internal management and performance, with accountability and controls at the heart of improvements, and that capacity in countries had been strengthened, with 85% of flexible funding allocated to country priorities. He said that the delivery of technical outputs was high, particularly when viewed against the continued efforts of the regional and country offices to respond to and support event-driven emergency situations.

Representatives expressed support for the Regional Director's report and commended the progress made in the five strategic priority areas. They expressed full commitment to the sustainable development agenda for 2030, and particularly to universal health coverage as the overarching goal of health system strengthening. One representative called for putting more emphasis on addressing social determinants of health in efforts towards achieving the SDGs.

Several representatives pointed out the collective responsibility of countries to work together on the strategic priorities agreed for the Region. A clear roadmap was in place to overcome the challenges that had been identified. One representative drew attention to the need for adequate human and financial resources in WHO country offices and called for more decentralized decision-making.

Representatives referred to national successes in the areas of health financing, health services delivery, access to medicines, antimicrobial resistance and tobacco control. Preparations were under way for Morocco to host the 22nd session of the Conference of the Parties to the United Nations Framework Convention on Climate Change in November 2016. All health ministers in the Region were invited to attend a ministerial meeting on health and climate change being organized on the sidelines by WHO and the ministries of health and environment of Morocco.

A statement was made on behalf of the Government of Turkey as an observer.

The Regional Director responded to the comments of representatives and noted that the achievements to date had been realized through the full support and engagement of Member States. With regard to the financial resources of WHO in the Region, he emphasized the prominent role of extrabudgetary funds in the overall budget of WHO. Between the 2010–2011 and 2014–2015 bienniums, the regional funds had increased considerably as a result of extrabudgetary contributions. In recent years, WHO had focused on shifting resources from regional to country offices. Since 2012, 720 staff had been recruited in the Region, 70% of whom were in country offices. WHO welcomed discussion with Member States on ways to strengthen the efficiency of decision-making processes at regional and country levels.

The Director-General reiterated that the major share of WHO's funding comes from contributions from partners. She noted that the Eastern Mediterranean Region receives a particularly high share of donor contributions provided in response to ongoing crises in some countries. She highlighted the variable nature of extrabudgetary funds, particularly in times of economic downturn, and emphasized the importance of timely reporting to donors.

3.2 Review of progress on: a) Implementation of the United Nations Political Declaration on the prevention and control of noncommunicable diseases; b) implementation of the International Health Regulations (2005); and c) Framework for action on advancing universal health coverage in the Eastern Mediterranean Region

Agenda item 3(d,e,f), Documents EM/RC63/INF.DOC.3–5

The Director a.i., Noncommunicable Diseases and Mental Health, presented on progress in implementing the United Nations Political Declaration on the Prevention and Control of Non-communicable Diseases, specifically on the four time-bound commitments set for 2015 and 2016 and the 10 WHO indicators for monitoring progress until 2018. He said that, while there was high-level political commitment and a clear road map, progress had been inadequate and uneven, differing between and within countries. He noted that the Region faced many challenges, including political instability and conflict, paucity of data, difficulty in retaining qualified human resources, lack of legal frameworks for surveillance systems, the growing influence of the tobacco industry on public health policy, and difficulty in integrating noncommunicable diseases in primary health care, particularly in emergencies. Country efforts in noncommunicable disease governance, risk factor prevention and reduction, surveillance and health care would be critical for success, while further involvement of multisectoral stakeholders, including non-state actors, would help accelerate progress.

The Coordinator, Health Security and Preparedness, presented on progress in implementation of the IHR (2005) in the Eastern Mediterranean Region. He noted that the Sixty-second Session of the Regional Committee in 2015, in resolution EM/RC62/R.3, had established an independent regional assessment commission to assess implementation of IHR in the Region and advise Member States on IHR implementation, and had urged Member States to conduct objective assessment of IHR implementation and requested the Regional Director to harmonize the tools for IHR assessment. In response to the resolution, the IHR Regional Assessment Commission has been established, the tools for IHR capacity assessment have been harmonized with other available tools for the global health security agenda, and joint external evaluation assessments had been conducted in six countries so far, with nine more planned up to April 2017. The Regional Assessment Commission, in its last meeting on IHR stakeholders, had made a number of recommendations to countries to accelerate implementation of IHR in the Region.

He also referred to the request of the Sixty-ninth World Health Assembly that the Director-General develop, for the consideration of the regional committees, a draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, and submit it for consideration to the Executive Board at its 140th session in January 2017. He noted the main findings of the Review Committee that the world remained ill-prepared to respond to a global, sustained and threatening public health emergency, that IHR remained an important international framework providing a backbone to any future response to a public health threat, and that it was imperative to prioritize the implementation of IHR in all countries and to develop and roll out an overarching global strategic improvement plan. The Regional Committee was invited to note the progress report on the implementation of IHR (2005), consider the recommendations of the IHR regional assessment commission, and provide comments on the WHO draft global implementation plan for the recommendations of the Review Committee.

The Regional Adviser, Health Economics and Financing, presented on progress regarding the framework for action on advancing universal health coverage in the Eastern Mediterranean Region. He noted that the framework contained four strategic components: developing a vision and strategy for universal health coverage; improving health financing system performance and enhancing financial risk protection; expanding coverage of needed health services; and ensuring expansion and monitoring of population coverage. Each strategic component was accompanied by priority actions for countries and the related WHO support. He proposed that the way forward lay in adapting the framework for action to local contexts, advocating universal health coverage as part of the SDG agenda, strengthening national health systems, with special attention to countries in emergencies, obtaining greater engagement with priority programmes, and strengthening the capacity of WHO in all these areas.

Representatives gave an update on their progress in the three areas of noncommunicable diseases, IHR and universal health coverage. On noncommunicable diseases, the need to implement the MPOWER measures and the provisions of the WHO Framework Convention on Tobacco Control was stressed. The challenges and importance of addressing noncommunicable diseases in emergencies was also highlighted. The importance of compliance with IHR and maintaining IHR core capacities was noted, along with the key role of multisectoral coordination in this and the need to focus on mass gatherings, including pilgrimages. Participants highlighted the important role of family practice and primary health care in achieving universal health coverage, noting the financial burden of health care expenditure on populations and countries, and the need for fiscal health for its successful implementation. WHO support was requested for ways to enhance efficiency and to address other impediments in achieving universal health coverage.

Statements were made by the following observers (in order): International Federation of Medical Students' Associations, NCD Alliance and World Heart Federation.

Responding, the Regional Director thanked the representatives of the NCD Alliance and World Heart Federation for their support for the regional framework for action to implement the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases, and emphasized the importance of an effective civil society movement in support of Member State action on noncommunicable diseases. He noted that rheumatic heart disease was an important problem, especially in certain countries of the Region, and that WHO had done work in this area but needed to do more. He suggested that an assessment of the situation in the Region was needed to identify the magnitude and characteristics of the problem, noting the importance of stakeholder involvement and the possibility to include rheumatic heart disease in a basic package of interventions on noncommunicable diseases.

4. Technical discussions

4.1 Scaling up family practice: progressing towards universal health coverage

Agenda item 4(a), Document EM/RC63/Tech.Disc.1, Resolution EM/RC63/R.2

The Director, Health System Development, presented the technical paper on scaling up family practice: progressing towards universal health coverage. He noted that provision of integrated health services was an integral dimension of universal health coverage and could best be provided through the family practice approach at the primary health care level. However, the countries of the Region were generally at a low level of family practice development, and comprehensive and sustainable national policies and programmes were required to establish and strengthen family practice. A framework for action for Member States and WHO for advancing family practice towards universal health coverage in the Region was proposed to improve the situation through employing transitional and long-term strategies to overcome the acute shortage of family physicians and to strengthen health systems to support family practice.

Representatives highlighted some of the constraints to scaling up family practice in the Region, including lack of political commitment, the need for reorientation of health systems and capacity-building measures to improve technical skills among Ministry of Health professional staff and managers for family practice implementation, the lack of clear guidelines for countries and lack of private sector engagement. They stressed the need for reform of medical education curricula, an operational guide, linkages of family practice with secondary care and standardization of bridging programmes as a transitional arrangement to upgrade general practitioners as family practitioners. In some countries, it was noted there is a need for innovative approaches which explored the inclusion of family health workers in family practice programmes to address gaps in the availability of a sufficient trained health workforce in primary health care facilities. They requested ongoing technical support from WHO for implementation of family practice programmes.

Statements were made by the following observers (in order): World Organization of Family Doctors, American University of Beirut, Medical Women's International Association, International Federation of Medical Students Associations.

Dr Assai, Coordinator, Integrated Service Delivery, noted the acknowledgement among Member States of the need to incorporate family practice into national health policies and plans as an overarching strategy for service provision within the framework of universal health coverage. In response to countries' concerns regarding lack of standardization of family practice in national health policies and plans, he said that socioeconomic status and other factors would dictate the development of national plans according to each country's context. He said that an integrated service delivery website would facilitate an exchange of experience between countries as greater bilateral and multilateral cooperation was needed, and that an operational guide had been developed to support countries in implementing programmes. Countries should work on accreditation of online courses. He said that WHO was proposing establishment of a regional advisory committee to support countries in scaling up a family practice model and that the Organization would continue to provide all necessary technical support in this.

5. Technical matters

5.1 Improving access to assistive technology

Agenda item 5(a), Document EM/RC63/4, Resolution EM/RC63/R.3

The Technical Officer, Violence, Injuries and Disability, explained that assistive products compensated for impairment or a loss of intrinsic capacity, reduced the consequences of gradual functional decline, reduced the need for caregivers, prevented further progression, and helped rationalize health and welfare costs. The United Nations Convention on the Rights of Persons with Disabilities obliged signatories to ensure access to assistive technology at an affordable cost. Access to assistive technology was a component of universal health coverage and needed to be integrated into efforts to attain target 3.8 of the SDGs. Within this context, WHO had established the Global Cooperation on Assistive Technology to improve access to high-quality assistive products. While gaps in knowledge and scarcity of specific regional data made it difficult to assess the situation regarding access to assistive technology for those in need, several studies and data from emergency contexts in the Region showed limited access to appropriate, affordable and quality products. Action was needed to increase access to assistive technology and ensure its integration in universal health coverage. Addressing related pre-existing and emerging needs in emergency contexts would entail including assistive technology in preparedness and response efforts.

Representatives agreed that assistive technology was life-changing and noted its importance for the Region in the light of the protracted crises and the resulting numbers of people with disabilities. It was proposed that there is need to redefine assistive technology on a broader basis and to change the way assistive products are designed, distributed and financed. Several representatives drew attention to multisectoral collaboration as critical for the identification of needs and the provision of assistive products. Other prerequisites for ensuring access to assistive technology that were identified by representatives included establishment of a dedicated structure at national level, inclusion in a health services package covered by insurance and development of a comprehensive and updated national database on needs. The role of primary health care in needs identification, provision and follow-up of utilization was emphasized.

