

Report of the

**65th session of
the WHO Regional
Committee for the
Eastern Mediterranean**

Khartoum, Sudan
15–18 October 2018

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1. Introduction

The 65th session of the Regional Committee for the Eastern Mediterranean was held in Khartoum, Sudan, from 15 to 18 October 2018.

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.

2. Opening session and procedural matters

2.1 Opening of the session

Agenda item 1

The opening session of the 65th session of the Regional Committee for the Eastern Mediterranean was held at the Presidential Ballroom, in the Friendship Hall Corporation, Khartoum, Sudan on 15 October 2018, in the presence of H.E. Dr Ahmed Al Saidi, Dr Ahmed Al-Mandhari, Dr Tedros Adhanom Ghebreyesus, H.E. Mrs Amira Al-Fadhil, H.E. President Omar al-Bashir and H.E. Professor Mohamed Abu Zaid Mustafa.

2.2 Formal opening of the session by the Chair of the 64th session

The session was opened by H.E. Dr Ahmed Al Saidi, Minister of Health of Oman and Vice-Chair of the 64th session, on behalf of the outgoing Chair, Dr Saira Afzal Tarar, former Federal Minister of National Health Services, Regulation and Coordination, Pakistan. Dr Al Saidi thanked the Government of Sudan and the Sudanese people for their excellent hospitality and organization in hosting the Regional Committee, and praised the rich history and culture of Sudan.

2.3 Address by Dr Ahmed Salim Al-Mandhari, the Regional Director

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, referred to WHO's 70th anniversary and the 40 years since the Declaration of Alma-Ata on primary health care, which had recognized primary health care as critical to achieving Health for All. He renewed this call but stressed the crucial additional element – Health for All *by All*. Everyone needed to be engaged as proactive agents for change as only by working together could the attainment of health for all people in the Region be achieved. Through WHO's transformation agenda, appropriate strategies and actions had been identified to improve the Organization's ways of working and optimize its operational models. He shared his conviction that the Region's greatest asset was its people and by drawing on their tradition of scholarship and innovation, imaginative solutions could be found to improve public health. As future leaders in health, young people's energy, enthusiasm and knowledge of the digital world must be harnessed to deal not only with the challenges, but with the opportunities being presented. With communities at the heart of WHO's work, services must be brought to them to ensure that the health needs of all were addressed. Despite enormous challenges and the dreadful consequences of emergencies, people in the Region were resilient. He pledged to make community engagement a higher priority. While his role as Regional Director was to catalyse and facilitate an exchange of ideas, only Member States could drive implementation of the vision of Health for All by All forward and strengthen the Region's contribution to achieving the "triple billion" targets of WHO's Thirteenth General Programme of Work (GPW 13).

2.4 Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, referred to significant achievements of the past year, notably the adoption of GPW 13, as well as the overhaul of WHO's work on emergencies and the launch of a transformation project to make WHO more agile. He said that the "triple billion" targets to which countries had committed in GPW 13 were not new; they were simply what countries needed to achieve by 2023 in order to stay on track for the Sustainable Development Goals. He noted that the Region was home to almost half the world's internally displaced persons and two thirds of its refugees, and he thanked those countries that had opened their borders to people seeking a safe haven from chaos and destruction. Universal health coverage was a vital line of defence against the impact of emergencies. Political commitment to universal health coverage, backed up by investments in stronger health systems, were therefore key to the long-term stability, security and prosperity of the Region. He emphasized that achieving the goal of universal health coverage could only happen by making countries the centre of WHO's work. The transformation project was changing the way WHO operates to ensure that everything the Organization did was focused on delivering results in countries. The aim in strengthening country offices was to make sure

that WHO was more effective in translating political commitment at global level to tangible results on the ground.

2.5 Statement by the African Union Commission

H.E. Mrs Amira Al-Fadhil, Commissioner of Social Affairs, African Union Commission, drew attention to the role of the African Union Commission in supporting countries to implement global health policy, including the 2030 Agenda for Sustainable Development. She referred to several important collaborative projects with WHO, the Africa Centres for Disease Control and Prevention (Africa CDC), inaugurated in 2016, and the African Medicines Agency to be launched in 2019, and welcomed opportunities for further collaboration.

2.6 Welcome by the Government of Sudan

H.E. Professor Mohamed Abu Zaid Mustafa, Federal Minister of Health, noted the importance of the meeting in the context of the 40th anniversary of the Alma-Ata Declaration. Sudan was currently focusing its efforts on the areas of universal health coverage and strengthening health systems. He emphasized the importance of securing political commitment for universal health coverage at the highest levels. He closed by urging countries to make use of opportunities to strengthen regional cooperation and exchange experiences and to invest in building capacity, especially health leadership capacity.

2.7 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	H.E. Professor Mohamed Abu Zaid Mustafa (Sudan)
Vice-Chair:	H.E. Dr Fawziya Abikar Nur (Somalia)
Vice-Chair:	H.E. Ms Faiqa Al Saleh (Bahrain).

2.8 Adoption of the agenda

Agenda item 1(b), Document EM/RC65/1-Rev. 1, Decision 2

The Regional Committee adopted the agenda of its 65th session.

2.9 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 Mariam Al-Hajeri (Bahrain)
- Dr Mohsen Asadi-Lari (Islamic Republic of Iran)
- Dr Mohamed Jaber Hwoal (Iraq)
- Dr Badereddin Al Najjar (Libya)
- Dr Zafar Ullah Mirza (World Health Organization)
- Dr Asmus Hammerich (World Health Organization)
- Dr Arash Rashidian (World Health Organization)
- Dr Michel Thieren (World Health Organization)
- Mr Hatem El-Khodary (World Health Organization)
- Mr Tobias Boyd (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 2017

Agenda item 3(a), Document EM/RC65/3, Resolution EM/RC65/R.1

Progress reports on eradication of poliomyelitis; scaling up family practice: progressing towards universal health coverage; improving access to assistive technology; strategic framework for strengthening health laboratory services 2016–2020; implementation of the regional strategic framework for blood safety and availability 2016–2025; regional strategy and action plan for tobacco control reflecting the commitments of the WHO Framework Convention on Tobacco Control; progress of States Parties in implementing the International Health Regulations (2005), including Report of the Regional Assessment Commission; health issues facing populations affected by disasters and emergencies.

Agenda item 3(b,c,d,e,f,g,h,i), Documents EM/RC65/INF.DOC.1–8

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2017 and early 2018. He explained that his verbal statement would focus on how to implement WHO's new global strategy, GPW 13, in light of the new regional vision of Health for All by All which he had introduced in his opening address.

The Regional Director noted that GPW 13 required a transformation of WHO's business model to maximize its impact at country level. In response, the Regional Office for the Eastern Mediterranean was systematically reviewing its functions in each country to best meet local needs and draw on local strengths. He then considered the challenges and priorities involved in meeting each of the "triple billion" strategic priorities established in GPW 13. The Region faced many challenges in advancing universal health coverage, but radical improvements were possible. Future strategy should prioritize community participation, inclusion of the vulnerable, primary health care, quality and safety in health care, and effective coordination with the private sector. Protecting people from the impact of health emergencies was also extremely challenging. The unprecedented scale of emergencies in the Region had a drastic current and potential impact on public health. The response by WHO and its partners was impressive, but greater effort was needed to protect health workers, improve preparedness, develop health system resilience, "build back better" and strengthen the humanitarian–development–peace nexus. Promoting health and well-being required wide-ranging actions. Conflict and crisis had seen the re-emergence of communicable diseases that had been under control, while noncommunicable diseases accounted for two thirds of all deaths in the Region. Much disease could be prevented, but only through sustained action across multiple sectors to address its underlying social determinants. The Regional Director pledged that WHO would work in even closer partnership with countries in the Region to facilitate the necessary change.

Discussions

Representatives expressed their support for the report of the Regional Director. They highlighted the impact of emergencies in the countries of the Region, including the destruction of health facilities and attacks on health staff, and called for greater focus on emergency preparedness, response and recovery, including in the areas of noncommunicable diseases and mental health. Representatives also expressed their commitment to achieving universal health coverage and adopting a multisectoral approach to tackling the social determinants of health. Other areas noted for increased focus included family practice, noncommunicable diseases, access to medicines, the impact of climate change and health workforce shortages.

Representatives referred to national progress in the areas of immunization, primary health care, the International Health Regulations (2005), universal health coverage, maternal and child health, HIV prevention and tuberculosis control.

Statements were made on behalf of the following observers (in order): World Heart Federation; International Association of Patient Organizations; and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

The Director-General said he looked forward to the discussions of the Regional Committee, emphasizing the importance of universal health coverage.

The Regional Director thanked the representatives for their contributions, which would be taken into consideration by the Secretariat. He noted that while the lack of family physicians in the Region was not a new challenge and was related to the historically low status accorded to the specialization, it was essential to the achievement of universal health coverage and new programmes were therefore required to address this gap. He reported that WHO was reviewing its emergencies programme and welcomed comments from countries. He further noted the role that culture and behaviour had in health outcomes, such as tobacco use, and called for better implementation of tobacco control policies. He pointed out that the Regional Centre for Environmental Health Action (CEHA) was being reviewed and feedback sought from countries to ensure its status as a centre of excellence in an area of high priority for the Region. Finally, he stated that attacks on health care facilities and personnel were unacceptable and that WHO was convening a meeting to focus on this area of concern.

The Acting Director, Programme Management, clarified that the figure given for universal health coverage in the Region in the Regional Director's presentation had been taken from the 2017 joint WHO/World Bank global monitoring report, which tracked 16 essential health services that had been selected to be applicable in every country, regardless of income level.

4. Technical matters

In a brief introductory presentation, the Acting Director, Programme Management, explained that at its third meeting in April 2018, the Programme Subcommittee of the Regional Committee had decided that the technical agenda for the 65th session of the Regional Committee should focus on GPW 13, which would guide WHO's work for at least five years. Accordingly, five linked technical papers had been prepared by the Secretariat. Three papers dealt with each of the three strategic priorities identified in GPW 13 and the related "triple billion" goals. A fourth paper explained how it was proposed to review and optimize WHO's operating model in the Region to enhance its impact at country level. A fifth paper focused on the role of the private sector in advancing universal health coverage.

4.1 Advancing universal health coverage

Agenda item 4(a), Document EM/RC65/4, Resolution EM/RC65/R.2

The Director, Information, Evidence and Research, said that the 2030 Agenda for Sustainable Development and GPW 13 had both identified universal health coverage as a top priority. The Secretariat had examined coverage in the Region using a universal health coverage service index which had been developed globally. It was estimated that 53% of people in the Region had access to basic health services – below the global (population-weighted) average of 64%. However, projections showed that a regional population-weighted average of 60% could be achieved by 2023 and disparities between countries could be reduced if interventions from the WHO regional framework for advancing universal health coverage in the Region were implemented. This suggested that the Region was in a good position to realize its proportional share of the global GPW 13 target of 1 billion more people benefiting from universal health coverage by 2023. Key actions had been recommended to help countries advance towards universal health coverage. Some recommendations depended on country income; for example, in high-income countries the most effective intervention would be to prevent noncommunicable diseases. But all countries needed to define a set of interventions as part of a universal health coverage priority benefits package to ensure effective and equitable coverage of all population groups, including refugees and displaced populations. Effective data measurement and collection was also crucial.

Discussions

Representatives welcomed the detailed analysis of universal health coverage in the Region, while noting with concern the scale of the challenge. Data collection and measurement was indeed crucial and should include improved measurement of spending on primary health care. Effective intersectoral action and a Health in All Policies approach to tackle the underlying social determinants of health were also essential. Representatives referred to national progress in the areas of defining essential benefits packages, developing effective financial protection, strengthening health systems, building resilience and working to prevent noncommunicable diseases. Many representatives emphasized the importance of exchanging knowledge and experiences: countries could learn from each other's progress, and WHO was uniquely well placed to support this cooperation and collaboration.

