



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

RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SIXTY-NINTH WORLD HEALTH ASSEMBLY			
Decision/resolution no.	Title/subject	Regional implications	Action/comments
WHA69.1	Strengthening essential public health functions in support of the achievement of universal health coverage	<ul style="list-style-type: none"> Strengthening health systems is one of the five regional health priorities set in 2012. The overarching health system challenges across the Region include the need for: high-level political commitment to the achievement of universal health coverage; strengthening the capacities of ministries of health; reduction in the share of out-of-pocket payment; enhancement of the regulation of the private sector and of its contribution to public health; development of a balanced, skilled and motivated health workforce and adoption of workable models of family practice; reinforcement of health information systems; improvement in access to essential technologies; and support for priority public health programmes. For progress in any of the above areas, there is need to identify existing gaps in public health capacity and performance and the actions that are needed to address these gaps. 	<ul style="list-style-type: none"> The Regional Office launched an initiative (in 2014) to support Member States in assessing the essential public health functions, based on a framework taking into account the regional context. The assessment was successfully conducted in two Member States and followed up with a national stakeholders' workshop in one country. The tool is now being revised in consideration of global health developments and will be available for country assessments during the second half of 2016. Member States are encouraged to undertake the essential public health assessment, as it provides an opportunity to identify the strengths and weaknesses in the public health system and based on the results develop interventions designed to sustain good practices and bridge gaps. The assessment follows a multisectoral approach, bringing together stakeholders from beyond the health sector under the leadership of the Ministry of Health.
WHA69.2	Committing to implementation of the Global Strategy for Women's, Children's	<ul style="list-style-type: none"> The Global Strategy builds on the regional initiative on saving the lives of mothers and children. In 2015 the Regional Committee in 	<ul style="list-style-type: none"> The Regional Office is supporting Member States to develop national reproductive, maternal,

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	and Adolescents' Health	<p>resolution EM/RC62/R.1 urged all Member States to develop or update national strategic plans for reproductive, maternal, neonatal and child health.</p> <ul style="list-style-type: none"> Implementing the Global Strategy will help Member States in targeting women's, children's and adolescents' health in humanitarian and fragile settings through cost-effective and high impact interventions. Indicators should be used for monitoring and evaluation in order to improve accountability at the country level, taking into consideration the global core indicators 	<p>neonatal, and child health strategic plans for 2016–2020 in line with the Global Strategy.</p> <ul style="list-style-type: none"> Close partnership is being demonstrated in the Region, particularly between WHO, UNICEF and UNFPA to support women's and children's health in Member States.
WHA69.3	The Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life	<ul style="list-style-type: none"> Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%. The draft strategy renews commitment and expands on previous policy instruments, to focus attention on the needs and rights of older persons. It provides clear objectives and actions for Member States, the Secretariat and international and national partners to foster commitment by all stakeholders; to create age-friendly environments; to align health systems to older persons' needs; to develop long term care systems; and to advance measuring, monitoring and research for healthy ageing. 	<ul style="list-style-type: none"> National health and non-health strategies, policies and plans should consider the Global Strategy and Plan of Action on Ageing and Health by updating these strategies and by activating effective multisectoral approaches that pay due attention to healthy ageing and the health needs of older people.
WHA69.4	The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	<ul style="list-style-type: none"> Unintentional poisonings kill thousands of people each year (two thirds in developing countries) and are strongly associated with the inappropriate use of toxic chemicals, including pesticides. The resolution aims at strengthening country capacity for the sound management of chemicals by creating opportunities to help build capacity, e.g. chemical risk assessment and management, 	<p>WHO and countries will:</p> <ul style="list-style-type: none"> formulate strategies aimed at prevention of ill health and disease caused by chemicals and wastes, devising better ways to monitor and determine impacts of chemicals and wastes on health; establish/develop poison centres, building capabilities of countries to deal with