Representatives highlighted the importance of a legal framework for the adoption of policies and programmes related to assistive technology. They also referred to needs in the areas of regulation, capacity-building on provision and use of assistive products, and mechanisms to provide such products at affordable cost.

One representative noted that the first WHO priority assistive products list had been launched at a side event of the Sixty-ninth World Health Assembly in May. The development of the list was an important step in improving access to assistive technology. He urged countries to support consideration of this issue by the 140th session of the Executive Board in January 2017.

The Technical Officer, Violence, Injuries and Disability, pointed out that assistive technology does not only cater for the needs of people with disabilities, but also other important groups, including ageing populations, whose share of the regional population is expected to double by 2050. Ensuring access to assistive technology to people in need will help enable countries to fulfil their commitments relating to action plans endorsed by the Health Assembly, such as those on mental health, healthy ageing, and disability and health, in addition to the Convention on the Rights of Persons with Disabilities. She agreed that legislative frameworks are very important and emphasized the need for implementation of regional and global initiatives related to assistive technology at country level. Capacity-building and data collection are other important activities. She noted that the first step in developing assistive technology programmes should be analysing the situation in each country in more detail.

The Regional Adviser, Health and Biomedical Devices, emphasized the scarcity of data and suggested that the collection of more precise information be considered a priority action by countries.

He also highlighted the importance of estimating the financial implications that assistive technology programmes may have on existing national health systems.

5.2 Strategic frameworks for strengthening health laboratories and blood transfusion services

Agenda item 5(b), Documents EM/RC63/5 and EM/RC63/6, Resolutions EM/RC63/R.4 and EM/RC63/R.5

The Director, Communicable Disease Control, presented the technical papers on the strategic frameworks for strengthening health laboratory services and blood safety and availability (2016–2025). She noted the essential role played by health laboratory services in disease prevention, diagnosis, treatment, screening and surveillance, with important implications for health outcomes. However, despite increasing demand for health laboratory services, they were often given low priority by national authorities, with inadequate financing, low attention to recruitment of human resources and training, and poor infrastructure, among other problems. She said that many countries in the Region also lacked key elements of a national blood system and faced major challenges in ensuring the availability, safety, quality, accessibility, affordability and clinical efficacy of blood and blood products.

Based on an in-depth situation analysis and extensive consultation with national programmes and other stakeholders, strategic frameworks for strengthening health laboratories and blood transfusion services had been developed. She said that the two strategic frameworks had clearly defined goals and objectives, with priority interventions to address the gaps identified during the situation analysis, and targets and indicators for monitoring progress in implementation. Full implementation of the strategic frameworks would allow countries to ensure that their national laboratory systems were well-coordinated, sustainable, accessible for all and able to generate safe, reliable and timely results for public health purposes and patient care, and to develop and strengthen their national blood systems to ensure the continuity, sufficiency, sustainability and security of national supplies of safe and efficacious blood and blood components to meet national needs. The Regional Committee was invited to endorse the two strategic frameworks in order to ensure adequate laboratory preparedness and response capacity and a safe blood supply for all.

Representatives welcomed the development of the regional strategic frameworks for strengthening health laboratories and blood transfusion services and thanked WHO for its ongoing support in these important areas. They provided updates on the situation of laboratory and blood transfusion services in their countries and requested WHO support for implementation of the frameworks across their health systems, noting the need to integrate laboratory and blood transfusion services within vertical health programmes. Support was also requested in quality assurance and for the laboratory accreditation process. The different clinical and public health roles of laboratory services were pointed out, and it was felt that there was a need to strengthen their public health and epidemic preparedness roles. A question was asked about whether laboratories should be regulated by the public health or health services sections of ministries of health, and the need to adopt a laboratory biorisk management approach, with support from WHO, was mentioned, as was the possibility of developing a network of regional reference laboratories. The issue of safe organ donation and transplantation and its place in the blood safety and availability framework was raised, and guidance requested. Advocacy and social mobilization campaigns for voluntary blood donation were felt to be needed, and regional guidelines that could be adapted to national contexts, with countries in emergency situations requiring particular support. International and regional collaboration and exchange of experiences was called for, as was seizing the opportunities created in the move towards universal health coverage to enhance implementation of the two frameworks.

The Director, Division of Communicable Disease Control, thanked Member States for their feedback on the frameworks. She acknowledged the many challenges, but said WHO was ready to support countries, for example, in preparing them for the laboratory accreditation process. She noted that while the framework for strengthening health laboratory services had a public health focus, it was a

general framework appropriate for both clinical and public health laboratory functions. She observed that most countries had a laboratory unit working across both clinical and public health services. For emerging and re-emerging diseases, she said that WHO was looking at where countries could send specimens in the absence of a national laboratory and considering the development of more regional reference laboratories. She also said that WHO could assist countries in the procurement of test kits and noted the important role of the WHO Emerging and Dangerous Pathogens Laboratory Network (EDPLN) and WHO capacity-building activities with Member States. In terms of blood transfusion services, the Director observed that blood supply during emergencies was a huge challenge for the Region, and that WHO was working on developing a system to address this. She noted that organ donation and transplantation raised different legal, coordination and other issues to blood transfusion, and as such was addressed separately by WHO. Overall, the Director applauded the progress that had taken place in the Region and encouraged countries to learn from each other's experiences and the available models of good practice, and welcomed further feedback on the two frameworks.

6. WHO reform and programme and budget matters

6.1 Proposed programme budget 2018–2019

Agenda item 2(a), Document no. EM/RC63/2

The Director, Planning Resource Coordination and Performance Monitoring, WHO headquarters, presented the proposed programme budget 2018–2019. He noted that as in the current programme budget, the proposed budget for 2018–2019 was developed through a bottom-up process with the active engagement of Member States in setting priorities. The proposed budget incorporates full implementation of the health emergencies programme and is aligned programmatically with the SDGs. With regard to financing the budget, a financing dialogue is planned for 31 October in Geneva and again during the January meeting of the Programme Budget and Administration Committee. The Director-General has proposed an increase in the assessed contributions for 2018–2019, the first in more than a decade. Such an increase will enable the Organization to use its resources more strategically and improve its flexibility to respond to health emergencies. Refinements to the proposed programme budget will be made based on the feedback of the Regional Committee on the overall directions and priorities. An updated draft will be presented to the 140th session of the Executive Board in January 2017, and a final draft to the Seventieth World Health Assembly in May.

Representatives highlighted the need for synergy in the use of resources among all partners, especially in the area of emergencies. With regard to voluntary contributions, representatives highlighted the need to increase donations and to advocate with donors for unearmarked funds. Concerns were raised over several issues including the budget for emergencies in the Region, reflecting the SDGs in the budget, delegation of authority to heads of country offices and priority-setting in countries. There was a request for more support for country offices in terms of staff and capacity.

The Director, Planning Resource Coordination and Performance Monitoring, acknowledged that while WHO is employing several approaches to ensure optimum use of resources among partners, such as the health cluster approach in emergencies, more work could be done to improve the way WHO works with other organizations. Coordinated use of resources was more successful in some countries than in others. The Organization was making continuous improvements in efficiency, but these were difficult to communicate in the budget. He noted that although WHO's budget planning process requires considerable advance time, robust flexibility is built in to ensure that budget can be reallocated to address emerging priorities. Reflecting the SDGs in the budget was still a work in progress. With regard to the budget for emergencies, it was important to be realistic from a funding perspective. There was need to explore ways to increase donations, especially unearmarked donations; in this regard all countries were encouraged to attend the financing dialogue at the end of October.

The Director, Programme Management noted that there had been a 40% increase in funds for the Region between 2010–11 and 2014–15. In terms of country allocations, the approved budget share

for country offices had risen to over 80% in 2016–17. Since 2012 WHO had recommended that countries focus on a few priorities within each budget category, however there was flexibility to reallocate budget within each category. He urged countries to attend the upcoming financing dialogue.

6.2 Governance reform

Agenda item 6(c), Document EM/RC63/8, Resolution EM/RC63/R.6

The Director, Programme Management, presented on governance reform. He noted that following the Special Session of the WHO Executive Board held in November 2011 and the 130th session of the Executive Board in January 2012, WHO had embarked on a governance reform programme as part of a comprehensive reform agenda covering three critical areas: programmes and priority-setting, managerial reforms and governance. Deliberations of successive meetings of the Executive Board and World Health Assembly had resulted in a series of recommendations aimed at strengthening and increasing the harmonization of the procedures and processes of the Governing Bodies across the Organization. The Regional Committee was invited to discuss and adopt proposed amendments to the Rules of Procedure of the WHO Regional Committee for the Eastern Mediterranean, including a Code of Conduct for nomination of the Regional Director for the Eastern Mediterranean, and proposed reforms to regional processes for nomination of countries to the Executive Board and World Health Assembly, along with other governance issues.

Representatives expressed appreciation to WHO for the ongoing efforts to improve governance processes. It was proposed that a review of governance reforms be conducted on a regular basis. Clarifications were requested on several issues including reappointment of a Regional Director after a gap in terms, programme subcommittee meetings and terms of reference and the rationale for selection from country groups. It was proposed that membership in the subcommittee be for a duration of three years in order to align with Executive Board practice. WHO was requested to provide guidance to countries every year on nomination processes for global governing bodies.

The Director, Programme Management, agreed that regular review of reforms would be beneficial. With regard to country groups, he noted that the groups were agreed upon in 2002 after a long consultative process with countries. The system had been used successfully for 15 years. The terms of reference of the programme subcommittee would focus specifically on the work of the Regional Committee. He agreed that timely information should be provided to countries about nomination processes for membership of the Executive Board and elected offices of the Health Assembly, including country eligibility. He noted that the proposed reforms were the result of a comparative analysis across regions and were in line with the Health Assembly resolution on harmonization of practices.

The Legal Counsel, WHO headquarters, noted that the rules on reappointment of a Regional Director were contained in the Rules of Procedure of the Executive Board and that any questions arising were a matter for decision by the Executive Board.

7. Other matters

7.1 Nomination of the Regional Director

Agenda item 7, Document EM/RC63/WP.1, Resolution EM/RC63/R.7

The Regional Committee, in a private session, nominated Dr Mahmoud Fikri to serve as Regional Director for the Eastern Mediterranean and requested the Director-General to submit the nomination to the Executive Board.

7.2 Expression of appreciation

Resolution EM/RC63/R.8

The Regional Committee expressed its appreciation to Dr Ala Din Alwan for his commitment to international public health and his contributions and achievements during his tenure as Regional Director for the Eastern Mediterranean. The Committee decided to make Dr Alwan Regional Director Emeritus.