Statements were made on behalf of the following observers (in order): World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (World Organization of Family Doctors, WONCA); International Organization for Migration; and International Federation of Medical Students Association (IFMSA).

Responding to comments from the representatives, the Regional Director emphasized four points. Effective health information was essential – issues that were not measured, would not be factored into decision-making. While universal health coverage was not cheap, it was a very cost-effective investment in the longer term. Engaging the private sector was crucial to advance coverage, but it required careful regulation. Quality and patient safety were recognized as priorities in the new regional strategy.

The Director, Information, Evidence and Research, explained that the universal health coverage service coverage index was an imperfect tool. Potential refinements were under discussion, but it was challenging to capture coverage across very diverse countries.

4.2 Protecting people from the impact of health emergencies

Agenda item 4(b), Document EM/RC65/5, Resolution EM/RC65/R.2

The Director, WHO Health Emergencies Programme, said that addressing health emergencies was one of the most important issues in international public health and had been identified as one of the three strategic priorities in GPW 13: 1 billion more people are better protected from health emergencies by 2023. A regional risk assessment had identified 23 risks as potential hazards for the Region, including three very high risks – armed conflict, forced population displacement, and chemical, biological and radionuclear events. Vulnerability to these and other risks had been increased by factors such as low immunization rates in some conflict-affected countries and large numbers of internally displaced people. Furthermore, public health capacities required under the International Health Regulations (2005) to effectively prevent, detect and rapidly respond to any public health threat had still not been fully realized. Joint external evaluations had identified various strengths and gaps across all countries in the Region. Ensuring that all countries were equipped to mitigate risk from high-threat infectious hazards and that populations affected by health emergencies had access to essential life-saving health services and public health interventions were essential in minimizing the impact of emergencies.

Discussions

Representatives thanked WHO for its efforts in addressing health emergencies in the Region, including its support to countries to adhere to the International Health Regulations (2005). They noted the need to integrate emergency preparedness and response into health system strengthening. It was pointed out that conflict and attacks on health facilities often made response and recovery efforts difficult. Other challenges included the lack of health workforce, including female staff, and weak health services vulnerable to emergencies. It was felt that national capacity needed to be strengthened in many countries, including the development of national plans, and WHO support was requested in this. WHO was also asked to facilitate the sharing of best practices and the development of regional risk reduction approaches.

National successes were noted in the area of International Health Regulations, risk assessment, planning, monitoring and early warning systems, hospital readiness, training, immunization, mobile clinics, zoonotic disease control and antimicrobial resistance.

A statement was made by the following observer: Arab Board of Health Specializations.

The Regional Director noted that the Region suffered from both natural disasters and man-made emergencies, and that it was a duty to protect populations from the health impact of these. Prompt responses and well-planned recovery stages were needed. He observed that a comprehensive approach was required, including national emergency plans for preparedness, response and recovery stages, and that WHO would support countries in their development. He noted that WHO was currently reviewing its emergencies programme in the Region in consultation with countries. He urged countries to adhere to the International Health Regulations (2005) and highlighted the need to share best practices within the Region. He drew attention to the importance of increasing the number of WHO Collaborating Centres in the Region and promised WHO support in establishing these, noting that there existed many good models within countries.

The Director, WHO Health Emergencies Programme, congratulated countries on their efforts in coping with emergencies. He pointed out that the Region contained vast experience in dealing with health emergencies that could be shared globally through the dissemination of lessons learned and best practices. Examples included linking emergency management with health system development in the Islamic Republic of Iran and the good practices that had been developed in Afghanistan and Iraq, including in the provision of trauma and primary health care, and use of mobile clinics, for internally displaced populations. He praised those countries that were adhering to the International Health Regulations (2005) and which had completed joint external evaluations, and noted that the Region exhibited laudable transparency in this area.

The Director, Country Health Emergency Preparedness and International Health Regulations, WHO headquarters, drew the attention of representatives to the Ebola outbreak in North Kivu in the Democratic Republic of the Congo. He noted that this was the second outbreak in 2018, and that the outbreaks were in areas that were hard to access because of conflict. He said that the risk of its spread to neighbouring provinces within the country, and to neighbouring countries, particularly Rwanda and Uganda, was currently very high, but that there was a low risk of its spread beyond that. WHO had mobilized all partners and 260 staff, and despite the logistical challenges, promising new vaccines and treatment regimens were being used, including the immunization of health staff and the contacts of cases, and national and regional plans of action were being implemented. He said that WHO were holding a meeting to decide whether to declare the outbreak a Public Health Emergency of International Concern. He observed that in making health emergencies a top priority in GPW 13, WHO was shifting to a more comprehensive approach.

4.3 Promoting health and well-being

Agenda item 4(c), Document EM/RC65/6, Resolution EM/RC65/R.2

The Director, Noncommunicable Diseases and Mental Health, discussed the strategic priority of promoting healthier populations and its related goal: 1 billion more people enjoying better health and well-being. GPW 13 had a strong country focus and the Regional Office would work closely with Member States and WHO country offices to improve the health and well-being of the entire population, focusing on vulnerable populations and leaving no one behind. He focused on three of the five platforms of GPW 13: improving human capital across the life course; accelerating action on preventing noncommunicable diseases and promoting mental health; and addressing health effects of climate change. The social, economic and environmental determinants of health also needed to be addressed and greater effort would be made to work with sectors beyond the health sector. This approach and strengthened engagement with United Nations partners was essential to improving health outcomes at all stages of development. Four new frameworks for action were proposed to support Member States in the areas of obesity prevention, tobacco control, health and the environment, and preconception care.

Discussions

Representatives welcomed the presentation, expressing their support for the four related frameworks for action. It was noted that undernutrition and stunting were still an issue in some countries in the Region. Representatives stressed the importance of adopting a multisectoral, Health in All Policies approach and tackling the social determinants of health and inequalities. This was required to ensure progress towards the Sustainable Development Goals. Successful examples of developing national multisectoral strategies and plans were described, although challenges were also noted. The benefit of sharing experiences, best practices and lessons learned between countries was highlighted, and WHO's support in this requested. The need to take a holistic approach and to secure political commitment was highlighted.

Representatives reported national successes in the areas of primary health care, developing multisectoral strategies to combat noncommunicable diseases, youth and adolescent health, diet, physical activity, preconception care, diabetes management, road traffic accidents, self-care, mental health, using new technology and e-health, and monitoring health indicators.

The Regional Director thanked representatives for their contributions to the discussion. He noted that although the Region faced huge challenges, including some alarming mortality statistics, there were important opportunities to be grasped. This included mobilizing sectors beyond health, such as ministries of transport and the interior. He observed that national multisectoral committees were needed and that recent regional meetings on road safety and for parliamentarians were examples of WHO's work in this area. He noted that striking successes were possible and gave examples to illustrate this in the areas of thalassaemia, diet and physical activity, tobacco use, and HIV from Cyprus, Hungary, Turkey and Zimbabwe, respectively. He said that the ingredients for success

existed within the Region, including the human resources, and promised that WHO would support countries in their efforts.

The Director, Noncommunicable Diseases and Mental Health, acknowledged the contributions of the representatives and the progress being made in countries, including through the adoption of multisectoral approaches. However, he noted that there were challenges in adopting this approach and supported the sharing of lessons learned among countries in the Region. He felt that more research was needed on tackling social determinants of health, and noted that WHO was working with partners, including other United Nations agencies, on ways to develop multisectoral approaches and on making an investment case for addressing noncommunicable diseases. There was a need to adapt approaches within countries, including at the subnational and community level. He said that WHO would complement national action and looked forward to working with countries on these issues.

4.4 Optimizing WHO's performance: countries at the centre

Agenda item 4(d), Document EM/RC65/7, Resolution EM/RC65/R.2

The Manager, Planning and Country Support, outlined the approach that was being adopted to transform WHO's operations in the Eastern Mediterranean Region. The strategic priorities of GPW 13 were tied to ambitious targets for driving progress towards the Sustainable Development Goals. Achievement of these "triple billion" goals by 2023 required scaled-up efforts by Member States and WHO, focusing in particular on maximizing impact at the country level. To strengthen its support to countries, WHO had embarked on a major transformation process whose goal was to fundamentally reposition, reconfigure and recapacitate the Organization so that its normative and technical work focused more sharply on, and translated directly into, a measurable difference in people's health. To effect this transformation in the Eastern Mediterranean Region, WHO was undertaking systematic reviews of its functions in each country. The needs and priorities of each country would be identified, and WHO staffing and operations at country level would then be adapted to meet them. The review would take into account the areas of comparative advantage in which WHO could add most value, and would also seek to strengthen effective collaboration and partnership with other United Nations agencies and various partners. The first phase of the review had begun and the process would be completed by end 2019, in time for implementation of the Programme Budget for 2020–2021.

Discussions

Representatives welcomed the country functional review and transformation process, which was seen as timely and necessary. WHO's work in each country needed to be closely aligned to its epidemiological and demographic situation. As well as optimizing staffing and other resources, attention should be paid to effective delegation of authority and to resource mobilization at country level. WHO representatives should be supported technically and administratively to be able to work closely with national ministries of health. While countries were inspired by the ambitious triple billion goals, they required assistance to determine what meeting their share of each goal would entail. Consideration should be given to establishing a taskforce composed of WHO staff and Member State representatives to work on converting the five organizational shifts specified in GPW 13 into action across the Region. Regular joint monitoring of workplans by WHO and national authorities was also crucial.

The Manager, Planning and Country Support, thanked representatives for their critical engagement with the paper. By definition, the transformation required by GPW 13 could not be carried out by WHO on its own; it required very active participation from countries. The country functional review process was a new venture, and representatives' comments would be carefully considered.

As co-author of the paper, the Director, Administration and Finance, also responded to representatives. He agreed that effective delegation of authority was important, but noted that the appropriate degree of delegation would depend on each country's circumstances and capacity. He also emphasized that optimizing WHO's country performance was not a one-off exercise. While it was intended to ensure that each country had stable resources to meet its core needs, there should be

flexibility to accommodate changes in demand. Countries' active support was also needed regarding day-to-day practical issues such as visas and transport of supplies.

4.5 Private sector engagement for advancing universal health coverage

Agenda item 4(e), Document EM/RC65/8, Resolution EM/RC65/R.3

The Regional Adviser, Primary and Community Health Care, highlighted the importance of engaging the private sector – defined as formal, for-profit health service providers – in advancing universal health coverage in WHO's Eastern Mediterranean Region. He said that the private health sector was very active in the Region, providing both ambulatory and hospital services, and was also heavily involved in infrastructure development and the production and supply of medicines and health technologies. Engaging the private sector was particularly important in countries where government spending on health was low, and in countries experiencing emergencies. The private health sector had grown with little public policy direction and was not part of government health sector planning in many countries, and was thus an untapped resource in the context of universal health coverage. He proposed a framework for action for effective engagement with the private health sector which identified strategies and actions for Member States to facilitate efforts to enhance equity and financial accessibility, improve the quality of services provided by the private health sector, and harness its capacity.

Discussions

Representatives acknowledged that partnership with the private sector was essential as it was the dominant outpatient service provider in most countries of the Region and universal health coverage would not be easily achieved by 2030 by governments alone. While representatives expressed appreciation for the development of the framework for action on effective engagement with the private health sector to expand service coverage for universal health coverage, they noted the need for adaptation according to unique country contexts. While some countries were in the process of developing national policy frameworks, organizational systems and financing strategies to expand the provision of health services through the private sector, they requested WHO technical support in building the capacity of ministries of health to plan, negotiate, implement and evaluate public–private partnerships and in managing the contracting of health service provision through the private sector, especially for “fragile” countries such as Somalia. Countries affected by emergencies identified the importance of capitalizing on private sector partnership to provide health services in security-compromised areas.