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		<p>classification and labelling of chemicals, legislation and laws, health sector preparedness and response to chemical accidents (especially important in crisis countries).</p> <ul style="list-style-type: none"> • Most countries in the Region have signed and/or ratified the international multilateral agreements and conventions pertinent to chemicals. Thus, this resolution will add no extra obligations on countries. • Many countries of the Region do not have a chemical safety programmes, or even poison information or control centres. • The IHR 2005 requires countries to have the capacity to detect, report and respond to chemical events (only 50% of the countries of the Region have achieved this so far). 	<p>poisoning and chemical incidents;</p> <ul style="list-style-type: none"> • build national capacity on chemical safety competency under IHR (especially in countries in crisis); • continue implementation of the relevant multilateral environmental agreements, involving the health sector; • formulate strategies directed specifically at the health of children and workers, promoting alternatives to highly toxic and persistent chemicals; • raise awareness, risk communication and multisectoral coordination on chemical safety and waste management.
WHA69.5	WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children	<ul style="list-style-type: none"> • The global action plan encourages Member States to adapt it at national level, and proposes actions under four strategic directions: health system leadership and governance; service delivery and health providers' response capacity; programming for prevention; and information and evidence. 	<ul style="list-style-type: none"> • In preparation for country-level implementation of the plan, the Regional Office conducted an analysis of national health sector protocols on violence against women in countries based on WHO guidelines. A similar exercise will be done for protocols on violence against children after the related guidelines are finalized in 2017. • WHO will coordinate closely with other UN agencies for consistent messaging and support to Member States as required. For example UNFPA will be piloting the WHO–UNFPA–UN Women–UNODC–UNDP Essential Services Package for Women and Girls Subject to Violence in Tunisia.
WHA69.6	Prevention and control of noncommunicable diseases: responses to	<ul style="list-style-type: none"> • Careful and strategic planning is needed in order for countries to achieve the progress needed by the 	<ul style="list-style-type: none"> • WHO will assist Member States to review and track their national progress based

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	specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018	time of the next United Nations review in 2018 and the global and national targets by 2025.	<p>on the regional framework for action and 10 progress indicators. Regular follow-up through regional meetings will facilitate review and progress before the 2018 High-level Meeting.</p> <ul style="list-style-type: none"> • A country capacity survey will be completed by the end of 2016 to reflect country status and progress.
WHA69.7	Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results	<ul style="list-style-type: none"> • The resolution requests Member States to accelerate implementation of the Brasilia Declaration of Road Safety, which draws the road map for accelerated action in the second half of the Decade of Action for Road Safety 2011–2020. • Noting the SDG target of reducing road traffic deaths and injuries by 50% by 2020, WHO should support Member States to develop accelerated comprehensive national strategies and plans, including trauma care and rehabilitation. • WHO is now requested to continue facilitating the development of voluntary global performance targets on risk factors and service delivery mechanisms. This should be done in close consultation with Member States to take into account varying country context. 	<ul style="list-style-type: none"> • The Regional Office, in collaboration with Johns Hopkins University, is conducting an in-depth analysis of the burden of road traffic injuries and related risk factors in the Region. • Based on the findings, structured guidance will be developed on priority cost-effective interventions to address existing gaps in the three groups of countries of the Region taking into consideration existing contexts. • The final outcome of this effort will be presented to a regional ministerial meeting for endorsement and taking forward for implementation at the country level.
WHA69.8	United Nations Decade of Action on Nutrition (2016–2025)	<ul style="list-style-type: none"> • All Member States should set national targets to address the double burden of malnutrition in line with the recommendations of the Second International Conference on Nutrition and Sustainable Development Goal 2, and develop national action plans. 	<ul style="list-style-type: none"> • WHO and Member States will develop regional and national action plans for the next five years.
WHA69.11	Health in the 2030 Agenda for Sustainable Development	<ul style="list-style-type: none"> • Health systems strengthening is needed with universal and equitable health coverage to reach the targets of the SDGs. • A culture of measurement and good 	<ul style="list-style-type: none"> • Establishment of a task force could be considered at the regional level to oversee progress towards the SDGs. • WHO will work with

