

Resolutions and decisions of regional interest adopted by the Seventieth World Health Assembly and the Executive Board at its 140th and 141st sessions

Decision/resolution no.	Title/subject	Regional implications	Action/comments
EB140(3) WHA70.6	Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth	<ul style="list-style-type: none"> • Countries of the Eastern Mediterranean Region face an overall shortage in the health workforce varying in magnitude from country to country. Quite a number of countries face constraints in employment capacities, thus, the investment in health professionals education and job creation in the health sector is very pertinent to our Region. • The health workforce is one of the major pillars of health systems and augmented and accelerated efforts are required to scale up the health workforce in the Region. • Better understanding of the health labour market in countries, and dialogue between the health, education, labour, civil service and finance sectors should be promoted and strengthened to take the recommendations of the High Level Commission forward in the Region. • The implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth will require a new approach and increased investment in health workforce education and employment. 	<ul style="list-style-type: none"> • Member States at national and regional level should engage in and support the implementation of the Commission's recommendations and the five-year action plan for health employment and inclusive economic growth (2017–2021). • Regional dialogue on the health workforce will be maintained to augment understanding of relevant actions and advocacy for the health workforce. • Efforts to develop national policies and strategic plans for the health workforce and to strengthen health workforce governance and leadership will be important. • Country level policy dialogues bringing together various stakeholders will be facilitated to advance the implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth. • Technical cooperation is needed to strengthen health workforce information to ensure better planning and monitoring of health workforce.
EB140(4) WHA70(9)	Polio myelitis; Polio myelitis: polio transition planning	<ul style="list-style-type: none"> • Polio transition to be considered a priority at regional and country level. • Develop a strategic action plan on polio transition by end of 2017. • Report regularly on the planning and implementation of the transition process to the governing bodies. 	<ul style="list-style-type: none"> • A second meeting of the Regional Polio Transition Steering Committee was held on 12 June 2017. It was decided that an interdepartmental team should review the transition plans of the priority countries. The plans for Sudan and Somalia are to be finalized before the end of 2017 while Pakistan and Afghanistan are to start the process in the first quarter of 2018. • A third meeting of the Steering Committee is being planned around the Regional Committee meeting in October 2017. • A side meeting on transition planning is being planned during the upcoming Regional Committee meeting. • The regional and headquarters transition focal points will make a field visit to Somalia during 16–22 July to support the country team in the development of the transition plan.
EB140(5) WHA70(10)	Decision concerning the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits; Review of the Pandemic Influenza Preparedness Framework	<ul style="list-style-type: none"> • Seven low- and middle-income countries in the Region (Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Morocco and Yemen) have benefited from the Partnership Contribution funds with the objective of improving epidemiological and laboratory surveillance capacities for influenza. Through such support, substantial progress has been achieved in the countries in receipt of Partnership Contribution funds in the following key areas: <ul style="list-style-type: none"> - expanding epidemiological surveillance for influenza (severe acute respiratory infection/influenza-like illness) (SARI/ILI); - strengthening national influenza 	<ul style="list-style-type: none"> • Member States in the Region may accept the report and voice support for WHO's efforts in implementing the Pandemic Influenza Preparedness Framework effectively with a view to improving the global preparedness and response capacity for human pandemic influenza. In doing so, the following interventions can be made: <ul style="list-style-type: none"> - Considering the benefits and progress made in the areas of improving epidemiological and virological surveillance capacity for pandemic influenza, more middle- and low-income countries should be included as recipient of the Pandemic influenza preparedness Partnership Contribution funds during the 2018–2022 period.