Public–private partnerships in service delivery were being strengthened in some countries through family practice. Countries identified poor regulation of the private health sector as a challenge for the Region and called for greater integration of services and delineation of the roles of the public and private sectors, and for the establishment of reliable data reporting mechanisms. Opportunities for case notification of tuberculosis and HIV were being missed by the largely unregulated private sector. Weak regulatory frameworks represented a serious challenge to patients and impeded the development of health systems in many countries. Representatives noted the crucial role being played by medical syndicates, and nongovernmental and civil society organizations in some countries, and the importance of providing social health insurance for vulnerable groups to reduce the cost of out-of-pocket health expenditure.

The Regional Adviser, Primary and Community Health Care, in response to the comments from representatives, noted the need for capacity-building of ministries of health in their ability to create more effective partnerships with the private health sector through contractual arrangements to expand health service provision, and reiterated the importance of social health insurance to expand coverage for vulnerable groups. He said that development of quality and performance indicators was important for both the public and private health sectors, and that contracting with family practitioners represented an excellent platform for public–private sector collaboration.

5. Programme and budget matters

5.1 Proposed programme budget 2020–2021

Agenda item 2, Document no. EM/RC65/2

The Chief, Budget and Resource Coordination, WHO headquarters, presented the proposed high-level programme budget 2020–2021. The proposed budget, which would fully articulate GPW 13, amounted to US\$ 4.7 billion. It represented an increase of US\$ 266 million, or 6%, over the 2018–2019 Programme Budget. Country offices saw the biggest increases in the proposed budget, with an increase in share of nearly 5%. Despite the bold objectives of GPW 13, the proposed budget increase was kept to modest levels by the Secretariat's commitment to efficiency and reallocation of resources. She said that further increases would be needed in future biennia in order to achieve the targets of GPW 13.

The Acting Director, Programme Management, presented the outcome of the prioritization exercise. He noted that the proposed budget for 2020–2021 represented the largest ever increase for strengthening country offices. The development process for the proposed budget focused on delivering impact at country level. The approach used for prioritization was based on outcomes rather than programmes, and was informed by strategic consultation with Member States on country-level priorities. The next steps were further refinement of the proposed programme budget for presentation to the 144th session of the Executive Board and the Seventy-second World Health Assembly. He invited the Committee to discuss and advise on further development of the proposed budget for the Executive Board in January 2019.

Discussions

Representatives welcomed the increased focus on countries in the proposed programme budget 2020–2021. They highlighted the importance of resource mobilization, including at country level, and said that more investment was needed in building capacity in this area in order to capitalize on the Organization's convening power. They asked for more transparency and predictability in the budget allocation from regional to country level and a more holistic view of priorities across regions, and they noted a need to consider overall national expenditures when allocating budget to countries.

Several countries praised the collaborative planning and budgeting process with WHO country offices. There was also a call for the Organization to move away from its traditional approach to budget allocation to countries in favour of more flexibility for country offices and a review of budget ceilings. A number of representatives highlighted the prominence of noncommunicable diseases as a health priority in their countries. One representative drew attention to the large numbers of students in the Region and suggested that they could be included in plans to carry forward initiatives related to health priorities.

The Regional Director thanked the countries for their input. He noted that the national priorities identified during the consultative process had resulted in clear consensus on regional needs.

The Acting Director, Programme Management, said all suggestions would be taken into account during the next steps in development of the proposed programme budget. The strategic consultations that had informed the prioritization exercise had all taken place at country level, but the process had varied by country. He said that the consultations would continue.

The Chief, Budget and Resource Coordination, acknowledged the need for a holistic view of priorities across regions and said that the full programme budget 2020–2021 was under development based on regional and country priorities.

6. Other matters

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

Review of the draft provisional agenda of the 144th session of the WHO Executive Board

Agenda item 5(a,b), Documents EM/RC65/9, EM/RC65/9-Annex 1

The Director, Programme Management, drew attention to the resolutions adopted by the Seventy-first World Health Assembly and the 142nd and 143rd 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 144th session of the WHO Executive Board and requested comments thereon.

6.2 Nomination of officers of the World Health Assembly and membership of the WHO Executive Board

The Acting Director, Programme Management, reminded the Committee of the processes adopted by the Regional Committee at its 63rd session (EM/RC63/R.6) for the nomination of Executive Board members and elected officials of the World Health Assembly. He presented regional suggestions for the elective posts for the Seventy-second World Health Assembly and for new members of the Executive Board.

6.3 Draft WHO global strategy on health, environment and climate change

Agenda item 5(c), Document EM/RC65/10

The Director, WHO Regional Centre for Environmental Health Action, presented the draft global strategy on health, environment and climate change. He said that the 142nd session of the Executive Board had requested the Secretariat to develop a draft global strategy on health, environment and climate change. Regional Committees were being requested to provide inputs on the draft strategy, which would be considered by the Executive Board at its 144th session in January 2019.

Discussions

Representatives expressed support for the draft global strategy. They drew attention to the problems of air pollution and climate change in the Region, including the challenges of dust storms and deforestation, and asked for guidance from WHO on managing and monitoring the health impacts and on developing relevant public policy. Several representatives described ongoing efforts in their countries to address environmental risks to health. They called on all countries to exchange experiences in this area with a focus on building resilience.

The Director, Centre for Environmental Health Action, thanked the representatives for their comments, which would be taken into account in the development of the strategy. Further input on the draft strategy could be submitted in writing up to November 2018. He noted that the first global conference on air pollution and health would be held in Geneva from 30 October to 1 November 2018, in collaboration with the World Bank and other partners, and urged robust participation from the Region.

6.4 Development of the road map on access to medicines and vaccines

Agenda item 5(d), Document EM/RC65/11

The Acting Director, Programme Management, detailed the process of development of the road map on access to medicines and vaccines, which the Seventy-first World Health Assembly in May 2018 had requested the Director-General to develop, in consultation with Member States. The road map outlines the programming of WHO's work on access to medicines and vaccines for the period 2019–2023, including activities, actions and deliverables.

Discussions

Representatives welcomed the draft road map and highlighted its importance for efforts to improve health security in the Region. Many countries referred to challenges of access, quality and affordability of medicines and vaccines, and WHO was requested to support countries in addressing these issues. The regional Green Light Committee and Global Drug Facility were cited as successful models for facilitating provision of high-quality and low-price medicines for tuberculosis, and it was suggested that similar mechanisms could be established for other medicines.

A statement was made by the following observer: International Federation of Medical Students' Associations.

The Acting Director, Programme Management, thanked the representatives for their suggestions, which would be taken into account by the Secretariat. He acknowledged the need to seek more alignment between the interests of the pharmaceutical industry and public health policy. He referred to the low regional response to surveys conducted for the development of the draft road map, and urged countries to enhance their engagement with this and similar initiatives.

6.5 Development of a draft global action plan on the health of refugees and migrants *Agenda item 5(e), Document EM/RC65/12*

In resolution WHA70.15, the World Health Assembly requested the Director-General to identify best practices, experiences and lessons learned in addressing the health needs of refugees and migrants in each region, in order to contribute to the development of a draft global action plan on the health of refugees and migrants to be considered for adoption by the Seventy-second World Health Assembly following consultation with Member States and discussion at sessions of the regional committees in 2018. The draft global action plan would be submitted for consideration by the Seventy-second World Health Assembly in 2019 through the Executive Board at its 144th session.

Discussions

Representatives noted that a global action plan on the health of refugees and migrants was a priority for a Region so severely affected by emergencies, which had resulted in increasing numbers of displaced people. In accordance with international human rights obligations, the health of refugees and migrants was being addressed in an inclusive and comprehensive manner in routine health services provided to the general population in most countries, including vaccination services, maternal and child health services and other family medicine interventions, treatment and management of chronic diseases, and mental health services. Ministries of health were coordinating the provision of health services with organizations such as the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) but greater coordination of health services was needed. While recipient countries were welcoming refugees and migrants, the increasing numbers of displaced people as a result of conflict were placing an additional burden on the health systems of those countries with scarce resources. The Region was also facing a greater threat of communicable diseases. Countries with large numbers of internally displaced persons, such as Afghanistan and Iraq, highlighted the need for the plan to address their health needs. Changing patterns of population movement were noted, including a greater number of women and children in transit. Some countries experiencing a large influx of migrants as a result of their geographical location identified those people as economic migrants, and not displaced as a result of conflict.

Statements were made by the following observers (in order): International Federation of Medical Students' Associations, International Pharmaceutical Students' Federation, International Planned Parenthood Federation, International Organization for Migration.

The Programme Area Manager, Country Health Emergency Preparedness and International Health Regulations, said that the management of the health of migrants and refugees was a priority. She informed representatives that a one-week consultation process would take place at the end of

October/beginning of November. The plan would then be “regionalized” and best practices documented. WHO would provide support through country assessments. Multisectoral responses and essential packages of services were needed. She reminded participants that outbreaks did not discriminate and that national planning and financing to address the health needs of migrants and refugees were essential.

The Assistant Director-General, Strategic Initiatives, in response to comments by representatives, said that the web-based consultation had not provided enough opportunity for Member States’ input but that the consultation would be reopened once the latest version of the document was uploaded in the next few days. A translated version of the document would be uploaded and available from 13 December 2018. He said that the Region was generous in its response to the health needs of refugees and migrants and good practices would be assessed and documented. Almost 50 United Nations agencies were collaborating to establish a permanent secretariat comprised of thematic area working groups by the beginning of December 2018, with IOM as the head of the secretariat. He noted that large-scale movements of migrants and refugees had created special and urgent challenges in ensuring access to health services and continuity of care for affected people crossing borders, in particular for people with HIV/AIDS and tuberculosis, and other chronic conditions. He said that an information system which protected human rights and confidentiality needed to be established, noting that documentation detailing accurate information was essential in countering misinformation. He reminded Member States that the draft global action plan for the health of refugees and migrants was not a legally binding plan but represented a dynamic framework and solid plan focusing on public health issues and providing support in developing a standardized approach. Finally, he thanked students represented by the various organizations who delivered interventions at the session, describing them as the future and a benchmark for all.

6.6 Nomination of a Member State to the Joint Coordinating Board of the Special Programme of Research and Training in Tropical Disease

Agenda item 6, Document EM/RC65/13, Decision 6

The Regional Committee nominated Egypt to serve on the Policy Coordination committee of the Special Programme for Research and Training in Tropical Disease for a four-year period from 1 January 2019 to 31 December 2022.

6.7 Report of the third meeting of the Programme Subcommittee of the Regional Committee

Agenda item 7, Document EM/RC65/14

The Chair (Islamic Republic of Iran) of the Programme Subcommittee of the Regional Committee presented the third report of the Subcommittee, which had met on 2 and 3 April 2018. He reminded the Committee that the Programme Subcommittee had been created in response to a resolution of the 63rd session of the Regional Committee for the Eastern Mediterranean (EM/RC63/R.6) in 2016. The current Members of the Subcommittee were Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Kuwait and Libya. Outgoing Members of the Subcommittee in 2019 would be Afghanistan, Bahrain, Djibouti, Egypt and Iraq, and incoming Members would be Jordan, Lebanon, Morocco, Oman and Qatar. The third meeting had made a proposal to the Regional Committee to increase the Subcommittee from 8 to 11 Members.

At the third meeting of the Subcommittee, the Members had discussed the draft GPW 13 and had emphasized the importance of ensuring that the regional context and national priorities were taken into consideration in implementation. They agreed that the 65th session of the Regional Committee should be dedicated to discussing with Member States how the Region (Member States and Secretariat) would implement GPW 13 and the 2030 Agenda for Sustainable Development. They had discussed a draft agenda for 65th session of the Regional Committee and agreed on topics for the technical papers for the Regional Committee, side events and informal technical sessions.

He then presented a report of the fourth meeting of the Subcommittee, which had been held on 14 October 2018. During this meeting the Subcommittee had reviewed the implementation by the Secretariat of the resolutions and decisions adopted by the 64th session of the Regional Committee meeting, and noted with satisfaction the progress made in implementing the decisions and resolutions by the Secretariat.