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		<p>governance culture needs to be adopted to follow up health progress and ensure accountability.</p> <ul style="list-style-type: none"> • Health information systems will need to be strengthened and capacities built at national level to ensure adequate monitoring and reporting of progress towards meeting the health-related targets. • Research and innovation is needed to orient health policy and converge towards SDGs targets. • All partners in the Region need to anticipate the impact of crisis and post-crisis situations while undertaking SDG-related efforts to ensure their sustainability. • Social changes in different countries of the Region also need to be considered when planning for and addressing SDGs. 	<p>Member States on building national capacities to monitor progress of SDGs.</p> <ul style="list-style-type: none"> • Priority should be given to identifying relevant measurable indicators, working with countries to collect, validate and use data for improved policy and planning. • Reaching the health-related targets will only be possible with clear health-in-all-policies and whole-of-government approaches at national level. • The SDGs place emphasis on country and regional follow-up and review processes, as the basis for accountability and remedial actions. Civil society bodies and other relevant structures will have a role to play in supporting governments to work towards achieving the ambitious agenda.
WHA69.12	Scale of assessments for 2017	<ul style="list-style-type: none"> • The Health Assembly accepted the Director-General's financial report and the scale of assessments of Members and Associate Members for the year 2017. 	<ul style="list-style-type: none"> • The Regional Committee in 2013 requested Member States to consider increasing the level of assessed contributions to the Organization through collective action in the governing bodies. • The Region's assessed contribution is 3.6311% for 2017.
WHA69.13	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution	<ul style="list-style-type: none"> • At the time of opening of the Sixty-ninth World Health Assembly, the voting rights of Somalia and Yemen were suspended, such suspension to continue until the arrears have been reduced, at the present or future Health Assemblies, to a level below the amount that would justify invoking Article 7 of the Constitution. 	<ul style="list-style-type: none"> • Somalia and Yemen are still in arrears and their voting rights remain suspended. • Management should review and consider alternative solutions, if possible.
WHA69.14	WHO programmatic and financial report for	<ul style="list-style-type: none"> • The Health Assembly accepted the WHO programmatic and financial 	<ul style="list-style-type: none"> • The regional financial statement for 2015 was

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	2014–2015 including audited financial statements for 2015	report for 2014–15, including audited financial statements for 2015.	approved including the financial analysis and justification for variations between 2014 and 2015.
WHA69.15	Report of External Auditor	<ul style="list-style-type: none"> • The Health Assembly accepted the report of the External Auditor. 	<ul style="list-style-type: none"> • The Regional Office will continue to give priority to improvements in accountability, transparency and risk management, including counterpart capacity building and outreach.
WHA69.17	Amendments to the Staff Regulations: dispute resolution	<ul style="list-style-type: none"> • The title of Staff Regulation Article XI changed from ‘Appeals’ to ‘Dispute resolution’. 	
WHA69.19	Global strategy on human resources for health: workforce 2030	<ul style="list-style-type: none"> • The health workforce is a significant challenge for all countries in the Region. • The strategy calls for increased investment in health professionals training and employment at country level. • Health workforce development should be maintained high on the agenda of Member States. • The global strategy on human resources for health is comprehensive and needs to adapted to regional context. 	<ul style="list-style-type: none"> • In line with the global strategy, a regional strategic framework has been developed in consultation with Member States. • Strengthening health workforce governance capacities is important. • Country level policy dialogues will be facilitated to advance implementation of the global and regional health workforce strategies. • WHO will support the development and implementation of national health workforce strategic plans. • Mechanisms for monitoring at regional level will be critical.
WHA69.20	Promoting innovation and access to quality, safe, efficacious and affordable medicines for children	<ul style="list-style-type: none"> • Access to safe and effective medicines for children for affordable prices is an issue in all countries of the Region 	<ul style="list-style-type: none"> • More focus is needed on strengthening national regulatory systems including pharmacovigilance and post-market surveillance and promoting quality, ethical clinical trials of medicines for children and the accessibility and availability of quality, safe, effective and affordable