7.3 Resolutions and decisions of regional interest adopted by the Sixty-ninth World Health Assembly and the Executive Board at its 138th and 139th Sessions

Review of the draft provisional agenda of the 140th Session of the WHO Executive Board

Agenda item 6(a,b), Documents EM/RC63/7, EM/RC63/7-Annex 1

The Director, Programme Management, drew attention to the resolutions adopted by the Sixty-ninth World Health Assembly and the 138th and 139th sessions of the Executive Board. He urged Member States to review the actions to be undertaken by the Regional Office and to report their own responses. He then presented the draft provisional agenda of the 140th session of the WHO Executive Board and requested comments thereon.

It was suggested that a country-level feedback mechanism on implementation of World Health Assembly resolutions would be useful in order to assess progress and identify constraints. WHO was requested to notify Member States of resolutions of regional interest before the next World Health Assembly. It was recalled the Sixty-ninth World Health Assembly had adopted a resolution on mycetoma, an important issue for some Member States in the Region.

It was noted that the draft provisional agenda of the 140th Session of the WHO Executive Board had been amended with important new additions and that the new agenda would be distributed in the coming weeks. A proposal was made to include an agenda item on climate and health in the agenda for the 140th Session of the WHO Executive Board. Legal Counsel clarified that the deadline for new agenda items for the 140th Session had passed, but that Member States could propose agenda items for future sessions.

7.4 Award of Dr A.T. Shousha Foundation Prize and Fellowship

Agenda item 9(a), Document EM/RC63/INF.DOC.7

The Dr A.T. Shousha Foundation Prize for 2016 was awarded to Dr Walid Ammar (Lebanon) for his significant contribution to public health in the geographical area in which Dr Shousha served the World Health Organization.

7.5 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region

Agenda item 9(b), Document no. EM/RC63/INF.DOC.8

The State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region was awarded, in the field of oncology, in particular radiation oncology, to Dr Nizal Sarrafzadegan (Islamic Republic of Iran) based on the recommendation of the Foundation Committee.

7.6 Place and date of future sessions of the Regional Committee

Agenda item 10, Document EM/RC63/INF.DOC.10, Decision 4

The Regional Committee decided to hold its Sixty-fourth Session in Islamabad, Pakistan from 9 to 12 October 2017.

8. Closing session

8.1 Review of draft resolutions, decisions and report

In the closing session, the Regional Committee reviewed the draft resolutions, decisions and report of the session.

8.2 Adoption of resolutions and report

The Regional Committee adopted the resolutions and report of the Sixty-third session.

8.3 Closing of the session

Agenda item 12

The Regional Committee thanked Dr Ala Din Alwan for his dedicated leadership and invaluable contributions to health development in the Region. It congratulated Dr Mahmoud Fikri on his nomination as Regional Director.

9. Resolutions and Decisions

9.1 Resolutions

EM/RC63/R.1 Annual report of the Regional Director for 2015

The Regional Committee,

Having reviewed the Annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2015 and the progress reports requested by the Regional Committee;¹

Recalling previous resolutions on the actions required in relation to the regional strategic priorities endorsed by the Regional Committee in 2012;

Noting the progress made in relation to the regional strategic priorities, and in particular the progress made by Member States in undertaking joint external evaluation for implementation of the International Health Regulations (2005);

Acknowledging the importance of integrated vector management for preparedness and response to vector-borne diseases;

Further acknowledging the burden of disease attributable to hepatitis in the Region;

Recognizing the importance of pre-hospital and facility-based emergency care as the first point of contact with the health system for many people;

Further recognizing the contribution of genetic and congenital disorders to neonatal mortality in the Region;

Recognizing also that air pollution is the biggest environmental risk in the Region and has serious health impacts on all its countries;

1. **THANKS** the Regional Director for his report which reflects the breadth of work undertaken by WHO in the past year, as well as for his efforts to improve WHO's performance in the Region;
2. **ADOPTS** the annual report of the Regional Director for 2015;
3. **URGES** Members States to:
 - 3.1 Undertake, if they have not yet done so, joint external evaluation for implementation of the International Health Regulations (2005) as soon as possible and develop national plans of action to implement the recommendations of the assessment;
 - 3.2 Review and implement national action plans based on the updated strategic framework for integrated vector management;
 - 3.3 Develop or update national plans of action in line with the regional action plan for the implementation of the global strategy for viral hepatitis 2017–2021
 - 3.4 Conduct assessment of emergency care services at both the national system level and the service delivery level and develop national plans of action;
 - 3.5 Adopt evidence-based cost-effective preconception care interventions, including for prevention and management of genetic and congenital disorders;

¹ EM/RC63/3, EM/RC63/INF.DOC1–6

3.6 Strengthen bilateral and multilateral cooperation in the Region in order to curb the problem of air pollution;

4. **REQUESTS** the Regional Director to:

4.1 Continue to support Member States in their efforts to conduct joint external evaluations for implementation of the International Health Regulations (2005) and to develop national plans of action to implement the recommendations of the assessment;

4.2 Provide technical guidance for assessment of emergency care services and establish a network of regional experts;

4.3 Organize an intercountry consultative meeting on genetic and congenital disorders before the next session of the Regional Committee;

4.4 Submit an evidence-based plan of action for the regional implementation of the global roadmap to address the health impacts of indoor and outdoor air pollution to the 64th session of the Regional Committee.

EM/RC63/R.2 Scaling up family practice: progressing towards universal health coverage

The Regional Committee,

Having discussed the technical discussion paper on scaling up family practice: progressing towards universal health coverage²;

Recalling resolutions WHA69.24 on strengthening integrated people-centred health services and EM/RC60/R.2 on universal health coverage and;

Recalling also the *World health report 2008* on primary health care and the *World health report 2010* on health systems financing;

Recognizing the key elements of WHO's comprehensive approach to universal health coverage, which embraces the values and principles of primary health care including community engagement;

1. **CALLS ON** Member States to:

1.1 Incorporate the family practice approach into primary health care services as an overarching strategy to advance towards universal health coverage;

1.2 Strengthen the capacity of family medicine departments in the public health institutes and medical education institutions in order to increase the number of family physicians to reach 3 per 10 000 population by 2030 and also establish bridging programmes for general physicians;

1.3 Strengthen public–private partnerships in service delivery through the family practice approach;

1.4 Ensure availability of sustainable funding for implementing/expanding family practice as an integral part of the national health financing strategy;

1.5 Strengthen and cost essential health services packages in order to deliver these through health care facilities providing health services based on family practice for the catchment population;

1.6 Put into place a system for monitoring and evaluation of training in family practice;

1.7 Adopt WHO quality indicators for improving services at primary health care facilities;

²EM/RC63/Tech.Disc.1 Rev.1

2. **REQUESTS** the Regional Director to:

- 2.1 Provide technical support to Member States to establish and strengthen provision of integrated health services based on a family practice approach;
- 2.2 Establish a group of experts to review and harmonize family medicine training programmes across the Region, and expand the use of the online bridging training programme for general physicians;
- 2.3 Report to on progress in implementation of this resolution to the 65th and 67th sessions of the Regional Committee.

EM/RC63/R.3 Improving access to assistive technology

The Regional Committee,

Having reviewed the technical paper on improving access to assistive technology in the Eastern Mediterranean Region;³

Being aware that the Sustainable Development Goals emphasize “leaving no one behind”, and that SDG target 3.8 cannot be achieved without inclusion of assistive technology as an essential component of universal health coverage and of integrated people-centred health services;

Recalling Member States’ commitment to implement the global strategies and action plans on ageing and health 2016–2020, on disability 2014–2021, on prevention and control of noncommunicable diseases 2013–2020, and on mental health 2013–2020, as well as the Convention on the Rights of Persons with Disabilities, and the request to WHO from stakeholders, at the high-level meeting of the United Nations General Assembly on Disability and Development in 2013 to develop and coordinate a global initiative towards increasing access to assistive technology;

Recognizing the wide spectrum of the population that will experience some form of temporary or permanent impairment or functional decline during the life course, and that currently only 1 in 10 people in need of assistive technology are estimated to have access to assistive products;

Further recognizing the rapid developments in technology, which offer innovative solutions and provide opportunities to reach more people with better products at an affordable cost;

Concerned at the lack of provision of assistive technology in emergency situations, which affect the majority of Member States in the Region directly or indirectly;

1. **URGES** Members States to:

- 1.1 Develop an evidence-based integrated policy to improve access to assistive technology for all as an essential component of health service delivery systems, supported by adequate financing;
- 1.2 Conduct a needs assessment using appropriate WHO tools to inform adequate planning of services;
- 1.3 Develop a national priority assistive products list with minimum quality and safety standards, drawing on the WHO priority assistive products list and based on national needs, context and resources;
- 1.4 Ensure that provision of priority assistive products is included in all stages of emergency preparedness and response planning;
- 1.5 Ensure adequate and trained human resources for the provision of assistive products at all levels of health service delivery;

³ EM/RC63/4

2. **REQUESTS** the Executive Board at its 140th session to include assistive technology as an agenda item in the Seventieth World Health Assembly to advance access at the global level;
3. **REQUESTS** the Regional Director to:
 - 3.1 Provide technical support to Member States in development of national policies and programmes, conducting of adequate needs assessment, development of national priority assistive products lists, and identification of appropriate service delivery models;
 - 3.2 Advocate for unimpeded transfer of information and knowledge, as well as strengthen collaboration among countries for sharing of experiences and mutual support, both within and from outside the Region;
 - 3.3 Develop practical guidance to ensure inclusion of assistive products in all stages of emergency preparedness and response planning;
 - 3.4 Develop or adapt practical tools to support Member States to train health service personnel to provide a range of priority assistive products;
 - 3.5 Report to the Regional Committee at its 65th session on progress in implementation of this resolution.

EM/RC63/R.4 Strategic framework for strengthening health laboratory services 2016–2020

The Regional Committee,

Having discussed the technical paper on the strategic framework for strengthening health laboratory services 2016–2020⁴;

Recalling resolutions EM/RC61/R.2 on global health security and EM/RC59/R.3 on health systems strengthening;

Acknowledging the essential role of health laboratory services in improving health outcomes, achieving universal health coverage and ensuring global health security and the need to improve access to and strengthen national laboratory capacity to generate safe and quality assured results for both clinical and public health use;

Recognizing that the strengthening of health laboratory services is an important component of both the International Health Regulations (2005) and the Global Action Plan on Antimicrobial Resistance;

Recognizing also the importance of intersectoral and cross-country collaboration to support the strengthening of health laboratory services;

1. **ENDORSES** the strategic framework for strengthening health laboratory services 2016–2020 and its framework for action (annexed to this resolution);
2. **URGES** Member States to:
 - 2.1 Take the necessary steps to strengthen health laboratory services, with particular emphasis on public health laboratories, based on the strategic framework, adapted to national priorities, regulations and specific contexts;

⁴ EM/RC63/5 Rev.1

- 2.2 Develop or further strengthen national laboratory policies and strategic plans, based on situation analysis and aligned with national health policy and planning;
 - 2.3 Ensure provision of adequate financial, human, infrastructure and technical resources for implementation of the national laboratory policies and strategic plans;
 - 2.4 Build and expand the mechanisms and institutional base for monitoring and evaluation of laboratory performance and of progress towards implementation of the national laboratory policies and strategic plans.
3. **REQUESTS** the Regional Director to:
- 3.1 Provide support to Member States in strengthening their health laboratory services based on the strategic framework, with particular emphasis on public health laboratories;
 - 3.2 Encourage national and international partners to support Member States in the implementation of the strategic framework;
 - 3.3 Report on progress in the implementation of the strategic framework to the 65th and 67th sessions of the Regional Committee.