6.8 Award of the Dr A.T. Shousha Foundation Prize and Fellowship

Agenda item 8(a), Document EM/RC65/INF.DOC.9

The Dr A.T. Shousha Foundation Prize for 2018 was awarded to Dr Assad Hafeez (Pakistan) for his significant contribution to public health in the geographical area in which Dr Shousha served the World Health Organization.

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

Agenda item 8(b), Document no. EM/RC65/INF.DOC.10

The State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region was awarded to Dr Mohamed Ebrahim Khamseh (Islamic Republic of Iran), 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.

6.10 Award of the Down Syndrome Research Prize

Agenda item 8(c), Document EM/RC65/INF.DOC.11

The Down Syndrome Research Prize for 2018 was awarded to Dr Salma Mohammed Al-Harrasi (Oman).

6.11 Place and date of future sessions of the Regional Committee

Agenda item 9, Document EM/RC65/INF.DOC.12, Decision 3

The Regional Committee decided to hold its 66th session in Tehran, Islamic Republic of Iran, from 14 to 17 October 2019.

7. Closing session

7.1 Review of draft resolutions, decisions and report

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

7.2 Adoption of resolutions and report

The Regional Committee adopted the resolutions and report of the 65th session.

7.3 Closing of the session

Agenda item 11

The Regional Committee decided to send a telegram of appreciation and thanks to H.E. Omar al-Bashir, President of Sudan, for his presence at the opening of the 65th session of the Regional Committee and for the great care and hospitality extended to all participants.

8. Resolutions and Decisions

8.1 Resolutions

EM/RC65/R.1 Annual report of the Regional Director for 2017

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2017¹ and the progress reports requested by the Regional Committee;²

Recalling United Nations General Assembly resolution 66/2 on the Political Declaration of the High-level meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases and resolution EM/RC59/R.2 on the commitments of Member States to implement the Political Declaration;

Mindful of the recent United Nations General Assembly Political Declaration on Tuberculosis in which Heads of State reaffirmed their commitment to achieve target 3.3 of the Sustainable Development Goals by ending the tuberculosis epidemic by 2030;

Recalling also resolution EM/RC64/R.1 in which the Regional Committee requested the development of a regional strategy and action plan for tobacco control reflecting the commitments of the WHO Framework Convention on Tobacco Control (FCTC);

Further recalling resolutions WHA71.8 and EM/RC63/R.3 on improving access to assistive technology in light of the increasing need for assistive technology in the Region;

Recognizing the inadequate attention being given to appropriate regulation and management of blood and blood products as essential medicines and the continued wastage of plasma in the Region;

Recognizing that accurate data on cause of death are essential to inform health policy-making, and that significant gaps remain in the timeliness and quality of death certification in the Region;

1. **THANKS** the Regional Director for his comprehensive report on the work of WHO in the Region;
2. **ADOPTS** the annual report of the Regional Director for 2017;
3. **NOTES** with appreciation the Regional Director's Vision 2023 promoting health for all by all and calling for solidarity and action;
4. **ENDORSES** the regional tobacco control strategy to accelerate the implementation of the WHO Framework Convention on Tobacco Control (FCTC) and its Protocol to Eliminate Illicit Trade in Tobacco Products;
5. **URGES** Member States to:
 - 5.1 Strengthen human resources and institutional capacity to implement the surveillance, monitoring and evaluation component of the regional framework for action to implement the Political Declaration of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases;
 - 5.2 Develop national multisectoral action plans to accelerate efforts to control tuberculosis by 2022 and eliminate it by 2030;
 - 5.3 Implement the regional tobacco control strategy and accelerate implementation of the WHO FCTC and the accession to the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products as soon as possible;

¹ EM/RC65/3.

² EM/RC65/INF.DOC.1–8.

5.4 Develop national plans of action for improving access to assistive technology by all those who need them, “leaving no one behind”;

5.5 Take action to update the organization of national blood systems, establish appropriate regulatory systems for the management of blood and blood products as essential medicines and develop national and regional capacity for plasma fractionation to optimize the use of plasma and reduce its wastage;

5.6 Adopt and implement the WHO recommendations on medical certification of cause of death;

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

6.1 Take the necessary steps to finalize the draft noncommunicable disease surveillance system training package as a tool to support Member States in implementation of the WHO global monitoring framework, to enable evaluation of progress towards achieving the global voluntary targets for the prevention and control of major noncommunicable diseases;

6.2 Provide technical support to Member States to develop their national plans, promote implementation of the UN General Assembly Political Declaration “United to end tuberculosis: an urgent global response to a global epidemic”, contribute to the global accountability framework as appropriate and report on progress in tuberculosis control to the Regional Committee in 2020;

6.3 Submit to the Regional Committee a mid-term review of progress in implementing the regional tobacco control strategy in 2021 as well as a final report at the end of its implementation period in 2023;

6.4 Provide technical guidance for improving access to appropriate, affordable and quality assistive products in both development and emergency contexts;

6.5 Continue to provide technical support to Member States to scale up implementation of the regional strategic framework for blood safety and availability 2016–2025;

6.6 Continue to provide technical support to Member States in implementing WHO recommendations on medical certification of cause of death.

EM/RC65/R.2 Regional approach to implementing the Thirteenth General Programme of Work, 2019–2023

The Regional Committee,

Having reviewed the technical papers on advancing universal health coverage,³ protecting people from the impact of health emergencies,⁴ promoting health and well-being,⁵ and optimizing WHO’s performance: countries at the centre;⁶

Recalling resolution WHA71.1 on the Thirteenth General Programme of Work, 2019–2023 (GPW 13);

Recognizing that achievement of GPW 13’s “triple billion” goals by 2023 will require a major effort by Member States that must be catalysed by WHO and other development partners;

³ EM/RC65/4.

⁴ EM/RC65/5.

⁵ EM/RC65/6.

⁶ EM/RC65/7.

Acknowledging the need to transform the Organization's operating model in order to optimize WHO's performance;

Noting the high priority accorded to universal health coverage by GPW 13, the 2030 Agenda for Sustainable Development and other global and regional commitments;

Mindful of the five platforms to support people towards better health and well-being identified in GPW 13 (improving human capital across the life course, accelerating action on preventing noncommunicable disease and promoting mental health, accelerating elimination and eradication of high impact communicable diseases, tackling antimicrobial resistance, addressing health effects of climate change in small island developing States and other vulnerable States);

Recognizing also the devastating impact of emergencies in the Region and the strategic priority given to addressing health emergencies by GPW 13;

Welcoming the "country functional review" approach in order to develop an enhanced business model for WHO collaboration with each of the countries of the Region;

1. **ENDORSES** the four regional frameworks for action on obesity prevention, tobacco control, health and the environment, and preconception care;⁷
2. **SUPPORTS** the proposed approach to health emergencies based on outcomes, as outlined in the impact framework of GPW 13, and recommended approaches to contribute effectively to the triple billion goals of achieving universal health coverage, protecting people from emergencies and promoting health and well-being;
3. **URGES Member States to:**
 - 3.1 Formulate a national vision for universal health coverage and a roadmap towards its realization, taking into account country-specific health system challenges, macroeconomic outlook and people's needs;
 - 3.2 Define national essential or priority health service packages, based on globally and regionally identified universal health coverage priority benefit packages, including preventive, promotive, curative, rehabilitative and palliative services related to communicable and noncommunicable diseases across the life course, and develop appropriate people-centred, integrated models of care with functioning referral systems;
 - 3.3 Implement the core set of strategic actions and interventions in the four new regional frameworks for action, ensuring linkages to relevant existing strategies and frameworks, and monitor the progress and impact of implementation using a set of predetermined indicators;
 - 3.4 Create or strengthen mechanisms for multisectoral collaboration through a Health in All Policies approach to facilitate implementation of packages of essential or high-priority intersectoral interventions and to ensure dialogue between government sectors and with nongovernmental stakeholders, including academic institutions;
 - 3.5 Identify and prioritize emerging health issues resulting from environmental and social determinants of health and encourage engagement and collaboration across sectors to tackle the determinants of ill health;
 - 3.6 Continue to work with International Health Regulations-bound sectors to meet the requirements of the International Health Regulations (2005) and the Sendai Framework for

⁷ Annexes 2–5 of document EM/RC65/6.

Disaster Risk Reduction 2015–2030 in order to build health system resilience against the effects of emergencies;

3.7 Facilitate a strong WHO presence and collaboration at country level;

3.8 Strengthen health information systems including routine sources of data such as causes of death, service use, disease surveillance and monitoring, as well as planned household surveys and facility surveys;

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

4.1 Support Member States in expanding universal health coverage by building equitable, people-centred and resilient health systems based on primary health care in line with the Salalah Declaration on Universal Health Coverage of 2018;

4.2 Provide technical guidance to Member States on how best to protect people from the impact of health emergencies by implementing preparedness, detection, control, response and recovery all-hazard approaches, and to build resilient health systems;

4.3 Support Member States to promote health and well-being by addressing determinants of health and reducing risk factors through multisectoral approaches and Health in All Policies using the four new regional frameworks for action on obesity prevention, tobacco control, health and the environment and preconception care (2019–2023);

4.4 Continue to work closely with ministries of health and institutions responsible for data collection and analysis within countries and with regional partners so that quality disaggregated data are available and analysed, and countries' progress towards universal health coverage, the triple billion goals and the Sustainable Development Goals can be monitored;

4.5 Conduct country functional reviews to assess and strengthen WHO's performance in countries and develop country support plans in line with each country's needs and priorities.

4.6 Report on progress made in implementing this resolution at the 67th, 69th and 70th sessions of the Regional Committee.

EM/RC65/R.3 Private sector engagement for advancing universal health coverage

The Regional Committee,

Having discussed the technical paper on private sector engagement for advancing universal health coverage;⁸

Recalling resolutions WHA69.24 on strengthening integrated people-centred health services, EM/RC60/R.2 on universal health coverage and EM/RC63/R.2 on scaling up family practice: progressing towards universal health coverage;

Mindful of the diversity and growth of the private health sector, the broad range of services it offers, its concentration in urban centres and challenges with respect to appropriateness, quality and affordability of the products and services it supplies;

Recognizing the critical importance of government's role in effective regulation of the private health sector;

⁸ EM/RC65/8

Emphasizing the need to strengthen family practice-based primary health care and the importance of engaging private health providers at primary health care level;

Recognizing also the key elements of WHO's comprehensive approach to universal health coverage, including the need for wide-ranging partnerships with various stakeholders including the private health sector to progress towards universal health coverage, taking into account the WHO Framework of Engagement with Non-State Actors (FENSA) where applicable;

1. **ENDORSES** the framework for action on effective engagement with the private health sector;⁹
2. **CALLS ON** Member States to:
 - 2.1 Incorporate effective engagement with the private sector for service delivery into their national policy, strategies and plans towards achieving universal health coverage;
 - 2.2 Strengthen the capacity of ministries of health to design, manage, monitor and evaluate effective engagement with the private sector for health service delivery;
 - 2.3 Encourage contracting private health sector providers, including through strategic purchasing options and different financial protection arrangements, to deliver a universal health coverage priority benefits package;
 - 2.4 Implement the framework for action on effective engagement with the private health sector, and move towards partnership as a continuum of engagement;
 - 2.5 Estimate the cost of essential health services packages in order to deliver these through public and private providers;
 - 2.6 Ensure the quality and safety of health services by setting appropriate quality standards that all service providers, including private providers, must meet, and establishing and monitoring appropriately resourced quality assurance systems for health services;
 - 2.7 Establish health information systems linked with existing national health information systems to ensure data on service delivery, performance, key outcomes and notifiable diseases are appropriately captured;
3. **REQUESTS** the Regional Director to:
 - 3.1 Provide technical support to Member States to establish and strengthen effective engagement with the private sector for service delivery;
 - 3.2 Support assessments to identify challenges and opportunities related to the engagement of private care providers in service delivery in order to develop strategic action plans for effective partnership towards achieving universal health coverage;
 - 3.3 Report on progress in implementing this resolution to the 67th and 69th sessions of the Regional Committee.

⁹ Annex 1 of document EM/RC65/8.