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			<p>medicines for children.</p> <ul style="list-style-type: none"> • Relevant countries should consider becoming a member of the paediatric medicines regulators network to promote collaboration between regulatory authorities on the regulation of medicines for children, and research and development of medicines for children.
WHA69.21	Addressing the burden of mycetoma	<ul style="list-style-type: none"> • Mycetoma is or has been reported from several countries in the Region, including Djibouti, Islamic Republic of Iran, Pakistan, Saudi Arabia, Somalia, Sudan and Yemen. The Government of Sudan was the main sponsor of the resolution and strongly advocated for its adoption. 	<p>WHO will:</p> <ul style="list-style-type: none"> • liaise with ministries of health in order to ensure inclusion of mycetoma into the national disease portfolio and relevant policy documents; • support resource mobilization efforts to address the burden of mycetoma in relevant countries; • support building of regional capacities on clinical management of mycetoma through the WHO Collaborating Centre on Mycetoma at the University of Khartoum, Sudan • collect country-level information on the burden of mycetoma and clinical management practices; • convene a global meeting with international experts in order to carry out a situation analysis and agree on main action points required to implement the resolution at global, regional and country levels; • establish a global working group to consolidate agreed action points into a mycetoma road map; the road map will be presented and adopted during a dedicated event to be held in conjunction with the WHO

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			Meeting on Buruli Ulcer; regional workplans will be subsequently developed in compliance with agreed road map.
WHA69.22	Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021	<ul style="list-style-type: none"> • Global targets set for prevention and treatment of HIV and sexually transmitted infections (STI) are very ambitious for the context of the Region, where most countries are lagging behind. • Key populations at higher risk are those most affected by HIV and STI epidemics. Progress of national HIV programmes in reaching those populations with prevention, diagnosis and treatment is very slow. • Operationalization of the global strategy requires commitment and investment from WHO, Member States and partners. • Two countries in the Region have a very high burden of viral hepatitis C (Egypt, Pakistan). The hepatitis B burden is high in Pakistan. • Viral hepatitis prevention and control programmes in most Member States are still nonexistent or in the early stage of development. In Egypt and Pakistan, the programmes will require massive scale-up to achieve global targets. • Baseline data need to be established for national and global indicators and capacity built for sustained monitoring. 	<ul style="list-style-type: none"> • WHO will continue to provide technical support to governments and civil society organizations in collecting and analysing strategic information, developing national strategic plans, implementing effective evidence-based approaches for service delivery recommended by the global strategy including integration and decentralization of HIV and STI services and the inclusion of HIV and STI in universal health coverage strategies and programmes. • The Regional Office is developing regional action plans for HIV and hepatitis based on the global health sector strategies for endorsement by the Regional Committee.
WHA69.23	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	<ul style="list-style-type: none"> • Establishment of a global health research and development observatory, building on national and/or regional databases and observatories, could benefit Member States in the Region. • A pooled fund would be useful for Group 3 countries in encouraging health research focusing on type I diseases. • Despite discrepancies in funding health research and development in 	<p>Actions needed by WHO and Member States include the following:</p> <ul style="list-style-type: none"> • coordinating health research and development through efficient information-sharing and collaborative research networks which could set joint priorities and manage research and resource allocation; • involving the re-formulated

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		<p>the Region, it is recognized that some countries have made substantial improvement in funding health research and development (e.g. Islamic Republic of Iran, Qatar, Saudi Arabia, Tunisia), while others have pledged increased investment in this field (e.g. Egypt, Pakistan, United Arab Emirates).</p>	<p>Eastern Mediterranean Advisory Committee on Health Research (2015), mandated to advise the Regional Director on research for health issues and formulate regional priorities for health research in light of policies set by global and regional governing bodies;</p> <ul style="list-style-type: none"> • coordinating with WHO collaborating centres active in the Region for generation of evidence needed for policy-making and health planning; • holding periodic stakeholder meetings as a platform for promoting, facilitating and funding health needs-driven research based on evidence; • designing, funding and implementing specific health research demonstration projects that match regional needs and priorities; • supporting the pooled fund, aiming at yielding resources necessary for evidence-based control of type III and type II diseases, and specific needs of low-middle income countries in relation to type I diseases (such support could come from Group 1 countries or related funding agencies, e.g. Qatar Foundation, Kuwait Foundation for the Advancement of Sciences, Prince Walid bin Talal Foundation, Prince Mohamed bin Rashid Foundation); and • collating and incorporating available data on ethics and research during disasters and emergencies in the global health research and