EM/RC63/R.5 Strategic framework for blood safety and availability 2016–2025

The Regional Committee,

Having considered the technical paper on the strategic framework for blood safety and availability 2016–2025⁵;

Recalling resolutions WHA 28.72 on utilization and supply of human blood and blood products, WHA58.13 on blood safety: proposal to establish World Blood Donor Day, WHA63.12 on availability, safety and quality of blood products and EM/RC34/R.9 on the development of national blood transfusion services in the countries of the Eastern Mediterranean Region;

Acknowledging blood transfusion as an essential component of health care;

Noting the status of blood transfusion services in Member States of the Region and the progress made so far, and the continuing gaps in providing access to sufficient, affordable and sustainable supplies of safe and quality blood and blood products;

1. **ENDORSES** the strategic framework for blood safety and availability 2016–2025 and its framework for action (annexed to this resolution);
2. **URGES** Member States to:
 - 2.1 Take the necessary steps to establish effective and sustainable blood transfusion services, with appropriate legislation and regulatory mechanisms and dedicated budget lines, and to develop national strategic and operational plans based on the strategic framework;
 - 2.2 Establish effective coordination and collaboration mechanisms among all relevant stakeholders in the public and private sectors;
 - 2.3 Establish, implement and support a national quality management system throughout the blood transfusion chain;

⁵ EM/RC63/6 Rev.1

- 2.4 Take the necessary steps to ensure regular voluntary non-remunerated donation of blood and blood components, and to improve public education, donor motivation, mobilization and retention and all other elements to ensure a safe and sustainable donor programme;
 - 2.5 Develop competent human resource capacity through the provision of initial and continuing education and training of all staff involved in the vein-to-vein chain;
 - 2.6 Establish a mechanism for the integration of blood and plasma programmes, aimed at optimizing the use of recovered and source plasma for fractionation;
3. **REQUESTS** the Regional Director to:
- 3.1 Provide support to Member States to develop national strategic and operational plans based on the strategic framework;
 - 3.2 Foster coordination and collaboration with all relevant stakeholders and partners;
 - 3.3 Report to the Regional Committee every two years, starting from 2018, on the progress in implementation of the regional strategic framework for blood safety and availability 2016–2025.

EM/RC63/R.6 Governance reform

The Regional Committee,

Having reviewed the paper on governance reform;⁶

Recognizing with appreciation the ongoing efforts of WHO to improve governance processes;

1. **ADOPTS** the amendments to its Rules of Procedure proposed in the paper as follows:
 - 1.1 reporting of sessions (section VI, Rule 15); a code of conduct for the nomination of the Regional Director (section XI, Rule 51(b)) including the Code of Conduct itself; interim procedures (Rule 51(f)); announcement of the nominee (Rule 51(i)); and duration of appointment of the Regional Director (Rule 51(j));
 - 1.2 election of the Chair, Vice-Chairs and Rapporteur (section V, Rule 10);
2. **ESTABLISHES** a programme subcommittee (section VII, Rule 16), including the proposed terms of reference and the further amendments proposed by Members relating to duration of membership and periodicity of meetings of the programme subcommittee;
3. **ADOPTS** the processes proposed for the nomination of Executive Board members and the nomination of a country of the Region for the President and other elected officials of the World Health Assembly;
4. **REQUESTS** the Regional Director to update the Rules of Procedure accordingly.

EM/RC63/R.7 Nomination of the Regional Director

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure,

⁶ EM/RC63/8 Rev.1

1. **NOMINATES** Dr Mahmoud Fikri as Regional Director for the Eastern Mediterranean Region;
2. **REQUESTS** the Director-General to propose to the Executive Board the appointment of Dr Mahmoud Fikri from 1 February 2017.

EM/RC63/R.8 Expression of appreciation to Dr Ala Alwan

The Regional Committee,

Appreciating the commitment of Dr Ala Alwan to international health and his contributions and achievements during his tenure as Regional Director for the Eastern Mediterranean.

1. **THANKS** Dr Ala Alwan for his dedicated leadership and invaluable contribution to health development in the Eastern Mediterranean Region;
2. **DECIDES** that, in view of his immense contribution, he be made Regional Director Emeritus.

9.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

Chair: Dr Ahmed Emad El Din Rady (Egypt)

Vice-Chair: Dr Ferozuddin Feroz (Afghanistan)

Vice-Chair: Dr Mohamed Haji Abdinur (Somalia)

Chair of technical discussions: Dr Omar Basheer Altaher Mohamed (Libya)

Based on the suggestion of the Chairman of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

Dr Safaa Mourad (Egypt), Dr Hilda Harb (Lebanon), Dr Assad Hafeez (Pakistan), Dr Abdullah Assiri (Saudi Arabia), Dr Abderrahman Alaoui (Morocco)

Secretariat: Dr Jaouad Mahjour, Dr Zaafar Mirza, Dr Maha ElAdawy, Dr Rana Hajjeh, Ms Jane Nicholson

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its Sixty-third Session.

DECISION NO. 3 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee, based on the recommendation of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region decided not to award the Prize this year as none of the nominees met the minimum score and to accept the recommendation of the Committee to revisit the scope of the Prize and the governance and membership of the Foundation Committee at its Sixty-fourth meeting.

DECISION NO. 4 PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its Sixty-fourth Session in Islamabad, Pakistan, from 9 to 12 October 2017.

DECISION NO. 5 VERIFICATION OF CREDENTIALS

In accordance with the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean, the officers of the Regional Committee met on 4 October 2016 and examined the credentials of representatives attending this session of the Regional Committee. The Regional Committee, based on the report of the Chair of the Regional Committee, recognized the the validity of the credentials of the delegations of all members.

Annex 1**Agenda**

- | | | |
|-----|---|------------------------|
| 1. | Opening of the Session | |
| | (a) Election of Officers | |
| | (b) Adoption of the Agenda | EM/RC63/1-Rev.2 |
| 2. | Programme and budget matters | |
| | (a) Proposed programme budget 2018–2019 | EM/RC63/2 |
| 3. | (a) Annual Report of the Regional Director 2015 | EM/RC63/3 |
| | Progress reports on: | |
| | (b) Eradication of poliomyelitis | EM/RC63/INF.DOC.1 |
| | (c) Emerging and re-emerging diseases including dengue and dengue haemorrhagic fever | EM/RC63/INF.DOC.2 |
| | (d) Prevention and control of noncommunicable diseases | EM/RC63/INF.DOC.3 |
| | (e) Implementation of the International Health Regulations (2005) | EM/RC63/INF.DOC.4 |
| | (f) Universal health coverage and the development of a package of essential health services | EM/RC63/INF.DOC.5 |
| 4. | Technical Discussions | |
| | (a) Scaling up family practice: progressing towards universal health coverage | EM/RC62/Tech.Disc.1 |
| 5. | Technical Papers | |
| | (a) Improving access to assistive technology | EM/RC63/4 |
| | (b) Strategic frameworks for strengthening health laboratories and blood transfusion services | EM/RC63/5
EM/RC63/6 |
| 6. | World Health Assembly and Executive Board | |
| | (a) Resolutions and decisions of regional interest adopted by the Sixty-ninth World Health Assembly and the Executive Board at its 138th and 139th Sessions | EM/RC63/7 |
| | (b) Review of the draft provisional agenda of the 140th Session of the WHO Executive Board | EM/RC63/7-Annex 1 |
| | (c) Governance reform | EM/RC63/8 |
| 7. | Nomination of the Regional Director | EM/RC63/WP.1 |
| 8. | Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO 2012–2016. Progress report | EM/RC63/INF.DOC.6 |
| 9. | Awards | |
| | (a) Award of the Dr A.T. Shousha Foundation Prize and Fellowship | EM/RC63/INF.DOC.7 |
| | (b) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region | EM/RC63/INF.DOC.8 |
| | (c) Award of the Down Syndrome Research Prize | EM/RC63/INF.DOC.9 |
| 10. | Place and date of future sessions of the Regional Committee | EM/RC63/INF.DOC.10 |
| 11. | Other business | |
| 12. | Closing session | |

Annex 2

List of representatives, alternates and advisers of Member States and observers

MEMBER STATES

AFGHANISTAN

Representative

H.E. Dr Feroz Firozuddin
Minister of Public Health
Ministry of Public Health
Kabul

Alternate

Dr Majrooh Wahid
International Relations Director
Ministry of Public Health
Kabul

Adviser

Stephanie Simmond
International Adviser to H.E the Minister
Ministry of Public Health
Kabul

BAHRAIN

Representative

H.E. Dr Faiqa Al Saleh
Minister of Health
Ministry of Health
Manama

Alternate

Dr Hesham Al-Shaikh
Family Physician
Ministry of Health
Manama

Advisers

Mrs Ameera Nooh
Senior International Relations Specialist
Ministry of Health
Manama

Dr Mariam Al-Hajeri
Director of Public Health Directorate
Ministry of Health
Manama

DJIBOUTI

Representative

Mr Mahdi Abdillahi Moussa
Technical Advisor to the Minister
Ministry of Health
Djibouti

Alternate

Dr Ahmed Robleh Abdilleh
Secretary-General
Ministry of Health
Djibouti

EGYPT

Representative

H.E. Dr Ahmed Emad El Din Radi
Minister of Health and Population
Ministry of Health and Population
Cairo

Alternate

Professor Dr Maisa Shawky
Deputy Minister of Health for Population
Ministry of Health and Population
Cairo

Advisers

Major Dr Hesham AbdelRaouf
Assistant Minister of Health
for the Primary Health Care
Ministry of Health and Population
Cairo

Dr Hala Massekh
Head of the Primary Health Care
Ministry of Health and Population
Cairo

Dr Soad Abdel Meguid
Head of the Family Planning Sector
Ministry of Health and Population
Cairo

Dr Amr Kandeel
First Undersecretary
for Preventive Affairs & Endemic
Diseases Sector, Ministry of Health
Ministry of Health and Population
Cairo