EM/RC65/R.4 Institutionalizing the Health in All Policies approach

The Regional Committee,

Recalling the Helsinki Statement on Health in All Policies of 2013 and Resolution WHA67.12 on contributing to social and economic development: sustainable action across sectors to improve health and health equity;

Recognizing the importance of multisectoral action for advancing towards the Sustainable Development Goals;

Convinced that addressing the social determinants of health and health inequities is a priority for each Member State, and that a Health in All Policies approach is required to tackle social determinants of health effectively;

Emphasizing the importance of institutionalizing Health in All Policies to ensure a whole-of-government and whole-of-society approach towards health;

Acknowledging the leadership role of some Member States in the Eastern Mediterranean Region who have developed a national approach towards Health in All Policies;

Noting the technical paper discussed at the 65th session of the Regional Committee for the Eastern Mediterranean on promoting health and well-being, which recognized the importance of Health in All Policies;

Emphasizing the importance of political commitment to ensure the institutionalization of Health in All Policies and public policy coherence;

1. URGES Member States to:

- 1.1 Develop a comprehensive plan for institutionalization and implementation of the Health in All Policies approach;
- 1.2 Build the capacity of various public sector institutions, non-state actors and civil society organizations to adopt and promote the Health in All Policies approach;
- 1.3 Generate evidence and develop case studies on the experience of implementing the Health in All Policies approach, and share experiences through regional platforms;

2. REQUESTS the Regional Director to:

- 2.1 Provide technical support to Member States to institutionalize the Health in All Policies approach;
- 2.2 Support capacity-building of relevant public sector institutions in all Member States in order to ensure the institutionalization of the Health in All Policies approach;
- 2.3 Develop guidelines and tools to support Member States in implementation of the Health in All Policies approach;
- 2.4 Document good practices in implementing Health in All Policies at both the national and regional levels;
- 2.5 Facilitate the mobilization of domestic and international resources for effective implementation of Health in All Policies in the Region.

8.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

Chair: H.E. Professor Mohamed Abu Zaid Mustafa (Sudan)

Vice-Chair: H.E. Dr Fawziya Abikar Nur (Somalia)

Vice-Chair: H.E. Ms Faiqa Al Saleh (Bahrain)

Based on rules of procedure of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

Dr Mariam Al-Hajeri (Bahrain), Dr Mohamed Jaber Hwoal (Iraq), Dr Mohsen Asadi-Lari (Islamic Republic of Iran), Dr Badereddin Al Najjar (Libya).

Secretariat: Dr Zafar Ullah Mirza, Dr Asmus Hammerich, Dr Arash Rashidian, Dr Michel Thieren, Mr Hatem El-Khodary and Mr Tobias Boyd.

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its 65th session.

DECISION NO. 3 PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its 66th session in Tehran, Islamic Republic of Iran, from 14 to 17 October 2019.

DECISION NO. 4 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 the evening of 16 October 2018 and reviewed the credentials submitted by the members attending the 65th session of the Regional Committee. The Officers noted that all members attending the Regional Committee meeting submitted credentials in compliance with rule 3 bis of the Committee Rules of Procedure.

DECISION NO. 5 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee decided to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region to Dr Samar Alhomoud (Saudi Arabia) in the area of cancer, Dr Alireza Esteghamati (Islamic Republic of Iran) in the area of diabetes, and Dr Abla Mehio Sibai (Lebanon) in the area of cardiovascular disease, based on the recommendations of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean. The Prize will be presented to the laureates during the 66th session of the Regional Committee in 2019.

DECISION NO. 6 NOMINATION OF A MEMBER STATE TO THE JOINT COORDINATING BOARD OF THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASE

The Regional Committee endorsed the nomination of Egypt to serve on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Disease for a four-year period from 1 January 2019 to 31 December 2022.

Annex 1**Agenda**

- | | | |
|-----|---|--------------------|
| 1. | Opening of the session | |
| | (a) Election of Officers | |
| | (b) Adoption of the Agenda | EM/RC65/1 |
| 2. | Programme and Budget matters | |
| | Programme Budget 2020–2021 | EM/RC65/2 |
| 3. | (a) Annual Report of the Regional Director 2017 | EM/RC65/3 |
| | Progress reports on: | |
| | (b) Eradication of poliomyelitis | EM/RC65/INF.DOC.1 |
| | (c) Scaling up family practice: progressing towards universal health coverage | EM/RC65/INF.DOC.2 |
| | (d) Improving access to assistive technology | EM/RC65/INF.DOC.3 |
| | (e) Strategic framework for strengthening health laboratory services 2016–2020 | EM/RC65/INF.DOC.4 |
| | (f) Implementation of the regional strategic framework for blood safety and availability 2016–2025 | EM/RC65/INF.DOC.5 |
| | (g) Regional strategy and action plan for tobacco control reflecting the commitments of the WHO Framework Convention on Tobacco Control | EM/RC65/INF.DOC.6 |
| | (h) Progress of States Parties in implementing the International Health Regulations (2005), including Report of the Regional Assessment Commission | EM/RC65/INF.DOC.7 |
| | (i) Health issues facing populations affected by disasters and emergencies | EM/RC65/INF.DOC.8 |
| 4. | Technical papers | |
| | (a) Advancing universal health coverage | EM/RC65/4 |
| | (b) Protecting people from the impact of health emergencies | EM/RC65/5 |
| | (c) Promoting health and well-being | EM/RC65/6 |
| | (d) Optimizing WHO's performance: countries at the centre | EM/RC65/7 |
| | (e) Private sector engagement for advancing universal health coverage | EM/RC65/8 |
| 5. | World Health Assembly and Executive Board | |
| | (a) Resolutions and decisions of regional interest adopted by the Seventy First World Health Assembly and the Executive Board at its 142nd and 143rd sessions | EM/RC65/9 |
| | (b) Review of the draft provisional agenda of the 144th session of the WHO Executive Board | EM/RC65/9-Annex 1 |
| | (c) Draft WHO global strategy on health, environment and climate change | EM/RC65/10 |
| | (d) Development of the road map on access to medicines and vaccines | EM/RC65/11 |
| | (e) Development of a draft global action plan on the health of refugees and migrants | EM/RC65/12 |
| 6. | Nominations | |
| | (a) Nomination of a Member State to the Joint Coordinating Board on the Special Programme for Research and Training in Tropical Disease | EM/RC65/13 |
| 7. | Report of the third meeting of the Programme Subcommittee of the Regional Committee | EM/RC65/14 |
| 8. | Awards | |
| | (a) Award of the Dr A.T. Shousha Foundation Prize and Fellowship | EM/RC65/INF.DOC.9 |
| | (b) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region | EM/RC65/INF.DOC.10 |
| | (c) Award of the Down Syndrome Research Prize | EM/RC65/INF.DOC.11 |
| 9. | Place and date of future sessions of the Regional Committee | EM/RC65/INF.DOC.12 |
| 10. | Other business | |
| 11. | Closing session | |

Annex 2

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

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

1. Regional Committee documents

EM/RC65/1	Agenda
EM/RC65/2	Programme Budget 2020–2021
EM/RC65/3	Annual Report of the Regional Director 2017
EM/RC65/4	Advancing universal health coverage
EM/RC65/5	Protecting people from the impact of health emergencies
EM/RC65/6	Promoting health and well-being
EM/RC65/7	Optimizing WHO's performance: countries at the centre
EM/RC65/8	Private sector engagement for advancing universal health coverage
EM/RC65/9	Resolutions and decisions of regional interest adopted by the Seventy First World Health Assembly and the Executive Board at its 142nd and 143rd sessions
EM/RC65/9-Annex 1	Review of the draft provisional agenda of the 144th session of the WHO Executive Board
EM/RC65/10	Draft WHO global strategy on health, environment and climate change
EM/RC65/11	Development of the road map on access to medicines and vaccines
EM/RC65/12	Development of a draft global action plan on the health of refugees and migrants
EM/RC65/13	Nomination of a Member State to the Joint Coordinating Board on the Special Programme for Research and Training in Tropical Diseases
EM/RC65/14	Report of the third meeting of the Programme Subcommittee of the Regional Committee
EM/RC65/INF.DOC.1	Eradication of poliomyelitis
EM/RC65/INF.DOC.2	Scaling up family practice: progressing towards universal health coverage
EM/RC65/INF.DOC.3	Improving access to assistive technology
EM/RC65/INF.DOC.4	Strategic framework for strengthening health laboratory services 2016–2020
EM/RC65/INF.DOC.5	Implementation of the regional strategic framework for blood safety and availability 2016–2025
EM/RC65/INF.DOC.6	Regional strategy and action plan for tobacco control reflecting the commitments of the WHO Framework Convention on Tobacco Control
EM/RC65/INF.DOC.7	Progress of States Parties in implementing the International Health Regulations (2005), including Report of the Regional Assessment Commission
EM/RC65/INF.DOC.8	Health issues facing populations affected by disasters and emergencies
EM/RC65/INF.DOC.9	Award of the Dr A.T. Shousha Foundation Prize and Fellowship
EM/RC65/INF.DOC.10	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC65/INF.DOC.11	Award of the Down Syndrome Research Prize
EM/RC65/INF.DOC.12	Place and date of future sessions of the Regional Committee

2. Resolutions
 - EM/RC65/R.1 Annual report of the Regional Director for 2017
 - EM/RC65/R.2 Regional approach to implementing the Thirteenth General Programme of Work 2019–2023
 - EM/RC65/R.3 Private sector engagement for advancing universal health coverage
 - EM/RC65/R.4 Institutionalizing the Health in All Policies approach
3. Decisions
 - Decision 1 Election of officers
 - Decision 2 Adoption of the agenda
 - Decision 3 Place and date of future sessions of the Regional Committee
 - Decision 4 Verification of credentials
 - Decision 5 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
 - Decision 6 Nomination of a Member State to the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Disease

Annex 4

**Indicators to measure the impact of proposed approaches over the 5-year period of
GPW 13 (2019–2023)**

Annex to resolution EM/RC65/R.2

Annex
Indicators to measure the impact of proposed approaches
over the 5-year period of GPW 13 (2019–2023)

Key indicator	Target (from 2018 baseline)
Stunted children	↓ by 30%
Wasting among children	↓ to <5%
Children developmentally on track in health	↑ to 80%
Children subject to violence	↓ by 20%
Intimate partner violence	↓ to 15%
Women making informed reproductive health decisions	↑ to 60%
Tobacco use	↓ by 25%
Harmful use of alcohol	↓ by 7 %
Salt/sodium intake	↓ by 25 %
Raised blood pressure	↓ by 20 %
Eliminate industrially produced trans fats	Eliminated by 2023
Halt and begin to reverse the rise of childhood overweight and obesity	
Insufficient physical activity	↓ by 7%
Mortality due to air pollution	↓ by 5%
Mortality from climate-sensitive disease	↓ by 10%
Road traffic accidents	↓ by 20%
Suicide mortality	↓ by 15%
Access to safe drinking-water	1 billion more people
Access to safe sanitation	800 million more people