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			development observatory.
WHA69.24	Strengthening integrated, people-centred health services	<ul style="list-style-type: none"> • Introduction of the framework on integrated, people-centred health services needs more clarification and debate with countries in the Region. • Consensus is needed on an approach to implementing the framework in countries with emergencies. • A universally available monitoring tool needs to be developed. 	<p>WHO will:</p> <ul style="list-style-type: none"> • communicate a simplified concept of the framework with Member States; • support countries to build their capacities, develop and communicate clear vision and sound strategies towards integrated, patient-centred health services; • continue ongoing interventions such as promoting the family practice approach, quality of care, patient safety and hospital management; • assist Member States to measure primary health care and hospital performance and come out with the gaps and priority interventions to adapt the framework.
WHA69.25	Addressing the global shortage of medicines	<ul style="list-style-type: none"> • Medicine shortages and stock-outs are a global concern and pose challenges in the Region. • Shortages result in inability to fulfil prescriptions, causing poor quality prescribing and can lead to poor health outcomes. • All types of medicines are affected by shortages, including life-saving medicines, controlled medicines, vaccines and paediatric medicines. 	<p>Action needed by countries with WHO support:</p> <ul style="list-style-type: none"> • develop national action plans and procedures to address medicine shortages; • encourage national regulatory authorities to publish a list of medicines in shortages and encourage local manufacturers to produce them and the wholesalers to import them by providing a fast track registration scheme; • where relevant, consider joining the WHO prequalification programme for products for children for HIV/AIDS, hepatitis B and C, tuberculosis, and malaria; • encourage local manufacturers to produce those older, inexpensive medicines which are vulnerable to shortages; • explore possibilities to produce generic medicines

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			<p>of interest;</p> <ul style="list-style-type: none"> • use their right to issue compulsory licensing for highly priced medical products; and • where relevant, become a member of the paediatric medicines regulators network to promote collaboration between regulatory authorities on the regulation of medicines for children, and research and development of medicines for children. <p>Action by WHO:</p> <ul style="list-style-type: none"> • assist countries with emergency and conflict situations in procuring medical supplies.
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE WORLD HEALTH ASSEMBLY IN ITS SIXTY-NINTH SESSION			
WHA69(11)	Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution	<ul style="list-style-type: none"> • Air pollution is estimated to result in approximately 400 000 premature deaths annually in the Region. • Levels of particulate matter in the Region are the highest among all WHO regions. The annual average is almost ten times the WHO-recommended level in most cities of the Region that report air pollution data. About 50% of this pollution occurs naturally as a result of sand and dust storms that are increasing in frequency and duration due to climate change. Although the health impact of this naturally-occurring pollution is not well understood, it is creating ambiguity and delays in taking appropriate action to control other sources of air pollution such as transport, power generation and residential warming and cooling. • While implementing the global road map in the Region, there is a need to focus on: capacity building and research for addressing the health impacts of naturally occurring air pollution (such as dust storms); technology transfer and technical expertise for air quality monitoring 	<ul style="list-style-type: none"> • The global road map and recent WHO updates on air pollution and health will be discussed in a technical meeting immediately prior to the Regional Committee in October 2016. • An expert consultation is planned for late 2016 to finalize a plan of action for implementation of the roadmap in the Region. The plan will be submitted to the Regional Committee for endorsement in 2017. • Financial and human resources need to be allocated at regional and country levels.

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		<p>and modelling; and a resource mobilization mechanism for helping developing and least developed countries in implementation of the road map.</p> <ul style="list-style-type: none"> The decision was not accompanied by a clear financial mechanism for supporting activities at regional and country levels. The current planned budget allocations are not sufficient for implementation of the road map in the Region. 	
WHA69(12)	Report of the Commission on Ending Childhood Obesity	<ul style="list-style-type: none"> The report proposes a range of recommendations for governments aimed at reversing the rising trend of children aged under 5 years becoming overweight and obese. Member States need to reinforce regulations on the marketing of complementary foods and beverages high in fat, sugar and salt and offer guidance and support to caregivers to limit consumption of these foods and beverages by infants and young children. 	<p>The following actions are needed by WHO and Member States.</p> <ul style="list-style-type: none"> Developing or reinforcing coherent policies with non-health sectors to ensure healthy food supply partnership with private sectors to support implementation of WHO agenda without conflict of interest. Investing in informative research to create an evidence base that can be used to enlighten and advance the implementation of the recommendations.
WHA69(14)	Implementation of the International Health Regulations (2005)	<ul style="list-style-type: none"> The Health Assembly considered the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The Health Assembly requested the Secretariat to develop a draft global plan for the implementation of the recommendations of the Review Committee, for consideration by the Regional Committees in 2016. The final version of the global implementation plan with inputs from Regional Committees will be submitted for the consideration of the Executive Board at its 140th session. 	<ul style="list-style-type: none"> A draft global plan of action has been developed that includes immediate planning to improve implementation of the IHR (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with new proposals that require further discussion with Member States. The draft has been shared with the Regional Offices for comment and feedback. The final draft of the global implementation plan that will be shared with the 63rd Regional Committee