Dr Safaa Mourad
Undersecretary
Foreign Health Relations Department
Ministry of Health and Population
Cairo

Dr Nahla Roushdy
Acting Head
Central Department for Technical Programmes
Ministry of Health and Population
Cairo

Dr Mona AlNakha
Head of Central Department
for Health Care and Family Planning
Ministry of Health and Population
Cairo

Dr Afaf Ahmed
Director Blood Banks
Ministry of Health and Population
Cairo

IRAN, ISLAMIC REPUBLIC OF

Representative

H.E. Dr Seyed Hassan Ghazizadeh Hashemi
Minister of Health and Medical Education
Ministry of Health and Medical Education
Teheran

Alternate

Dr Ali Akbar Sayari
Deputy Minister for Public Health
Ministry of Health and Medical Education
Teheran

Advisers

Dr Mohammad Hadi Imanieh
Chancellor of Shiraz University of Medical Sciences
Ministry of Health and Medical Education
Teheran

Dr Mohsen Asadi Lari
Acting Minister for International Affairs
Ministry of Health and Medical Education
Teheran

Dr Amirhossein Takian
Deputy for International Affairs
Ministry of Health and Medical Education
Teheran

Dr Mohammad Mehdi Gouya
Director, Center for Disease Control
Ministry of Health and Medical Education
Teheran

Mr Farideddin Tehranchi
Executive Deputy for International Affairs
International Relations Department
Ministry of Health and Medical Education
Teheran

Dr Seyed Reza Majd Zadeh Kohbanani
Head of National Institute of Health Research
Ministry of Health and Medical Education
Teheran

Dr Rashid Bayat Mokhtari
Director, Office of International Specialized Agencies
Ministry of Health and Medical Education
Teheran

Mr Hossein Gholamlou
Office of H.E. the Minister of Health
Ministry of Health and Medical Education
Teheran

IRAQ

Representative

H.E. Dr Adeelah Hammood Hussein
Minister of Health
Ministry of Health
Baghdad

Alternate

Dr Zamil Shyaa Muhammed
Administrative Deputy
Ministry of Health
Baghdad

Advisers

Dr Mohamed Jaber Hwoal
Assistant Director-General
Public Health Directorate
Ministry of Health
Baghdad

Dr Ramzi Shohani
Director, International Health
Ministry of Health
Baghdad

Mr Ali Hammood Hussein
Special Secretary to MOH
Ministry of Health
Baghdad

Representative

JORDAN

H.E. Mr Ahed Ali Sweidat
Minister Plenipotentiary
Charge d' Affaires
Embassy of Jordan
Cairo

Representative

KUWAIT

H.E. Dr Ali Saad Al-Obaidi
Minister of Health
Ministry of Health
Kuwait

Alternate

Dr Mamoud Haji Al Abd ElHadi
Assistant Undersecretary, Legal Affairs
Ministry of Health
Kuwait

Advisers

Dr Gamal Mansour Al-Harbi
Assistant Undersecretary for Medical Services
Ministry of Health
Kuwait

Dr Yasmin Adnan Abdulghafour
Head of Training and Development Dept.
Ministry of Health
Kuwait

Dr Ahmed Al-Husseini
Director, Gahraa' Health District
Ministry of Health
Kuwait

Mr Faisal Mohamed Al-Dosari
Director, Public Affairs and Media
Ministry of Health
Kuwait

Mr Ahmed Al-Thufairi
Assistant, Minister of Health
Ministry of Health
Kuwait

LEBANON

Representative

Dr Walid Ammar
Director-General
Ministry of Public Health
Beirut

Alternate

Dr Hilda Harb
Head of Health Statistics Department
Ministry of Public Health
Beirut

LIBYA

Representative

H.E. Dr Omar Basheer Altaher Mohamed
Minister of Health
Ministry of Health
Tripoli

Alternate

Dr Khalid M. Ben Atya
Head of International Cooperation Office
Ministry of Health
Tripoli

Advisers

Dr Nureddin Hasan H. Aribi
Technical Advisor
Ministry of Health
Tripoli

Mr Mohamed Ibrahim Saleh Daganee
Director of Health Information Center
Ministry of Health
Tripoli

Dr Badereddin Bashir K. Annajar
Director of the National Center of Disease Control
Ministry of Health
Tripoli

Dr Ghassan Sulaiman Khalifa Karem
Director of the Primary Health Care
Ministry of Health
Tripoli

MOROCCO

Representative

Prof. Abderrahmane Maaroufi
Director
Directorate of Epidemiology and Diseases Control
Ministry of Health
Rabat

Alternate

Mr Abderrahman Alaoui
Director
Directorate of Planning and Financial Resources
Ministry of Health
Rabat

Advisers

Dr Nazih El Kouartey
Conseiller au Secrétariat Général
Ministry of Health
Rabat

Mr Anouar Benamar
Chief of Intergovernmental International Organization Service
Directorate of Planning and Financial Resources
Ministry of Health
Rabat

OMAN

Representative

H.E. Dr Ahmed bin Mohamed bin Al Saidi
Minister of Health
Ministry of Health
Muscat

Alternate

H.E. Dr Ali bin Talib Al-Hinai
Undersecretary for Planning Affairs
Ministry of Health
Muscat

Advisers

Mr Issa bin Abdullah Al-Alawi
Head of the Minister's Office
Ministry of Health
Muscat

Dr Said bin Harib Bin Manaa Al-Lamki
Director-General, Primary Health Care
Ministry of Health
Muscat

Ms Hanadi bint Gamaan bint Rajab
Head of International Organizations
Ministry of Health
Muscat

Mrs Mouza Shaikhan Al-Abri
Head of Professional Competencies Dept.
Nursing Affairs Directorate
Ministry of Health
Muscat

PAKISTAN

Representative

H.E. Mrs Saira Afzal Tarar
Minister of State
Ministry of National Health Services,
Regulation and Coordination
Islamabad

Alternate

Dr Assad Hafeez
Director-General (Health)
Ministry of National Health Services,
Regulation and Coordination
Islamabad

Advisers

Dr Sania Nishtar
Pakistan's Candidate
for the position of Director-General of WHO
Islamabad

Dr Samra Mazhar
Deputy-Director
Ministry of National Health Services,
Regulation and Coordination
Islamabad

Representative	PALESTINE H.E. Dr Jawad Awwad Minister of Health Ministry of Health Ramallah
Alternate	Dr Asad Ramlawi Deputy Minister of Health Ministry of Health Ramallah
Adviser	Dr Ameera Al-Hendi Ministry of Health Ramallah
Representative	QATAR H.E. Mr Saif Muqaddam Saqr Al-Buainein Ambassador of Qatar in Cairo Embassy of Qatar Cairo
Alternate	Mr Yasser Awad Al-Abdallah Minister Plenipotentiary Embassy of Qatar Cairo
Advisers	Ms Fawzia Idris El-Sleity Minister Plenipotentiary Embassy of Qatar Cairo Dr Salih Ali Al-Marri Minister Assistant for Health Affairs Ministry of Public Health Doha Dr Mohammed Bin Hamad Al-Thani Director, Public Health Department Ministry of Public Health Doha Dr Hamad Eid Al-Romaihi Manager of Health Protection and Communicable Diseases Ministry of Public Health Doha Mr Mohamed Sami Al-Subai First Secretary Embassy of Qatar Cairo Dr Ahmed Mohamad Al-Mulla Sr. Consultant Public Health, Minister's Advisor Ministry of Public Health Doha Mr Mohamad Mubarak Al-Naimi Manager/Minister Office Ministry of Public Health Doha

Mr Abdullatif Ali Al-Abdulla
Manager, International Health Relations Department
Supreme Council of Health
Doha

Ms Salha Al-Mohannadi
Head of Regional and International Relations
Ministry of Public Health
Doha

Mrs Shamma Abdulla Behair
Protocol Manager- Ministers Office
Ministry of Public Health
Doha

SAUDI ARABIA

Representative H.E. Dr Tewfik bin Fawzan bin Mohamed Al Rabeia
Minister of Health
Ministry of Health
Riyadh

Alternate Dr Abdulaziz Binsaeed
Deputy Minister for Public Health
Ministry of Health
Riyadh

Advisers Dr Abdullah Assiri
Assistant Deputy Minister for Preventive Health
Ministry of Health
Riyadh

Dr Ibrahim Al-Jufalli
Executive Vice-President for Drug Affairs
Ministry of Health
Riyadh

Dr Mohamad Saeedi
Director-General for Health
General Directorate
for Chronic Diseases and Health Programmes
Ministry of Health
Riyadh

Mr Sultan AlAssaf
Minister's Office
Ministry of Health
Riyadh

SOMALIA

Representative H.E. Mr Mohamed Haji Abdinur
Minister of Health
Ministry of Health
Mogadishu

Alternate Dr Abdi Awad Ibrahim
Advisor to H.E. the MOH
Ministry of Health
Mogadishu

Advisers Mr Mahmoud Adam Jama
State Minister of Health
Ministry of Health
Hargeisa

H.E. Dr Abdinasir Osman Isse
Politician
Ministry of Health
Puntland

Dr Ali Noor
Deputy Minister of Health
Ministry of Health
Mogadishu

Mr Isaq Ali Sadiq
Politician
Ministry of Health
Mogadishu

SUDAN

Representative

H.E. Mr Bahar Idris Abu Garda
Federal Minister of Health
Federal Ministry of Health
Khartoum

Alternate

Dr Isameldin Mohamed Abdalla
Undersecretary
Federal Ministry of Health
Khartoum

Advisers

Dr Abdalla Sid Ahmed
Public Health Laboratory Director
Federal Ministry of Health
Khartoum

Dr Imadeldin Ahmed Ismail
Director, International Health and External Relations
Federal Ministry of Health
Khartoum

Dr Nada Ahmed
MCH Director
Federal Ministry of Health
Khartoum

Dr Sara Osman
Adviser to H.E. Minister of Health
Federal Ministry of Health
Khartoum

Dr Malik Ibrahim
Professor of Community Medicine
Federal Ministry of Health
Khartoum

Dr Elmuez Elnaiem
Public Health Director
Federal Ministry of Health
Khartoum

Dr Mutaz Amir
PHC Expansion Director
Federal Ministry of Health
Khartoum

SYRIAN ARAB REPUBLIC

Representative

H.E. Dr Nizar Wehbe Yazigi
Minister of Health
Ministry of Health
Damascus

Alternate

Dr Fadi Kassis
Director, Primary Health Care
Ministry of Health
Damascus

Adviser

Dr Majeda Al-Loulu
Deputy of Planning and International Cooperation
Ministry of Health
Damascus