Annex 5

Regional framework for action on obesity prevention 2019–2023

Annex to resolution EM/RC65/R.2

Annex

Regional framework for action on obesity prevention 2019–2023

Commitment	Strategic intervention	Progress indicators
Regulatory action		
Fiscal measures	Implement an effective tax on sugar-sweetened beverages	Country has implemented a sugar-sweetened beverage tax
	Levy additional taxes and subsidies to promote healthier diets	Country has introduced additional taxes and/or subsidies to promote healthier diets
	Progressively eliminate subsidies for all types of fats/oils and sugar	Country has eliminated all subsidies for fats/oils and sugar
Public procurement	Ensure procurement and provision of healthy food in public institutions (e.g. schools, hospitals, military bases, prisons and other government institutions)	Mandatory guidelines for public procurement of healthy food have been issued Guidance has been developed and training provided for caterers
Food supply and trade	Use food standards, legal instruments and other approaches to improve the national and/or local food supply	Standards/legal instruments and other approaches are used to improve the national and local food supply
Labelling	Implement or revise standards for nutrition labelling to include mandatory front-of-pack nutrition labelling for all pre-packaged foods	Front-of-pack nutrition labelling scheme implemented and enforced
Marketing	Implement the WHO Set of Recommendations on Marketing of Foods and Non-alcoholic Beverages to Children and other appropriate restrictions on marketing (including price promotions) of foods high in fat, sugar and salt	Mandatory restrictions to eliminate all forms of marketing of foods high in fat, sugar and salt to children and adolescents (up to age 18) are in place across all media Other appropriate restrictions on marketing of foods high in fat, sugar and salt have been implemented
Prevention		
Physical activity interventions	Implement policies, legislation and interventions to promote and facilitate health-enhancing physical activity in line with the <i>Global Action Plan on Physical Activity</i>	Country has policies, legislation and interventions to promote physical activity
Mass-media campaigns	Conduct appropriate social marketing campaigns on healthy diet and physical activity	At least one recent national public awareness campaign on diet and physical activity has been conducted
Breastfeeding	Implement a package of policies and interventions to promote, protect and support breastfeeding	Full implementation of the International Code of Marketing of Breast-milk Substitutes and WHO Guidance on ending inappropriate promotion of foods for infants and young children Mandatory implementation of baby-friendly health systems and effective community-based strategies
Reformulation	Progressively reformulate foods and beverages to eliminate trans fats and reduce total and saturated fat, salt, sugars, energy and portion size	Sugar policies, salt/sodium policies and fats policies, adapted to the national context, have been implemented to cover a substantial proportion of processed foods
Obesity management and treatment		
Health sector interventions	Harness the health sector to enable change and provide leadership on governance and accountability Implement evidence-based, community-based interventions tackling both healthy eating and physical activity, targeting high-risk groups, to promote and facilitate behaviour change and prevent obesity Ensure provision of dietary counselling on nutrition and physical activity for high-risk individuals and on healthy weight gain before and during pregnancy for prospective mothers and fathers Integrate screening for overweight in primary health care	Country has a high-level multisectoral mechanism and a multisectoral plan and approach to obesity prevention and management Evidence-based dietary counselling and interventions to facilitate behaviour change and prevent obesity are present in primary health care and other community settings Country has national guidelines/protocols/standards on obesity screening and management
Surveillance		
Assessment	Conduct a situational analysis of the national/local food supply, including establishing proportions of fats/oils and sugar in imports and domestic production Carry out regular nutrition assessments and risk factor surveys at the national and/or local level Conduct an assessment of the effect of marketing foods high in fat, sugar or salt to adults in order to inform how best to restrict inappropriate practices	In-depth situation analyses have enabled the development of more specific framework interventions Baseline data for the framework interventions are available STEPS survey and/or nutritional assessment is done every 5 years
Monitoring	Establish national targets for obesity prevention and SMART commitments for action, and work with WHO to	Country has time-bound national targets on obesity

Commitment	Strategic intervention	Progress indicators
	develop a monitoring framework to report on progress	based on WHO guidance
	Ensure sustained implementation of obesity framework interventions, scale up coverage and monitor effect	Country has SMART commitments for action as part of a monitoring framework for obesity interventions and continuously reports on progress
	Strengthen human, logistic and institutional capacity for surveillance, monitoring and evaluation	Country has a functioning system for generating reliable data for monitoring and evaluation

Source: Proposed policy priorities for preventing obesity and diabetes in the Eastern Mediterranean Region. Cairo: World Health Organization 2017 (http://applications.emro.who.int/docs/emropub_2017_20141.pdf?ua=1, accessed 27 July 2018).

Annex 6

Regional framework for action on tobacco control

Annex to resolution EM/RC65/R.2

Annex

Regional framework for action on tobacco control

Strategic intervention	Progress indicator	Relevant WHO FCTC Article
Governance and political commitment		
<ul style="list-style-type: none"> • Become a Party to the WHO FCTC • Develop national tobacco control strategies, plans and programmes aligned with the WHO FCTC • Assign a full-time focal point for tobacco control • Adopt measures to protect public health policies from the influence of the tobacco industry • Ensure the sustainability of tobacco control programmes 	<ul style="list-style-type: none"> • A comprehensive national tobacco control law is in place, in line with WHO FCTC commitments • Comprehensive, multisectoral national tobacco control strategies, plans and programmes, consistent with the WHO FCTC, are enacted • A designated national multisectoral coordinating mechanism for tobacco control is in place • A tobacco control focal point is in place • Measures to address Article 5.3 of the WHO FCTC are included in national tobacco control plans • Funding is available in the ministry of health budget for tobacco control programmes 	Article 5
Demand reduction		
<ul style="list-style-type: none"> • Increase tobacco taxes to at least 75% of the retail price, and include all tobacco products in tax increases • Expand current smoke-free policies to cover all public places and workplaces • Establish a complete ban on tobacco advertising, promotion and sponsorship, including a ban on tobacco promotion in drama • Enforce graphic health warnings at least 50% of the pack size on all tobacco products and packaging in line with WHO FCTC guidelines • Incorporate delivery of brief cessation advice into essential services package for primary health care, including establishment of quit line, and ensure availability of nicotine replacement therapy and mandate training of all health professionals in giving brief cessation advice 	<ul style="list-style-type: none"> • Tobacco tax is at least 75% of retail price for all tobacco products, through using excise tax • All public places and workplaces are totally smoke-free with no designated smoking areas • All forms of tobacco advertising, promotion or sponsorship are banned • All tobacco products have graphic health warnings at least 50% of pack size • Brief tobacco cessation advice is integrated into primary health care, health promotion, risk reduction and disease control programmes. Primary health care workers are trained in brief tobacco cessation advice. Quit line is established 	Articles 6–14
Supply restriction		
<ul style="list-style-type: none"> • For Member States that are Parties to the WHO FCTC, pursue ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products • Adopt measures to minimize illicit trade in tobacco products • Ban tobacco sales to and by minors • Transition tobacco farmers towards other crops • Eliminate incentives for tobacco agriculture 	<ul style="list-style-type: none"> • The number of WHO FCTC Parties that have ratified the Protocol to Eliminate Illicit Trade in Tobacco Products has increased to nine • Tracking and tracing system of tobacco products is in place. • Legislation banning sales of tobacco products to and by minors is enacted in all Member States • Policies and programmes to reduce tobacco agriculture are being established 	Articles 15–17
Surveillance, monitoring and research		
<ul style="list-style-type: none"> • Regularly implement standard global/regional surveys (e.g. Global Tobacco Surveillance System surveys) and evaluation on tobacco control activities and disseminate results widely • Institute research to monitor tobacco industry efforts to circumvent tobacco control in the Region 	<ul style="list-style-type: none"> • National adult and youth surveys are regularly conducted, every 5 years • Tobacco industry monitoring and research is actively being implemented in the Region 	Article 20 and part of Article 5

Annex 7

Regional framework for action on health and the environment 2019–2023

Annex to resolution EM/RC65/R.2

Annex
Regional framework for action on health and the environment 2019–2023

	Priorities	Strategic Actions
Water, sanitation and hygiene	Monitoring water and sanitation sector indicators and evaluating performance in order to inform policies and strategic planning	Generate biannual national reports on assessment and analysis of the water and sanitation sector Revitalize public health surveillance of drinking-water availability and quality and wastewater use in agriculture and other applications
	Updating national regulations and management practices for priority water and sanitation regional challenges and risk factors	Develop and implement plans to extend water supply and sanitation services to the unserved and improve service to the underserved Develop national health policies on domestic water security requirements for public health Update national drinking-water quality standards towards preventive water safety management Introduce and scale up the preventive drinking-water safety management protocols Update and enforce wastewater reuse standards and implement a management system for safe use of wastewater in irrigation
Air quality	Regulating, monitoring and evaluating air pollution for health protection	Develop/update national air quality standards in line with WHO norms and guidelines Advocate for establishing/updating air quality monitoring systems and sharing data with all stakeholders Revitalize public health surveillance of air quality, and estimate the impact of air pollution on health Raise awareness and advocate for mobilizing action by all relevant stakeholders such as transport, energy and industry Develop an early warning system to alert the public of dust episodes and other ambient air quality pollutants
	Developing national capacities for managing environmental health services within the health sector	Establish national standards on environmental health services in health care facilities, and assess the adequacy of these services in facilities Develop and implement plans of action to improve environmental health services in health care facilities Develop and implement policies, strategies and plans for the management of health care waste
Environmental health services and waste management in the health sector	Regulating, monitoring and evaluating impacts of waste on health	Assess the public health impacts of waste management policies and practices Participate in the formulation of national regulations and policies on waste management, integrating public health aspects
	Establishing risk reduction programmes and partnerships for chemical safety and management involving all stakeholders	Establish/update national profiles for mapping chemical hazards Establish/update legislation, national policies and coordination on chemicals
Chemical safety	Building capacity for IHR (2005) implementation, including development/enhancement of national information poison centres	Establish a coordinated system of regulatory, surveillance, preparedness and management of chemical accidents, in conformity with the IHR Establish/update capacity-building programmes on recognition and management of chemical exposures for public health professionals Establish/upgrade national information poison centres
	Developing capacities of the health sector for management of environmental health services throughout the disaster/emergency life cycle	Develop environmental health emergency profiles and establish/update environmental health plans for emergencies
Environmental health and emergencies	Providing adequate environmental health services in health care facilities during emergencies	Operationalize policies, programmes and management systems pertinent to environmental health services in health care facilities, including assessment, provision of services, restoration, etc.

	Priorities	Strategic Actions
Climate change and health	Developing public health national preparedness and response capacity to manage the health effects of climate change	Undertake awareness and advocacy within and outside the public health sector on the health effects of climate change and the need for collective action to protect health from climate change Assess the vulnerability of public health to climate change and identify the current and future health effects of climate change Develop public health system response strategies, plans and projects and integrate them into national health strategies Establish early warning systems for the health effects of climate change
Sustainable development and health	Placing environmental health at the heart of sustainable development	Participate in the formulation of the national sustainable development agenda, streamlining health as a precursor to, outcome of, and indicator of sustainable development Strengthen environmental health in community development programmes and initiatives, e.g. interlinkages with Healthy Settings, Urban Heart, Health in All Policies, the social determinants of health
	Greening the health sector	Establish national environmental resource utilization targets, and increase the efficiency of procurement of resources such as energy and water in the health sector
Food safety	Establishing programmes and building partnerships for managing and minimizing food safety risks in collaboration with other related stakeholders	Compile/update food safety profiles for mapping food contamination risks Compile/update food safety legislation and policies
	Strengthening capacities for responding to food safety events for implementation of the IHR, including establishing surveillance systems, good agricultural practices and risk-based food safety management systems	Establish a coordinated system for monitoring, preparedness and management of food poisoning, in line with the requirements of the IHR
Occupational health	Developing and implementing occupational health and workplace environment policies	Develop and update national occupational health and workplace environment policies Develop and implement national occupational health and workplace environment plans of action in coordination with all related stakeholders, in line with the progress made under the <i>WHO Global Plan of Action on Workers' Health (2008–2017)</i>
	Protecting and promoting health in the workplace environment	Strengthen risk assessment and management capacities in the workplace environment Build capacities for the prevention of occupational injuries and diseases
	Improving and facilitating access to occupational health services	Improve the coverage and quality of occupational health services Build capacities at national and local levels for provision of technical support on issues related to occupational health and human resource development for workers' health
	Reporting information and data on occupational health risks	Design and implement surveillance systems for capturing all occupational injuries and diseases Support research on occupational health and the workplace environment
	Integrating occupational health in all other related policies	Strengthen the capacity of the health sector to collaborate with labour and other related sectors in incorporating occupational health in all related policies