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		<p>centre/influenza laboratories with the aim of building and maintaining laboratory surveillance for seasonal influenza virus;</p> <ul style="list-style-type: none"> - improving understanding of the epidemiology, seasonality and risk factors for seasonal influenza 	<ul style="list-style-type: none"> - The outstanding Partnership Contribution payments from the private sector need to be received in a timely manner. - Greater synergy linkage and congruence must be achieved between the activities of the Pandemic Influenza Preparedness Framework and the activities/plans, etc. of other WHO programmes, such as the Global action plan for influenza vaccines and the International Health Regulations (IHR 2005).
EB140(6) WHA70(21)	<p>Member State mechanisms on substandard/spurious/falsely-labelled/falsified/counterfeit medical products</p> <p>Member State mechanism on substandard and falsified medical products</p>	<ul style="list-style-type: none"> • Substandard and falsified medical products from all therapeutic categories have been reported from the Region to WHO, including medicines, vaccines and in vitro diagnostics. • It is difficult to assess the extent of substandard and falsified medical products in the Region due to lack of resources/skills to detect substandard and falsified medicines and weak medicines regulatory systems. • Adequate control over the supply chain of medicines in Member States in the Region is needed as substandard and falsified products may be distributed through different channels such as government and private hospitals, pharmacies or other legitimate and/or illegitimate distributors. 	<ul style="list-style-type: none"> • National regulatory authorities in most countries of the Region need to be strengthened and their capacity built up to combat substandard and falsified products. • Legal measures to control the advertisement and sale of medical products should be developed in Member States as a post-marketing regulatory function. • Field detection technologies should be made available in Member States in the Region in addition to training on prevention, detection and response of substandard and falsified products as health care providers or patients may be unable to detect or differentiate between falsified and genuine high standard medical products. • Establish a better system for regional communication and dissemination of information regarding substandard and falsified products between Member States.
EB140(7) WHA70(17)	<p>Draft global action plan on the public health response to dementia</p> <p>Global action plan on the public health response to dementia</p>	<p>Provide technical support to Member States to develop, as soon as practicable, national action plans in line with the Global plan of action on the public health response to dementia 2017–2025.</p>	<p>Provide technical support for the setting up of a global dementia observatory in countries, which will help with mapping of existing capacities and resources, development of national action plans and reporting on the progress as per the resolution.</p>
EB140(8)	<p>Overall programme review of the global strategy and plan of action on public health, innovation and intellectual property</p>	<ul style="list-style-type: none"> • Scarce resources for human resource development and innovation, limited awareness of the Global strategy and plan of action on public health, innovation and intellectual property, weak infrastructure and regulatory frameworks all impede absorption of technologies and compliance with many aspects of the Global strategy and plan of action on public health, innovation and intellectual property in the Region. • Availability of, and accessibility to, health products and services are limited, especially in Group 3 countries. • Most health sector financing in low- and middle-income countries has been dependent on international aid. • There is an urgent need for developing national capacities vis-à-vis prioritized health research and knowledge management and translation in support of evidence-based health policy-making. • Measures to promote and coordinate research into all types of disease need to be substantially enhanced. 	<p>In its 140th session, the Executive Board decided to:</p> <ul style="list-style-type: none"> • approve the terms of reference of the overall programme review of the Global strategy and plan of action on public health, innovation and intellectual property, set out in Annex 1 to this decision; • request the Secretariat to develop an indication of funding requirements and possible sources of the implementation costs of the recommendations of the programme review, and present these to the Seventy-first World Health Assembly in 2018 through the Executive Board at its 142nd session. <p>The evaluation resulted in the following key actions for consideration by:</p> <ol style="list-style-type: none"> I. Member States: <ul style="list-style-type: none"> • Element 1: Ensuring that human resource development is prioritized, through multi-stakeholder consultation; • Element 2: Promoting streaming research in low- and middle-income countries; enhancing national capacity for analysing and managing clinical trial data; promoting multisectoral participation in the development of health research policy; • Element 3: Strengthening national efforts for tapping unrealized potential of traditional medical knowledge by boosting local research and development and manufacturing capacity, enhancing educational and training efforts and negotiating partnerships with high-income and upper-middle-income countries for mutual advantage; • Element 4: Working with stakeholders to improve technology transfer for production of health products;

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			<ul style="list-style-type: none"> • Element 5: Strengthening awareness of the flexibilities provided in the Agreement on trade-related aspects of intellectual property rights (TRIPS); intellectual property rights and the need for equitable and affordable access to essential health products in low- and middle-income countries; creating required baseline data, indicators and an evidence base to properly evaluate the outcomes of the Global strategy on public health, innovation and intellectual property initiatives under this element; • Element 6: Combining efforts for increasing funding to improve delivery of, and access to, health products; strengthening national regulatory agencies to facilitate rapid access to health products for citizens; • Element 7: In the context of SDG 3.8 on universal health coverage, securing adequate research and development efforts for development of health products; encouraging public–private partnerships/product development partnerships to ensure availability/affordability of health products in low- and middle-income countries; • Element 8: Planning for a final evaluation of the implementation of the Global strategy on public health, innovation and intellectual property initiatives in 2023 and strengthening national monitoring and evaluation systems to assess the implementation of the strategy. <p>II. WHO Secretariat:</p> <ul style="list-style-type: none"> • Element 1: Supporting Member States to monitor progress in prioritization of research and development; coordinate human resource development at national, regional and global levels; develop publicly accessible repositories for health research; conduct national assessments and periodical re-evaluations of health research coordination; • Element 2: Strengthening work with partners for developing strategic research networks, improving access to scientific and technological knowledge and strengthening efforts towards improving the coordination of human resource development in low- and middle-income countries; • Element 3: Exploring options to support needs-based development of health products and build research and development capacity, with a focus on type II and type III diseases/specific needs in relation to type I diseases; contributing to new incentive schemes for health innovation by providing more funding and infrastructure; • Element 4: Encouraging further capacity-building among low- and middle-income countries regarding technology transfer and related actions; • Element 5: Strengthening capacity related to intellectual property management; providing technical support to integrate initiatives in the Global strategy on public health, innovation and intellectual property implementation and proper evaluation of its outcomes; • Element 6: Strengthening efforts under the Prequalification of Medicines Programme; conducting/ethically reviewing joint reviews of clinical trials; strengthening national drug regulatory capacity and helping to develop capacity to address barriers to accessing affordable health products and medical devices; • Element 7: Working with other stakeholders to implement recommendations of the Consultative Expert Working Group on