Mr Samer Fateh
Director, Communication and Media
Ministry of Health
Damascus

Mr Osama Al-Nasr
Administrative Assistant
Ministry of Health
Damascus

Representative

TUNISIA

H.E. Ms Samira Maraai
Minister of Health
Ministry of Health
Tunis

Alternate

Dr Nabih Borsali Falfoul
Director General of Health
Ministry of Health
Tunis

Advisers

Dr Souad M'rad Albakry
Director of basic health care
Ministry of Health
Tunis

Mrs Najet Mojaat
Director of the Central Blood Transfusion
and Blood Banks Unit
Ministry of Health
Tunis

Dr Hichem Abdesselem
Coordinator of the Unit for Technical Cooperation
Ministry of Health
Tunis

Dr Belgacem Sabri
Adviser to H.E. the Minister of Health
Ministry of Health
Tunis

Representative

TUNIS

UNITED ARAB EMIRATES

H.E. Mr Abdul Rahman bin Mohamad Al-Owais
Minister of Health
Ministry of Health
Abu Dhabi

- Alternate** Dr Hussain Mohamed AlRand
Assistant Deputy Minister for Medical Centres Sector
Ministry of Health
Abu Dhabi
- Advisers** Mr Nasser Khalifa AlBudour
Director of Minister's Office
and Assistant Undersecretary
Ministry of Health
Abu Dhabi
- Dr Mahmoud Fikri
Member of Medical Consultative Committee
Ministry of Health
Abu Dhabi
- Dr Jassem Kulaib
Consultant, Family Physician
Ministry of Health
Abu Dhabi
- REPUBLIC OF YEMEN**
- Representative** H.E. Dr Nasir Baoum
Minister of Public Health and Population
Ministry of Public Health and Population
Sana'a
- Alternate** Dr Ali Ahmed Alwaleedi
Deputy Minister for Primary health Care
Ministry of Public Health and Population
Sana'a

OBSERVERS

(Observers from WHO Member States outside the EMR)

CYPRUS

Dr Christina Yiannaki
Permanent Secretary
Ministry of health
Nicosia

Mrs Eleni Zanettou
Chief Administrative Officer
Ministry of Health
Nicosia

TURKEY

Mr Yusuf Irmak
Head of Department
General Directorate of Foreign and EU Affairs
Ministry of Health
Ankara

Mr Haydar Ridvan Civan
Ministry of Health
Ankara

(Observers representing the United Nations Organizations)

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO)

Mr Abdelhadi Lotfi Allal
Team Leader
Emergency Center
for Trans boundary Animal Diseases (ECTAD)
FAO/RNE
Cairo

GAVI, THE VACCINE ALLIANCE

Mrs Colette Selman
Regional Head EMRO-EURO-PAHO
Country Support- GAVI
Geneva

INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)

Ms Kirsten Isabel Hopkins
Radiation Oncologist
Applied Radiation Biology and Radiotherapy Section
Division of Human Health
Department of Nuclear Sciences and Applications
Vienna

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)

Mr Joseph Serutoke
Regional Manager
Middle East and North Africa
Africa and Middle East Department
Geneva

THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

Dr Yamina Chakkar
Director
Regional Support Team
for the Middle East and North Africa
Cairo

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Dr Ndeye Fatou Ndiaye
Regional Child Survival and Development Specialist
UNICEF/MENARO
Amman

UNITED NATIONS POPULATION FUND (UNFPA)

Dr Luay Shabaneh
UNFPA Regional Director
Arab States Regional Office
United Nations Population Fund
Cairo

Mr. Karen Daduryan
Deputy Regional Director
Arab States Regional Office
United Nations Population Fund
Cairo

UNITED NATIONS RELIEF AND WORKS AGENCY (UNRWA)

Dr Akihiro Seita
Director of Health
UNRWA
Amman

(Observers representing intergovernmental, non-governmental and national organizations)

ARAB LABOR ORGANIZATION (ALO)

Mr Haidar Absher
Assistant Director-General
Arab Labor Organization
Cairo

ARAB FEDERATION FOR SUBSTANCE ABUSE PREVENTION (AFNDA)

Dr Ahmed Gamal Abou El-Azayem
Head
Arab Federation for Substance Abuse Prevention
Cairo

ARAB MEDICAL UNION (AMU)

Professor Ossama Shams Eldin Rasslan
Secretary-General
Arab Medical Union
Cairo

ARAB RED CRESCENT AND RED CROSS ORGANIZATION (ARABRCRC)

Dr Hawazen AlZahrani
Project Consultant
Arab Red Crescent and Red Cross Organization
Riyadh

ARABIZATION CENTER FOR MEDICAL SCIENCE (ACMLS)

Dr Abdel Rahman Al Awadi
Secretary-General
Arabization Center for Medical Science
Kuwait

Dr Yacoub Ahmed Al-Sharrah
Assistant Secretary-General
Arabization Center for Medical Science
Kuwait

INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION (IEA)

Professor Mary Deeb
President, Lebanese
Epidemiology Association
Beirut

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES (IFRC)

Mr Elias Ghanem
IFRC/MENA Regional Director
Beirut

Mr Muftah Etwilb
IFRC MENA Head of country office in Jordan
Amman

INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS (IFMSA)

Mr Sharif Baalawi
IFMSA delegate
Muscat
Ms Salma Ben Letaifa
IFMSA delegate
Tunis

INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)

Dr Sherif Hassane
IFPMA Delegate
Project Manager-Investment in Academia
in Africa and Developing Countries
London
Mr Hassan Bibi
IFPMA Delegate
Director for GA&P
Cairo

IODINE GLOBAL NETWORK (IGN)

Professor Izzeldin S. Hussein
IGN Regional Coordinator for EMRO/MENA
Iodine Global Network
Muscat

IMPACT - EASTERN MEDITERRANEAN REGION

H.R.H. Prince Abdulaziz Bin Ahmed Al Saud
Chairman of the Board
IMPACT-EMR
Riyadh

INTERNATIONAL AGENCY FOR PREVENTION OF BLINDNESS (IAPB)

Dr Mohamad Naji Alamuddin
Co-Chairman
Prevention of Blindness Union
International Agency for Prevention of Blindness
Riyadh

ISLAMIC EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (ISESCO)

Dr Salah El Din Gaafarawi
ISESCO Representative in Egypt
Cairo

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION (MWIA)

Professor Shafika Nasser
Vice-President for Near East and Africa
Medical Women's International Association
Cairo
Dr Salma Galal
Medical Women's International Association
Cairo

LEAGUE OF ARAB STATES

Dr Said Al-Hadi
Director of the Department of
Health sector of the Arab League.
League of Arab States
Cairo

NCD ALLIANCE

Dr Wael Safwat Abdel Meguid
Secretary-General
Egypt Health Foundation
Coordinator of Egyptian Coalition for Tobacco Control
Cairo

SAUDI FUND FOR DEVELOPMENT (SFD)

Mr Ibrahim Al-Turki
Advisor
Saudi Fund for Development
Riyadh

Mr Abdulrahman Alsogheer
Advisor
Saudi Fund for Development
Riyadh

Mr Abdullah Alzahrani
Project Specialist
Saudi Fund for Development
Riyadh

WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA EMR)

Professor Micheal Kidd
President
WONCA
Australia

Dr Mohamed Tarawneh
WONCA/EMR President
Amman

WHO DIRECTOR-GENERAL CANDIDATES

Dr Tedros Adhanom Ghebreyesus (Ethiopia)
Professor Philippe Douste-Blazy (France)
Dr Sania Nishtar (Pakistan)

SPEAKERS

Dr Dean Jamison
Principal Investigator and Series Editor
Department of Global Health
University of Washington
Seattle
USA

Dr Rachel Nugent
Vice President for Global Noncommunicable Diseases
RTI (Research Triangle Institute) International
Seattle
USA

OTHERS

Dr James F Cleary
Associate Professor of Medicine (Medical Oncology)
University of Wisconsin School
of Medicine and Public Health
USA

Dr Ghassan Hamadeh
Professor and Chair of Family Medicine
American University in Beirut (AUB)
Beirut
LEBANON

Dr Mohamed Abdi Jama
Dr Teri Reynolds
Ms Tana Wuliji

Annex 3**Final list of documents, resolutions and decisions**

1. Regional Committee documents

EM/RC63/1-Rev.2	Agenda
EM/RC63/2	Proposed programme budget 2018–2019
EM/RC63/3	Annual Report of the Regional Director 2015
EM/RC63/4	Improving access to assistive technology
EM/RC63/5	Strategic frameworks for strengthening health laboratories and blood transfusion services
EM/RC63/6	
EM/RC63/7	Resolutions and decisions of regional interest adopted by the Sixty-ninth World Health Assembly and the Executive Board at its 138th and 139th Sessions
EM/RC63/7-Annex 1	Review of the draft provisional agenda of the 140th Session of the WHO Executive Board
EM/RC63/8	Governance reform
EM/RC63/Tech.Disc.1	Scaling up family practice: progressing towards universal health coverage
EM/RC63/INF.DOC.1	Eradication of poliomyelitis
EM/RC63/INF.DOC.2	Emerging and re-emerging diseases including dengue and dengue haemorrhagic fever
EM/RC63/INF.DOC.3	Prevention and control of noncommunicable diseases
EM/RC63/INF.DOC.4	Implementation of the International Health Regulations (2005)
EM/RC63/INF.DOC.5	Universal health coverage and the development of a package of essential health services
EM/RC63/INF.DOC.6	Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO 2012–2016. Progress report
EM/RC63/INF.DOC.7	Award of the Dr A.T. Shousha Foundation Prize and Fellowship
EM/RC63/INF.DOC.8	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC63/INF.DOC.9	Award of the Down Syndrome Research Prize
EM/RC63/INF.DOC.10	Place and date of future sessions of the Regional Committee
2. Resolutions

EM/RC63/R.1	Annual report of the Regional Director for 2015
EM/RC63/R.2	Scaling up family practice: progressing towards universal health coverage
EM/RC63/R.3	Improving access to assistive technology
EM/RC63/R.4	Strategic framework for strengthening health laboratory services 2016–2020
EM/RC63/R.5	Strategic framework for blood safety and availability 2016-2025
EM/RC63/R.6	Governance reform
EM/RC63/R.7	Nomination of the Regional Director
EM/RC63/R.8	Expression of appreciation to Dr Ala Alwan
3. Decisions

Decision 1	Election of officers
Decision 2	Adoption of the agenda

- Decision 3 Award of the state of Kuwait prize for the control of cancer, cardiovascular diseases and diabetes in the Eastern Mediterranean Region
- Decision 4 Place and date of future sessions of the Regional Committee
- Decision 5 Verification of credentials