Annex 8

Regional framework for action on preconception care 2019–2023

Annex to resolution EM/RC65/R.2

Annex
Regional framework for action on preconception care 2019–2023

Areas	Strategic action	Progress indicator
Goal and objectives	Define vision, goals and objectives of the national preconception care programme (improving maternal, neonatal and child health outcomes and reducing rates of congenital disorders and low birth weight)	Country has established a national programme with defined vision, goals and objectives
Policy and leadership	Inform and persuade health policy-makers through the use of supporting data and generation of evidence of the importance of providing preconception care to address maternal, neonatal and child health needs, identify existing gaps and improve maternal, neonatal and child health outcomes Highlight cost-effective preconception care core interventions and advocate for funding	Country has developed policy briefs and generates data for health policy-makers
National taskforce and multi-level stakeholders and partnerships	Establish national taskforce to help develop/strengthen national action plan for preconception care Ensure full engagement of key maternal, neonatal and child health actors with intersectoral partners and stakeholders Appoint a preconception care focal point at ministry of health level	Country has established a multisectoral national taskforce for the preconception programme
Communication and social mobilization	Raise community and health care providers' awareness of the positive impact of preconception care on maternal, neonatal and child health outcomes Educate the public, focusing on school and university students, women, men and couples in the premarital and interconception stages, of the importance of preconception care Use various channels to raise awareness of the importance of preconception care, including religious and community leaders, civil society and the national media Develop and implement a national communication and social mobilization plan within the ministry of health Hold regular meetings with other relevant departments to provide updates and strengthen coordination Use existing communication channels, including social media, to promote preconception care Use awareness-raising campaigns to target private sector health care providers and health professionals' associations and advocate for the integration of preconception care into health services	Country has developed and is implementing a national communication plan targeting a range of individuals and groups on the importance of preconception care
Workforce capacity-building	Provide basic education on preconception care to all health care providers Conduct training on preconception care for health care providers and provide specialized training, as required Develop standardized curricula and tools for preconception care and incorporate into medical and nursing school curricula Develop standardized clinical tools and adopt existing preconception care guidelines and protocols Adapt national training curricula and tools taking into consideration high rates of consanguinity and haemoglobinopathies in the Region	Country has developed and is implementing a national capacity-building plan for preconception care
Service delivery and quality of care	Create, adapt and adopt a set of core interventions following WHO guidelines on preconception care Adapt tools to increase/improve quality of care using WHO guidelines Deliver preconception care within primary health care services, integrating it into reproductive, maternal, neonatal and child health care	Country has developed or adapted guidelines and is using them to improve the quality of preconception care services within the primary health care system
Entry point in health system ("every woman, every time")	Utilize opportunities to ask women about their reproductive life planning in: primary health care centres; noncommunicable disease clinics; specialized preconception care clinics; maternal, adolescent and child health clinics/centres; and in premarital counselling programmes	Country has developed a plan to identify entry points in the health care system to reach "every woman, every time" to discuss reproductive life planning

Areas	Strategic action	Progress indicator
Monitoring and evaluation	<p>Develop a set of core indicators to monitor the progress of the national preconception care programme</p> <p>Include preconception care data in national health surveys and use data to improve quality of care</p> <p>Conduct implementation research, whenever possible, to monitor programme performance</p>	<p>Country has developed indicators to monitor the performance of the national programme</p> <p><i>Proposed indicators</i></p> <ul style="list-style-type: none"> • Proportion of pregnant women who took folic acid for at least three months before their pregnancy • Proportion of pregnant women who received preconception counselling/care • Proportion of low weight births • Incidence of neural tube defects in newborns • Gestational age at antenatal care/registration
Implementation	<p><i>Field testing</i></p> <p>Select sites for implementation of the core set of interventions</p> <p>Ensure that trained staff are selected and are provided with supportive supervision</p> <p>Conduct monitoring and evaluation of the programme</p> <p>Dissemination and scale up</p> <p>Demonstrate that the set of interventions of the programme can be effectively implemented and improve maternal, neonatal and child health outcomes</p> <p>Train trainers on preconception care</p> <p>Allocate sufficient resources to sustain the programme</p> <p><i>Sustainability</i></p> <p>Ensure availability of financial resources and allocate a sustainable budget to purchase folic acid for preconception care and maternal health care services</p> <p>Ensure availability of trained human resources</p> <p>Integrate the preconception care package into health care services and allocate the necessary resources for medicines, equipment, guidelines, training and educational tools</p> <p>Maintain the support and engagement of partners</p> <p>Build on best practices and share lessons learnt from countries</p> <p>Disseminate results to policy-makers</p>	<p>Country has a plan to ensure effective implementation of the preconception care programme</p>
Networking	<p>Establish a local network that facilitates effective communication among partners in preconception care</p> <p>Develop a website to share information resources and engage consumers and health care providers</p>	<p>The Region has a local network that facilitates effective communication among partners</p>

Annex 9

**Framework for action on effective engagement with the private health sector to
expand service coverage for universal health coverage**

Annex to resolution EM/RC65/R.3

Annex
Framework for action on effective engagement with the private health sector
to expand service coverage for universal health coverage

Strategies (levels of engagement)	Continuum of engagement	Actions/interventions	Support from WHO and other development partners
1. Develop a policy framework, organizational systems and financing strategies for engaging private health sector providers in the country's health system	Consultation ^a	1.1 Define the objective in engaging the private health sector in the country's health service delivery and the nature/level of that engagement.	<ul style="list-style-type: none"> Facilitate policy dialogue between the ministry of health, the private health sector and other stakeholders. Strengthen/develop the capacity of Member States to engage with the private health sector in health service delivery.
	Involvement ^b	1.2 Create a broad consensus among political, administrative and civil society stakeholders on policy approaches and priorities for engaging the private health sector, embodied in the form of a policy document.	
	Partnership ^c	1.3 Develop a framework for costing and tariff estimates for services provided by the private health sector as prioritized in the policy.	
2. Develop strategic options for private health sector engagement, including strategic purchasing, and facilitate and institutionalize private health sector engagement, including capacity-building	Consultation	1.4 Partner with experts and research groups to identify demand and areas to engage the private health sector, methods of innovative financing, a package of services, population coverage, and other aspects of private health sector engagement as prioritized in the policy document.	<ul style="list-style-type: none"> Help develop financing methods for contracting, purchasing, information systems and other options to engage the private health sector. Build capacities to develop a universal health coverage priority benefit package.
		2.1 Identify appropriate models of private health sector engagement/partnership options and financing methods, including contracting, strategic purchasing and other options, as appropriate to the country.	
	Involvement	2.2 Identify health financing possibilities and relevant information systems to incorporate activities undertaken through engagement with the private health sector.	
		2.3 Develop the institutional system to implement private health sector engagement, including financing methods, purchasing authorities, and contracting and management units at the ministry of health.	
	Partnership	2.4 Define relevant provider payment methods to ensure effective delivery of the identified services/interventions by private health sector providers.	
		2.5 Jointly define the scope and range of services and interventions to be provided by the private health sector, either jointly with the public sector or separately.	
3. Improve the quality of services in the private health sector	Consultation	2.6 Identify the target populations to be covered by private health sector providers under the partnership.	<ul style="list-style-type: none"> Help develop guidance for national quality indicators and accreditation policies through extensive stakeholder consultation. Help develop a reporting/information system for monitoring quality and performance for all health care facilities/providers.
		3.1 Develop policies for accreditation of facilities and the required standards through incentives and disincentives with private health sector syndicates/associations.	
	Involvement	3.2 Establish a system for reporting and information-sharing from the private health sector to appropriate authorities.	
		3.3 Develop unified quality indicators for both the public and private services covering all essential medical products and services.	
4. Ensure that regulatory mechanisms for health systems are enforced effectively in the private health sector	Partnership	3.4 Fully engage the private health sector (syndicates/associations) in developing accreditation standards, quality certification, reporting, monitoring and creating consumer awareness.	<ul style="list-style-type: none"> Provide support to conduct a review of health sector legislation and assessment of regulatory provisions and related institutions for private health sector engagement. Share successful experiences in government enforcement of private health sector regulation.
		4.1 Update necessary legislation for the health sector.	
		4.2 Strengthen ministry of health enforcement capacity in licensing, legal authority, resources and staffing.	
		4.3 Establish/strengthen the licensing and regulation of the health workforce, regulation of dual practice, and the prevention of clinical negligence/malpractice.	
	Involvement	4.4 Establish and empower an autonomous authority for accreditation of health facilities.	
		4.5 Provide feedback and information to the private health sector on regulatory decisions related to medical products.	
		4.6 Establish mechanisms to ensure compliance with accreditation processes and requirements.	
		4.7 Ensure that recruited staff are registered/licensed in accordance with the country's requirements and maintain their registration/license.	
	Partnership	4.8 Develop protocols at the facility level for accreditation, quality monitoring, information-sharing and reporting systems, upgrading licensing/training/skills and continuing medical education.	

Strategies (levels of engagement)	Continuum of engagement	Actions/interventions	Support from WHO and other development partners
5. Develop monitoring and reporting mechanisms for private health sector providers	Consultation	5.1 Develop a checklist of information categories for reporting purposes, including physical standards, staffing, resources deployed, volume of services and quality indicators.	<ul style="list-style-type: none"> • Develop guidance on the minimum list of indicators for private health sector monitoring. • Support the establishment of a routine and reliable data-reporting mechanism. • Help develop a system for data authenticity, verification, analysis, and monitoring and evaluation reports.
	Involvement	5.2 Develop protocols for reporting to appropriate authorities, encryption, and security and storage of relevant information.	
		5.3 Exchange information with public authorities on specified public health indicators.	
	Partnership	5.4 Establish a mechanism to collect and report reliable data for monitoring the performance and compliance of the private health sector.	
		5.5 Partner with the private sector to establish independent networks to monitor and evaluate services and ensure that standards are met.	

^a One-time or short-term involvement, for example through focus groups, meetings, and interviews.

^b Ongoing participation in the process, for example as a source of feedback or through involvement in planning.

^c Involvement in decision-making.

Annex 10

Technical meetings

Khartoum, Sudan, 17 October 2018

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

Introduction

Technical meetings were held on 17 and 18 October 2018 following the closure of the 65th session of the Regional Committee. 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.

Improving the quality and coverage of mortality statistics in the Region

The objectives of the session were to encourage Member States in the Region to: utilize the 2016 International Form of Medical Certificate of Cause of Death to improve the completeness and quality of cause of death data; and to accelerate integration of automated verbal autopsy methods into national civil registration and vital statistics (CRVS) systems, where applicable, for the collection of community-based cause of death information.

Conclusions

The technical paper contained a summary of the progress made by WHO and Member States in deploying interventions to improve the CRVS system and quality of cause of death data in particular. Delegates were informed about the key functions of the CRVS system in providing vital statistics on births, deaths and cause of death, and the role of such information in assisting policy-makers to make informed decisions and provide more targeted public services. CRVS remains a backbone of health information systems and a source of data to generate indicators for the Sustainable Development Goals and GPW 13. WHO worked with Member States and other partners to develop the 2014–2019 regional CRVS strategy, which was endorsed during the 60th session of the Regional Committee in Muscat, Oman, in 2013.

A recent assessment of data shows that the Region has experienced an increase in timely registration of birth data from an average of 60% in 2012 to 69% in 2016. During the same period, death registration in the Region increased from an average of 37% to 54%. With regard to medical certification of deaths (among registered deaths), the percentage of registered and not medically certified deaths declined from 45% during 2011–2012 to 34% during 2015–2016. The percentage of registered and medically certified deaths rose from 55% to 66% during the same period. Key interventions remain to accelerate this progress, such as training physicians in how to complete the death certificate to conform with ICD-10 international standards, training of coders and using the verbal autopsy tool as a short-term solution for countries with limited data on cause of death. The continued support and commitment of ministries of health and other stakeholders (such as the ministry of interior) is essential to ensure usage of the WHO recommended tools for death certification.