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			<p>Research and Development: financing and coordination;</p> <ul style="list-style-type: none"> • Element 8: Completing the development of a web-based platform for monitoring and information-sharing regarding the progress and experience among Member States in implementing the Global strategy on public health, innovation and intellectual property initiatives; revising the National Assessment Tool appropriately to effectively discharge responsibilities regarding monitoring and reporting of the Global strategy on public health, innovation and intellectual property.
EB140(9) WHA70.15	Promoting the health of refugees and migrants	<ul style="list-style-type: none"> • More than half (55%) of all refugees worldwide come from just three countries, of which two Afghanistan and the Syrian Arab Republic, are in the Region. • Lebanon has continued to host the largest number of refugees relative to its national population, followed by Jordan then Turkey. • Unaccompanied or separated children, mainly Afghan and Syrian, lodged asylum applications in 70 countries. • The following are the main challenges relating to refugees and migrants in the Region: <ul style="list-style-type: none"> - absence of accurate and timely data on legal status of migrants; access of migrants to public sector services; and access to the market/jobs; - geopolitical turmoil in the Region and the increasing related implications of political insecurity, increasing poverty levels and food insecurity will lead to potential increases in the numbers of refugees and migrants; - overstretched health care systems in countries hosting refugees and migrants; - inadequate financial support for countries hosting refugees and migrants. 	<ul style="list-style-type: none"> • Situation analysis is ongoing to determine the scope of the migrant and refugee populations in the Region through participation in the global survey, field visits, and assessment of the resilience of the health system in coping with the influx of refugees and migrants. • A regional strategic framework for migrants and refugees is under development through a consultation of experts to take place in October 2017, and a regional plan of action will be developed based on the Global Action Plan. • The regional strategic framework and regional plan of action for migrants and refugees will be discussed in the 65th session of the Regional Committee for the Eastern Mediterranean in 2018. • A regional meeting will be conducted in October 2018 to put the framework/plan of action into implementation.
EB140/10	Engagement with non-State actors	<ul style="list-style-type: none"> • Cooperation and partnership with the Bill & Melinda Gates Foundation can continue. • The acceptance of the International Rescue Committee means it can be considered a partner for the Health Emergencies Programme (WHE) in countries in crisis. 	<ul style="list-style-type: none"> • Consider a regional memorandum of understanding. • Invite the International Rescue Committee to Health Emergencies Programme events. • Share Annex 2 of document EB140/42 with Member States.
EB140.R6 WHA70.9	Scale of assessments for 2018–2019	None	The same scale was adopted by WHO this year as for 2017
EB140.R7 WHA70.11	Preparations for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018	<p>Delegates endorsed an updated set of policy options and interventions to help countries meet global targets to prevent and control noncommunicable diseases (Appendix 3 of the Global action plan for the prevention and control of NCDs 2013–2020). The new set includes 16 interventions known as “best buys” within WHO's Global action plan.</p> <p>The resolution requested the Director-General to submit a report on preparations for the third High-Level Meeting of the General Assembly on the prevention and control of noncommunicable diseases, to be held in 2018, to the Seventy-first World Health Assembly in 2018, through the Executive Board.</p>	<p>Use the updated Global action plan for the prevention and control of NCDs 2013–2020: Appendix 3 in providing technical support to Member States in the Eastern Mediterranean Region.</p> <p>Support the preparation process at national and regional levels for the third High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018.</p>
WHA70.1	Arrears in payment of contributions: Somalia	Enabled to restore Somalia's voting privilege.	Need to follow up on the payment of 2017 amounting to US\$ 4650.
WHA70.5	Programme budget 2018–2019	The Regional Office's total budget for 2018–2019 is US\$ 544.7 million, or 12.3% of the total global budget. For the base programme, the Regional Office's budget is US\$ 336 million, or 9.9% of the total global base programme	The Regional Office's base programme budget at the start of July 2017 is only funded to the level of 64% or US\$ 207.1 million, of which US\$ 128.3 million (62%) is corporate flexible funding. Thus the Regional Office continues to have a high reliance