Annex 4

Framework of action for strengthening health laboratory services 2016-2020

Annex to resolution EM/RC63/R.4

Annex
Framework of action for strengthening health laboratory services 2016-2020

Priority interventions	Action by countries	Progress indicator
Strengthen leadership and governance of the national laboratory systems	Establish an independent intersectoral oversight mechanism for health laboratory services Conduct a situation analysis for laboratory service delivery Build advocacy among senior management and administrators of the Ministry of Health for the importance of health laboratories in cohesive national health systems Develop and implement a national health laboratory policy and a national laboratory strategic plan Establish a legal and regulatory framework to support implementation of the national laboratory policy Create a national organizational structure for development of standards and guidelines and monitoring of their implementation Establish a monitoring and evaluation mechanism for performance of health laboratory services	Governance of health laboratory services streamlined under unified clear leadership Inter-sectoral dialogue between health laboratory services and other relevant services and stakeholders established and coordinated Gaps, weaknesses and needs of the current laboratory system identified Commitment of senior management to laboratory quality obtained Process for development and implementation of the national regulatory framework for laboratory services properly coordinated Standards and guidelines development bodies are in place to nationally recognize best practices, standards, and guidelines Evidence-based decision-making is facilitated by the availability of data
Strengthen the organization and management of the national laboratory systems towards quality	Streamline the structure and functions of the national laboratory services within the health system to meet country needs, especially public health needs Establish a quality management office and/or quality manager's/officer's position to oversee all quality-related activities Implement a quality management system (QMS) at targeted sites Ensure sustainable laboratory services through dedicated adequate government budget/funding Improve supply chain management, equipment procurement and maintenance processes	A tiered laboratory services referral system that provides public health functions of surveillance, detection and response and supports clinical and research needs of the country Quality management offices are established and available to institutions Public health laboratory activities are funded in an adequate and sustainable manner Reagents and supplies are available at all times to support uninterrupted provision of services
Establish sustainable, sufficient and competent human resources for laboratory service delivery	Develop human resources policies (where necessary and feasible, as part of the national laboratory policy) for sustainable, sufficient and competent staff to manage and operate laboratory services Strengthen management of laboratory services Establish mechanisms for registration or licensing of all categories of laboratory workers, including those in private laboratories, based on mandatory minimum qualification requirements (standards) Develop a system for attraction and retention of staff in laboratory services Ensure that pre-service education and training programmes teach knowledge and skills that meet the needs of country's laboratory services Develop a system for in-service continual professional development and competence building for all categories of laboratory workers, including private laboratories	More effective and efficient personnel management Improved staff competency Improved effective and efficient management of laboratory services All laboratories are operated by the registered/licensed personnel fully qualified for their jobs Improved staff motivation and career plans Improved staff retention and morale Improved quality of in-service training and its relevance to laboratory services being provided

Priority interventions	Action by countries	Progress indicator
Ensure safe and secure laboratory environments	<p>Develop/improve national regulatory frameworks to systematically manage biorisk in laboratory settings</p> <p>Ensure safe and secure working environment and facility to prevent accidental or deliberate release of infectious agents and protect laboratory workers, patients, community and the environment</p> <p>Develop and use appropriate training/competence development programmes and associated materials to understand, adopt and implement biorisk management strategies</p>	<p>National biorisk management policies and procedures/ guidelines established and/or updated</p> <p>Biorisk management systems are in place including biorisk management bodies and biorisk manager/officer positions</p> <p>Improved national regulatory frameworks for the implementation of biorisk management approaches</p> <p>Processes and procedures for risk assessment and risk minimization are improved and systematically implemented</p> <p>Infectious substances are transported safely</p> <p>Staff at various service levels has necessary competences to address and mitigate biorisks</p>
Promote effective, tiered and integrated laboratory referral networks (in- country and among countries) and enhance coordination	<p>Ensure that diagnostic capacity meets national needs, especially public health needs, by assisting resource-limited countries to establish or strengthen nationwide tiered, integrated health laboratory networks</p> <p>Improve cross-sectoral communication and coordination with national authorities for effective control of zoonotic diseases by using the "One Health" approach</p> <p>Support regional and global networks to ensure access to testing capacity when local or domestic capacity is not available, especially for diseases or events of public health concern</p> <p>Strengthen external partnerships for technical and financial assistance</p>	<p>Improved quantity and quality of resources available to strengthen public health laboratory networks in resource- limited countries</p> <p>Strengthened and functional existing networks</p> <p>Improved cross-sectoral communication and coordination for zoonoses</p> <p>Partners facilitate the work of the public health laboratories</p>
Promote rational and evidence-based use of laboratory services	<p>Ensure that health care providers are familiar with evidence-based test selection and interpretation of results and have sufficient information on proper collection, storage and shipment of specimens</p> <p>Build capacity of laboratory personnel to provide consultant advisory service and improve communication</p>	<p>Health care providers have a good understanding of laboratory services and adequate knowledge of evidence-based principles of laboratory test ordering and results interpretation</p> <p>Improved equity and access to laboratory services</p> <p>Improved communication between laboratory services and other health care providers</p>

Annex 5
Framework for action for blood safety and availability 2016–2025
Annex to resolution EM/RC63/R.5

Annex.
Framework for action for blood safety and availability 2016–2025

Priority interventions	Action by countries	Progress indicator
Strengthen leadership and governance of the national blood transfusion service	<p>Establish a specific organization, unit or department with overall responsibility for the national blood transfusion service</p> <p>Develop or update and implement a national blood policy and strategic plan</p> <p>Develop or update and implement an appropriate framework for a regulatory mechanism for the registration, licensing, operation and inspection of the national blood transfusion service</p> <p>Establish and strengthen the national blood advisory body to advise the Ministry of Health on the safety and adequacy of the national blood supply and appropriate clinical use</p> <p>Set national standards for quality blood and blood products, services, processes and systems</p> <p>Ensure adequate and sustainable financing for the national blood transfusion service</p>	<p>Country has:</p> <p>implemented a national blood policy and strategic plan for a nationally coordinated blood transfusion service</p> <p>implemented an appropriate framework for a regulatory mechanism for the national blood transfusion service</p>
Support coordination and collaboration	<p>Improve national coordination of the blood transfusion service to promote uniform standards, appropriate economies of scale, consistency in the quality and safety of blood and blood products and best transfusion practices</p> <p>Develop effective mechanisms to assist in the selection, procurement and maintenance of equipment, devices and consumables</p> <p>Strengthen coordination and collaboration with blood donor and patient associations, academic and research institutions, scientific and professional societies, and industry (public and private) and establish links with other health programmes</p> <p>Develop an effective national system for the collection and management of data, monitoring and evaluation, research and development</p> <p>Strengthen blood supply contingency planning for preparedness and response to emergencies, threats and natural disasters</p>	<p>Country has: established a centralized national blood information management system</p> <p>a blood supply contingency plan included in the national emergency preparedness and response plan</p>
Strengthen provision of safe blood and blood products to meet patients' needs	<p>Establish a sustainable voluntary (non-remunerated and regular) blood donor panel from low risk populations</p> <p>Ensure safe blood collection processes, including donor selection and deferral, donor care, notification, counselling and referral and confidentiality</p> <p>Strengthen quality assured testing of blood using the most appropriate and effective methodologies for mandatory screening for HIV 1 and 2, HBV, HCV and syphilis and implement other risk-reduction technologies where appropriate and cost-effective</p> <p>Promote quality blood component production</p> <p>Establish a mechanism for the coordination and integration of blood and plasma collection programmes</p> <p>Establish or strengthen an information management system to collect, monitor and ensure the accuracy, transparency and traceability of all data on blood and blood products</p> <p>Develop mechanisms for human resource development through education and training of staff</p>	<p>Country has:</p> <p>achieved 100% voluntary non- remunerated donations from low risk populations</p> <p>processed at least 75% of whole blood collected into components within a quality system</p> <p>started using plasma for fractionation</p>

EM/RC63/9-E

Priority interventions	Action by countries	Progress indicator
Promote appropriate clinical use of blood and blood products	<p>Develop, or update, and implement national guidelines on the clinical use of blood and blood products</p> <p>Establish mechanisms, such as HTCs, to assess current and future needs, monitor trends and improve clinical practice through clinical audits</p> <p>Set up systems, processes and procedures for compatibility testing and issue of blood, safe transfusion practice at the bedside and patient monitoring and follow up</p> <p>Ensure availability of critical supplies for alternatives to transfusion, compatibility testing and blood administration</p> <p>Train clinicians, nurses, midwives and laboratory scientists/technical staff on safe transfusion practice</p>	Country has: developed and implemented national guidelines on the clinical use of blood a functioning and sustainable hospital transfusion committee in at least 80% of hospitals
Strengthen quality system management throughout the blood transfusion chain	<p>Ensure management commitment to establish appropriate quality systems and standardized procedures in the national transfusion service for the collection, testing, processing, storage, distribution and use of blood and blood products</p> <p>Develop or strengthen implementation of quality policy, appointing a national quality manager, and appropriate national quality and technical standards</p> <p>Develop or strengthen an appropriate and comprehensive documentation system captured in a quality manual including processes descriptions, standard operating procedures (SOPs), equipment operating procedures (EOPs), complete and accurate records and a system for document control to manage the quality system</p> <p>Build capacity of blood transfusion service staff and other health care professionals involved in blood transfusion medicine and quality management</p> <p>Participate in assessment programmes and accreditation</p> <p>Establish and strengthen national haemovigilance systems for monitoring all aspects of clinical transfusion practices, including adverse events occurring in the vein-to-vein transfusion chain</p>	Country has: implemented national quality management systems at all levels of the blood services established a national haemovigilance system (in all areas of transfusion medicine including donor and patient adverse events)

Annex 6

Technical meetings

Cairo, Egypt, 3 October 2016

Sixty-third session of the Regional Committee for the Eastern Mediterranean

Introduction

Technical meetings were held on the day preceding the 63rd session of the Regional Committee, 3 October 2016. The overall aim was to discuss topics of current interest and concern, to update participants on the situation and progress in addressing those issues, and to discuss, where relevant, any strategic actions required.

Prevention and care of genetic and congenital disorders, including preconception care

The objective of the meeting was to discuss ways and means to strengthen the commitment of countries to adopt preconception care interventions within national reproductive, maternal, neonatal and child health programmes, in line with the United Nations *Global strategy on women's, children's and adolescent health 2016–2030* and the targets of the Sustainable Development Goals (SDGs).

Conclusions

Participants recognized the burden of consanguinity in the Region, leading to high prevalence of congenital and genetic disorders (CGD). The need for further counselling and communication on the topic was emphasized, with the involvement of religious leaders in preventing CGD through informing communities of the negative impact of consanguinity. The role of supportive legislation to address consanguinity and encourage premarital screening was also noted. There is a need to implement evidence-based, cost-effective preconception care interventions, such as rubella immunization and flour fortification. The preconception care package should be integrated in primary health services and all concerned programmes, and measurement through registries and adequate health surveillance systems is needed to assess the epidemiological situation and major causes of CGD.