A number of CRVS rapid and comprehensive assessments have been completed for all 22 countries of the Region and each country has its own CRVS improvement plan. Several capacity-building initiatives are ongoing to ensure that countries comply with ICD-10 certification of deaths, supporting use of the ANACONDA tool to analyse cause of death, use of ICD-10 Iris automated coding of death, implementation of WHO 2016 automated verbal autopsy methods, implementation of the District Health Information System Startup Mortality List (DHIS 2 SMoL) and orientation workshops on ICD-11. A number of tools and platforms are also available to support implementation of these initiatives.

Proposed actions*Member States*

- Implement the 2016 International Form of Medical Certificate of Cause of Death as soon as possible in death notification platforms to improve the quality of cause of death data.
- In areas where medical certification of death is not possible, integrate the 2016 verbal autopsy tool into the routine CRVS system to collect information on probable cause of death.

Optimizing the use of caesarean section to improve maternal and newborn health in the Region

The objectives of the session were to brief Member States on: the current status of caesarean section in countries of the Eastern Mediterranean Region, including the factors/determinants leading to its overuse; the importance of adopting the updated WHO Robson classification (2017) to optimize the use of caesarean section; and essential non-clinical interventions based on WHO recommendations to reduce rates of unnecessary caesarean sections at health facilities.

Conclusions

Cesarean section is a serious public health issue in the Region and contributes to maternal mortality and morbidity. While the factors contributing to caesarean section rates are complex, increased use of caesarean section is due mainly to lack of national policy/guidelines regarding child birth practice, profit-motivated private institutional settings, improper management of normal labour, irrational use of obstetric interventions, and reduced midwifery input in childbirth. Moreover, many countries in the Region have an inequitable and high caesarean section rate in the private sector, with no reporting of the indications. Raising the awareness of women through targeted messages about the benefits of normal vaginal delivery and the side effects of caesarean section is needed to influence their behaviour and help optimize caesarean section in the Region. WHO recommendations on non-clinical interventions to reduce unnecessary caesarean sections published in 2018 include key interventions to be adopted at the levels of individual women, communities, health professionals and health facilities.

Proposed actions*Member States*

- Adopt WHO recommendations on non-clinical interventions to reduce unnecessary caesarean sections.
- Target childbirth quality of care through the adoption of norms and standards for maternal health services.
- Enhance measurements and use of disaggregated data for caesarean sections per health care facility.

WHO

- Bring the topic of caesarean sections to the next Programme Subcommittee of the Regional Committee and develop a technical paper on the matter.

Development of a regional strategic framework for action for the hospital sector in the Region

The objectives of the session were to: highlight the strategic importance of the hospital sector within health systems in moving towards universal health coverage; present a situation analysis of public hospitals in the Region; identify key regional challenges and priorities in the area of hospital care and hospital management; share experiences in the area of hospital management outside the Region; introduce the WHO position paper on the role of hospitals within WHO's integrated people-centred health services framework; and present a preliminary draft of a strategic framework for action for the hospital sector in the Region.

Conclusions

Ensuring people-centred health services that offer universal access to quality services, social equity and financial protection within a primary health care-led approach is critical to achieving universal health coverage and the targets of the health-related Sustainable Development Goals. Hospitals are central to this ambitious agenda. Hospital transformation entails: new ways of integrating hospital services within the broader service delivery system, communities and social services; improving hospital management and performance; and creating an enabling environment. Member States emphasized the importance of the role of the hospital sector in moving towards universal health coverage, and that the challenges faced by the hospital sector in the Region should be carefully considered.

Addressing these challenges and transforming hospitals to advance universal health coverage requires the development of a strategic framework for action that includes a combination of interventions at both the system and facility levels. At the system level, this involves (re)defining the position, roles and functions of hospitals, and setting clear objectives, thereby fostering a new health and social care model with an appropriate role for hospitals, while at the facility level, it involves (re)organizing hospitals internally and optimizing the production process to strengthen their internal performance and delivery of patient-centred care. The path to transformation should be adapted to country contexts at national and local levels, and different policy instruments might be needed, adapted according to circumstances, to specifically address the most pressing issues locally.

Proposed actions

Member States

- Collect and share reliable information on hospital care, planning and management (country-specific issues) and document good practices.
- Provide feedback on the draft regional framework for action for the hospital sector in the Region and participate in an intercountry meeting for further discussion and feedback.

WHO

- Gather further information regarding the status of the hospital sector in countries of the Region.
- Prepare a regional framework for action for the hospital sector in the Region, based on data derived from the in-depth assessments, to be presented for endorsement by the 66th session of the Regional Committee.
- Convene an intercountry meeting to elicit feedback from Member States on the draft of the regional framework for action for the hospital sector.
- Disseminate information through various platforms on the successful experiences of hospital planning and management in the countries of the Region.

Building health system resilience in the Eastern Mediterranean Region

The objectives of the session were to: raise Member States' awareness of the different hazards affecting countries of the Region, including infectious zoonotic and foodborne-related diseases, chemical, nuclear and radiological emergencies, climate change and consequent natural disasters, and the health consequences of these hazards and their impact; brief Member States on the concept of health system resilience and identify the elements needed to build resilient health systems which not only serve the health needs of the general population but also those of the most vulnerable, including migrants and people who have been displaced; and describe the characteristics and guiding principles of building a resilient health system.

Conclusions

Building resilient health systems provides a unique opportunity for countries to resist, absorb, accommodate and recover from the effects of different hazards in a timely and efficient manner, including through the preservation and restoration of essential basic structures and functions, and

thus accelerate progress towards universal health coverage in the Region. In recognition of the importance of building resilient health systems, there is a need to develop a framework that defines the elements required to achieve this goal.

Achievement of health system resilience requires the engagement of all administrative levels of government and all sectors (health and non-health). It requires governmental and nongovernmental providers, civil society, the private sector and communities to collectively build a system that encompasses preparedness, response and recovery to all hazards, following a risk management approach and bridging humanitarian, developmental and, where appropriate, peace actors. The essential strategic elements needed for building resilient health systems include governance, universal health coverage, International Health Regulations (2005) and essential public health functions, the health information system, and resources.

Proposed actions

Member States

- Advocate for the need to build resilient health systems with policy-makers and both health and non-health providers.
- Engage communities in building health system resilience.
- Build the capacity of the health system to prevent, early detect, mitigate, respond to and recover from all-hazard emergencies in line with the International Health Regulations (2005), the Sendai Framework for disaster risk reduction and universal health coverage.

WHO

- Hold an expert consultation to formulate an evidence-based regional framework for building health system resilience that includes guiding principles and strategic elements, and builds on existing treaties, strategies and frameworks to move towards universal health coverage.
- Share the draft framework with Member States through a web-based consultation in order to collect feedback, and then modify the framework accordingly and present it for endorsement by the 66th session of the Regional Committee.
- Disseminate information through various platforms on the successful experiences of countries in building health system resilience.

Regional plan of action for the implementation of Global vector control response 2017–2030

The objective of the session was to present to Member States the draft regional plan of action 2019–2023 for the implementation of *Global vector control response 2017–2030*, for their input and recommendations for finalization of the plan.

Conclusions

Global vector control response 2017–2030 was developed and endorsed by Member States at the Seventieth World Health Assembly in May 2017, and resolution WHA70.16 was adopted to provide strategic guidance to countries and development partners for the urgent strengthening of vector control to prevent vector-borne diseases and respond to outbreaks. The regional plan of action for implementation of *Global vector control response 2017–2030* will support countries in the Region in developing an integrated and comprehensive approach to vector control and surveillance. The plan of action will assist them in strengthening their capacity and capability for effective, locally adapted and sustainable vector control interventions to reduce the burden and threat of vector-borne diseases, including response to outbreaks, epidemics and humanitarian crises.

There is a need to establish multisectoral collaboration to address the challenges, particularly in resource allocation and mobilization for the response to vector-borne diseases. Incorporating climatic variables in vector surveillance systems is important, and the agricultural sector needs to be included in integrated vector management committees, given its role in insecticide spraying. There is a need to

develop and assess insecticide resistance management plans, and for support to achieve an integrated approach to vector control. The Malaria Free Initiative and environmental management to combat vector-borne diseases are important elements in this. Political commitment, country ownership and leadership, and the engagement of relevant sectors are also critical.

Member States acknowledged that vector-borne diseases are a significant source of morbidity and mortality in the Region, and that an integrated approach to vector control is a key strategy to reduce the burden and threat of vector-borne diseases. The importance of the regional plan of action 2019–2023 for the implementation of *Global vector control response 2017–2030* was recognized and its implementation welcomed. Member States also agreed on the proposed priority activities for the period 2019–2023 in the regional plan of action, which are based on a situation analysis of the capacity of countries.

Proposed actions

Member States

- Conduct or update a national vector control needs assessment.
- Establish and/or revise a national policy and strategy for vector control, based on WHO guidelines and recommendations.
- Establish a well-functioning multisectoral inter-ministerial task force to oversee, coordinate and strengthen vector control activities and to mobilize national resources.
- Enhance national vector surveillance systems, including at points of entry, for early detection of invasive vectors, and monitor and evaluate vector control interventions, and integrate them into the health information system and disease surveillance to guide vector control.
- Develop a national plan for effective community engagement and mobilization in vector control.

WHO

- Finalize the regional plan of action 2019–2023 for the implementation of *Global vector control response 2017–2030*, and monitor and report on the implementation of the priority activities.
- Develop regional guidelines on the development of national vector control policy.
- Develop a regional resource mobilization plan.
- Establish a regional network for vector surveillance and control to support capacity-building in public health entomology, and provide it with technical support.
- Establish and update a regional roster of entomology and vector control experts for rapid outbreak response.

Noncommunicable diseases surveillance training package to strengthen implementation of the WHO global monitoring framework for noncommunicable diseases

The objectives of the session were to: present the regional noncommunicable diseases surveillance training package, comprising six modules, a facilitator's guide and workbook, as a tool to assist Member States to strengthen implementation of the WHO global monitoring framework, which enables global tracking of progress in preventing and controlling major noncommunicable diseases; identify the main challenges and gaps in building effective monitoring and evaluation systems in countries of the Region; and discuss the findings of the pilot testing of the surveillance training package conducted in Iraq in April 2018.

Conclusions

The regional noncommunicable diseases surveillance training package provides an orientation on noncommunicable disease surveillance, its challenges, and setting up effective surveillance systems appropriate to national contexts. The content of the package is based on the three pillars of the WHO framework for noncommunicable diseases surveillance: the monitoring of mortality and morbidity (outcomes), risk factors and determinants (exposures), and national system responses to noncommunicable diseases (a core component of which is health system response and capacity). The

training package also highlights WHO global and regional strategies, policies and frameworks, and provides different tools to assist countries in implementation.

The package was developed by the WHO Regional Office in collaboration with the Eastern Mediterranean Public Health Network (EMPHNET), with contributions from the International Agency for Research on Cancer (IARC), WHO headquarters, and regional and international experts. The overarching aim of the training package is to scale up noncommunicable disease surveillance across the Region, by building a regional network of experts to support Member States in strengthening their national noncommunicable diseases surveillance systems. Delivered in a workshop setting, the target audience is individuals with a background in epidemiology and noncommunicable diseases, including ministry of health noncommunicable diseases focal points and unit staff, other health professionals, and personnel who deal directly with national surveillance and monitoring activities. The training package has been reviewed by experts and pilot tested in one of the countries of the Region, and will be finalized through a consultative process of review and feedback by Member States.

Proposed actions

Member States

- Strengthen human resources and institutional capacity to implement the surveillance, monitoring and evaluation component of the regional framework for action to implement the Political Declaration of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases.

WHO

- Advocate for the integration of noncommunicable diseases surveillance into health information systems, using the training package as a tool to provide orientation to Member States.
- Finalize the draft noncommunicable diseases surveillance system training package and make it widely accessible on the web for use as a tool to support Member States in implementation of the WHO global monitoring framework. This will enable global tracking and evaluation of progress towards achieving the nine global voluntary targets for the prevention and control of major noncommunicable diseases (cardiovascular disease, cancer, chronic lung disease and diabetes) and their key risk factors.