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			<p>meeting for the Eastern Mediterranean as an annex to the progress report on the implementation of IHR (2005) includes six areas of work, each of which includes a number of actions.</p> <ul style="list-style-type: none"> • Outcomes of discussion during the 63rd Regional Committee will be shared with the Secretariat to be reflected in the final global plan of action.
WHA69(15)	Public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016	<ul style="list-style-type: none"> • Target 3.5 of Sustainable Development Goal 3 is to strengthen the prevention and treatment of substance abuse. • Drug use accounts for the major proportion of the regional burden of disease attributable to alcohol and substance abuse. • There is growing demand for guidance by policy-makers to strengthen the public health response to the issue of drug use. • There is no regional strategy or action plan to promote balance in national policies on controlled substances for medical use and research. 	<ul style="list-style-type: none"> • A regional framework is under development for strengthening public health response to drug use.
WHA69(18)	Real estate: update of the Geneva buildings renovation strategy	<ul style="list-style-type: none"> • The second phase of main building refurbishment may affect the financing of the Real Estate Fund for the Region and the budget needed for the repair and maintenance of WHO-owned buildings and the projected needs of office space in countries and at regional level. 	<ul style="list-style-type: none"> • The Real Estate Fund will need to be reassessed periodically to avoid affecting the repairs of WHO-owned properties and to ensure the smooth pay-back of the interest-free loan over 50 years.
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 138TH SESSION			
EB138.R9	Confirmation of amendments to the Staff Regulations and Staff Rules: remuneration of staff in the professional and higher categories	<ul style="list-style-type: none"> • The 1 January 2016 salary scale applies as relevant. 	
EB138.R10	Amendments to the	<ul style="list-style-type: none"> • The salaries apply as relevant. 	

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	Staff Regulations and Staff Rules: remuneration of staff in ungraded posts and of the Director-General		
EB138.R11	Confirmation of amendments to the Staff Regulations and Staff Rules: financial responsibility, classification review and recruitment policies	<ul style="list-style-type: none"> Changes will apply with regard to financial responsibility, classification review and recruitment policies. 	
EB138.R12	Confirmation of amendments to the Staff Regulations and Staff Rules: internal justice reform	<ul style="list-style-type: none"> The new internal justice system will apply in the Region as from 1 September 2016. 	
DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 139TH SESSION			
EB139(1)	Dementia	<ul style="list-style-type: none"> Dementia currently affects more than 47 million people worldwide, of whom 2.3 million live in North Africa and the Middle East. These figures are expected to rise to 75 million and 4.4 million by 2030, respectively. Noncommunicable diseases are on the rise and the regional prevalence of the four main behavioural risk factors (tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diet) are among the highest in the world. The four main risk factors for noncommunicable diseases are also the modifiable risk factors for dementia. The regional frameworks for scaling up implementation of the United Nations Political Declaration on Prevention and Control of Non-Communicable Diseases and scaling up action on mental health have been adopted by countries. 	<ul style="list-style-type: none"> WHO in collaboration with World Innovation Summit for Health (WISH) is organizing a special event and a side meeting on dementia to bring together stakeholders to facilitate shared learning among country responses to the increasing burden associated with dementia. The meeting will facilitate the development of coordinated regional and country-level actions through policy and social innovation in order to improve the care and monitoring of dementia.