Proposed actions

Member States

- Maintain political commitment to prevent maternal and neonatal deaths through prevention and management.
- Adopt evidence-based cost-effective preconception care interventions, including prevention and management.
- Address consanguinity through religious leaders, communication, counselling, mass media and school health.
- Provide supportive legislation to address consanguinity and encourage premarital screening.
- Conduct research to explore the magnitude of CGD and the most common causes.
- Improve data collection, and registry and surveillance systems, to ensure the metrics for better monitoring and evaluation.

WHO

- Provide Member States with a detailed paper on CGD, with necessary interventions to ensure their prevention and management.
- Finalize epidemiological profiles of Member States, reflecting the magnitude of the problem and its causes.
- Disseminate country profiles, including estimations, recommended interventions and their expected effects.

- Organize an intercountry consultative meeting to finalize the country profiles, including an updated situation, feasible preconception care core interventions and programmatic next steps.
- Strengthen linkages within the following areas: promoting primary health care for maternal and child health; strengthening national capacity-building; documenting and sharing successful interventions and best practices in the Region; and strengthening mechanisms for collaboration and coordination, internally within WHO and externally with key stakeholders.

Emergency care as an essential component of universal health coverage in the Eastern Mediterranean Region

The objective of the meeting was to gain consensus on the eight proposed priority actions for scaling-up emergency care services in the Region and discuss the way forward and development of collaborative mechanisms to support the scaling-up of emergency care services.

Conclusions

There was a clear call from several countries to recognize the importance of prehospital and facility-based emergency care as the first point of contact with the health system for so many, and a call for technical guidance that is adaptable to the variable conditions in countries of the Region, including those in conflict whose systems are overwhelmed, understaffed or inaccessible. While emergency care systems have critical importance in times of mass emergency, it was emphasized that sight should not be lost of the need for ‘everyday’ emergency care services to the population, especially in rural areas and at lower (primary) levels of the health system.

Key priorities to improve dissemination of emergency care included: strengthening of pre-hospital care, including training of frontline providers and community responders, and improving transport; strengthening of triage systems, for both pre-hospital and facility-based care; identification of packages of essential emergency care at the primary level and first-level hospitals; and innovations such as mobile clinics. Overall key priorities included:

- support for dedicated emergency care training across cadres, including of emergency medicine specialists, and the need for specific training in mass casualty management;
- support for rebuilding of emergency care facility infrastructure;
- improved systematic and standardized collection of data on emergency care delivery, and effectiveness research on low-cost system interventions, to inform and guide policy;
- informed country-specific action plans;
- centralized multi-sector coordination beyond health, with a caution for attention to the resilience benefits of decentralized systems;
- policies to protect emergency care personnel;
- attention to the importance of outbreaks and hazardous exposures, in addition to natural disasters and conflicts, as key considerations in preparedness, with a focus on syndromic surveillance in emergency units.

There was strong support to endorse the proposed eight priority actions for emergency care system development with some suggestions to further enrich the list, derived from a comprehensive multi-country assessment of the Region, and a notable commitment to sharing strategies and experiences within the Region to facilitate these priority actions. The Regional Director reiterated that this is a priority area for all Member States and will continue to be a high priority initiative for WHO and partners with progress reported to the next Regional Committee.

Proposed actions

WHO

- Provide administrative and technical guidance for assessment of emergency care services (at national system and service delivery levels);
- Expand the components of the emergency care services development toolkit to facilitate system planning and strengthening;

- Establish a formal network of international and regional partners and experts in emergency care services to support country efforts, provide relevant models for legislation, SOPs and accreditation schemes, as well as identify partners for training and research initiatives.

Developing a package of high-priority health interventions for universal health coverage

The objective of the session was to brief Member States on the work conducted to date by the DCP3 project to develop an essential package of health interventions for universal health coverage. Participants were briefed on the achievements made by the project so far in developing evidence-based and cost-effective interventions and a generic package of high-priority health services. They discussed the relevance of this work to the region, particularly in achieving universal health coverage.

Conclusions

The work of WHO in the Region to support Member States' move towards universal health coverage focuses on three dimensions: enhancing financial risk protection; ensuring universal coverage with a package of essential services; and expanding population coverage. WHO has been working intensively with Member States, over the last four years, to develop and implement policies to expand population coverage and enhance financial protection. In the third dimension of expanding coverage of needed health services, the framework for action requires countries to design and implement a service package of highest priority, evidence-informed person- and population-based interventions. Collaboration with the Disease Control Priorities Network (DCPN) could support the work to develop such a package. The interventions, which represent work in progress, are grouped in two sets: intersectoral and fiscal policy priorities for health interventions; and a list of health care and delivery platforms for universal health coverage. The DCPN is working to finalize the package using their own criteria. Participants in this session highlighted the importance of the work done so far by the DCPN and made observations that will have to be taken into account in the development of an EMR-relevant package that takes into account the needs of countries of the Region.

Proposed actions

Member States

- Assess and promote initiatives that ensure a fiscal and multisectoral approach to improving population health.
- Prioritize the development of a country specific high-priority package of interventions to support expanding population health coverage.

WHO

- Develop and implement a plan to work with Member States to implement the recommendation of the Regional UHC framework for action on the development of a regionally-relevant high priority packages of health services and interventions, using the evidence and experience generated by the DCP3 work.

Strengthening national health information systems for better reporting of regional core indicators and Sustainable Development Goals (SDGs)

The objective of the meeting was to provide Member States with a broader understanding of priority actions to strengthen national health information systems and address gaps in generating reliable data, resulting in the development of action points for follow-up on proposed strategies to enhance quality and reporting of the 68 core indicators.

Conclusions

The strengthening of health information systems is a priority for WHO in the Region. The session started with a brief review of the health information systems framework in the Region and an introduction to the conceptual frameworks for effective national health information systems. Progress in the Region in reporting on the 68 core indicators during 2014–2016 was reported on, as were the outcomes and recommendations of the rapid assessment of country capacity on reporting on core indicators, completed by 19 countries.

Proposed actions

Member States

- Complete the capacity assessment for reporting on core indicators in the three remaining countries of the Region.
- Continue to work on improving health information systems and to provide feedback to WHO on developing comprehensive assessment approaches and tools.

WHO

- Communicate to Member States the gaps in health information system plans and indicators identified in the assessment.
- Propose ways to support countries in improving their health information systems and their capacity to develop and use key indicators.
- Develop a recommended list of population surveys for different groups of countries.
- Revisit core indicators, in consultation with Member States, and in light of the Sustainable Development Goals (SDGs), so that finalized additional SDG3 indicators can be considered for addition to the core indicators list.

Health workforce development in the Eastern Mediterranean Region

The objective of the session was to present and discuss the draft regional framework for action on health workforce development to address key health workforce challenges aligned with the *Global strategy on human resources for health: workforce 2030*.

Conclusions

The availability of an adequate, competent, well balanced, motivated and responsive health workforce is critical for a functioning health system geared towards the universal health coverage and achieving the Sustainable Development Goals. The health workforce situation in the Region follows global trends, and the overall production and availability of health workers is suboptimal and imbalanced. Even though there has been an increase in production capacities, the increase has not been able to keep pace with population growth. Inequitable geographical distribution is a challenge in most Member States, and there are concerns in relation to the quality, relevance and performance of health workers. Reliable and updated health workforce information is a serious gap in the Region that requires specific attention. Health workers' safety and security is another pressing concern. Participants highlighted the need to strengthen the primary care workforce, promoting a team approach, especially through expanding the family practice model. Concerns over quality were expressed, highlighting the need to strengthen regulation of health workforce education and practice. Continuous professional development mechanisms need to be developed linked to health professional education. International health workforce mobility also requires collective attention in the Region. The regional framework for action on health workforce development was welcomed to accelerate health workforce agenda and implementation of the global strategy on human resources for health.

Proposed actions*Member States*

- Develop and implement national health workforce policies and strategic plans.
- Increase investment in health workforce education and employment.
- Establish mechanisms for multi-stakeholder collaboration, engagement and policy dialogue (for instance, a health workforce committee/board).
- Establish/strengthen health workforce observatories (or similar mechanisms) to improve health workforce information and monitoring.

WHO

- Further develop the regional framework for action on health workforce development.
- Facilitate regional sharing and cooperation to move forward the health workforce development agenda.
- Cooperate with Member States in the development, implementation, monitoring and evaluation of health workforce strategies and plans and addressing health workforce challenges.

Addressing air quality and health in the Eastern Mediterranean Region

The objectives of meeting were to raise awareness about the severe health impacts of air pollution on all countries of the Region, clarify the linkages between international priorities, such as climate change, and the sustainable development agenda, promote the stewardship of the health sector to catalyze action by other relevant sectors, and solicit endorsement by Member States for WHO to develop a regional plan of action for the implementation of the WHO global road map for addressing the health impact of air pollution in the Region.

Conclusions

Air pollution is the biggest environmental risk in the Region and has serious health impacts on all its countries, with 98% of the urban population in the Region breathing air polluted to levels above those recommended by WHO. The global road map endorsed by the Sixty-ninth session of the World Health Assembly in 2015 is a good vehicle to address these impacts. However, it needs to be tailored to the needs of the Region to match its specific conditions. For the 64th session of the WHO Regional Committee for the Eastern Mediterranean, WHO will develop, in consultation with the countries of the Region, a regional plan of action for implementation of the global roadmap to address the health impacts of indoor and outdoor air pollution in the Region.

Proposed actions*Member States*

- Strengthen the capacity of environmental health departments to address air pollution and climate change health impacts through surveillance of air pollution health outcomes, risk impact assessment and management, public health and multisectoral interventions, and communicating public health messages to engage communities in changing lifestyles and taking appropriate preventive and corrective actions.
- Coordinate and advocate for action by other stakeholders to respond to indoor and outdoor air pollution.
- Conduct research and economic valuation to bridge knowledge gaps on national and regional air quality issues, such as naturally occurring sand and dust air pollutants and their impact on health, and evaluate the efficiency of air quality management interventions.
- Contribute to the preparation of the regional plan of action on air quality and health.

WHO

- Provide technical support, norms and tools to help ministries of health and other national stakeholders address the health aspects of air pollution and its linkages with climate change and the Sustainable Development Goal agenda.
- Promote research and economic valuation to bridge knowledge gaps on national and regional air quality issues such as naturally occurring sand and dust air pollutants and their impact on health, and evaluate the efficiency of air quality management interventions.
- Prepare an evidence-based plan of action for the regional implementation of the global roadmap to address the health impacts of indoor and outdoor air pollution, considering the identified gaps and specificities of the Region, to be submitted for endorsement by the 64th Session of the WHO Regional Committee for the Eastern Mediterranean in 2017.