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WHA70.8	Status of collection of assessed contributions, including Member States in arrears for payment of their contributions to an extent that would justify invoking Article 7 of the Constitution	<p>budget. This base budget for the Regional Office represents a 3.5% increase with reference to the current 2016–2017 budget (US\$ 324.5 million).</p> <p>Somalia's voting privilege was suspended based on previous Health Assembly resolutions, but was restored by WHA70. Afghanistan was among the Member States which did not respect previous resolutions having special arrangements for arrears repayment and their voting privilege was about to be suspended, but they managed to pay partial contribution before the start of WHA70. Lebanon was among the Member States with arrears in amounts that equal or exceed the amounts due for the preceding full years, which triggers invoking Article 7 of the Constitution, but they managed to pay before the start of WHA70.</p>	<p>on corporate flexible funding. Member States are encouraged to provide additional voluntary funds where possible. The Region has plans to scale up resource mobilization efforts.</p> <p>Continuous follow-up with Member States in the Region on the regular payment of their contribution, especially those with special arrangements and those where arrears will be in amounts that equal or exceed the contribution of a full two years.</p>
WHA70.12	Cancer prevention and control in the context of an integrated approach	<p>The delegates also endorsed a set of measures to improve and scale up access to prevention, early diagnosis, prompt, accessible treatment and palliative care for cancer. They highlighted the need to intensify cancer prevention and control as critical to achieving global targets to reduce the burden of noncommunicable diseases. Delegates called on WHO to promote access for all people to affordable cancer diagnosis and treatment and to provide countries with technical guidance on identifying and implementing priority cancer control interventions. They committed to ensuring adequate resources to support the implementation of national cancer control plans and to strengthening health systems to provide early diagnosis and treatment services for all cancer patients. They urged WHO to develop a world report on cancer containing evidence-informed guidance for scaling up cancer control. This will be prepared jointly with the WHO International Agency for Research on Cancer and the first edition is expected in 2019.</p> <p>This resolution is very timely and provides additional support for the Regional Office's efforts in scaling up cancer prevention and control in the Region, with a number of guidance documents recently released and the presentation at RC64 of a draft framework for action for which Regional Committee endorsement will be sought.</p>	<p>Use the recommendations contained in the resolution to guide policy dialogue at country level along the lines of the regional framework.</p> <p>Anticipate the regional requirements for the development of the first world report on cancer, in collaboration with the International Agency for Research on Cancer.</p>
WHA70.13	Prevention of deafness and hearing loss	<p>Member States are urged to take all necessary steps to reduce risk factors contributing to hearing loss and to promote early identification and intervention through the following measures.</p> <ul style="list-style-type: none"> • Integrate strategies for ear and hearing care in the health care system. • Prepare integrated national strategies for the prevention and control of major causes of avoidable hearing loss in line with the WHO framework for health system strengthening, with special focus on early detection in babies, infants and children, as well as in the elderly, within the framework of primary health care and management and rehabilitation of hearing loss. • Improve data on ear diseases and hearing loss to inform policy-making and decision-making. In order to formulate evidence-based strategies and policies on ear and hearing care, Member States need to gather reliable, population-based data through population-based surveys and the inclusion of relevant indicators within 	<p>Advocacy with Member States will continue to adopt the resolution in its letter and spirit, and develop integrated national strategies on the control and prevention of avoidable hearing loss as an integral part of the national health system.</p> <p>Ensure there is no one needlessly hearing impaired, and those with unavoidable hearing loss can achieve their full potential through universal access to comprehensive ear and hearing care services.</p> <p>A regional meeting of national focal persons for ear and hearing health/prevention of deafness and hearing loss in ministries of health in Member States in the Region will be organized to develop their capacity and sensitize and mobilize them towards developing national strategies in line with the WHO framework for health system strengthening.</p> <p>Follow-up will be sustained; data will be collected periodically and reported accordingly.</p>

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		<p>established data-collection systems.</p> <ul style="list-style-type: none"> • Develop human resources for ear and hearing care. Countries should ensure the availability of human resources in the field of hearing through establishing training programmes for health professionals and ensuring the retention of trained professionals through suitable career development opportunities. • Provide access to hearing devices. The screening programmes should be accompanied by action to provide hearing devices, which can include hearing aids, cochlear implants and other assistive devices. Countries should develop sustainable initiatives for the fitting and maintenance of appropriate, high-quality, affordable hearing devices as part of universal health coverage. • Draft, adopt and implement regulations for control of ototoxic medicines. Injudicious use of ototoxic medicines leads to irreversible hearing loss. Ototoxic hearing loss can be prevented through raised awareness, training of health care providers and appropriate regulations. • Raise awareness of noise-induced hearing loss, and draft, adopt and implement legislation for its prevention. The risk of permanent hearing loss posed by noise can be mitigated through raised awareness and implementation of hearing-conservation programmes. Effective legislation for occupational, environmental and recreational exposure can play a significant role in preventing noise-induced hearing loss. • Improve access to communication. Alternative means of communication (for example, sign language and captioning) should be promoted by Member States to ensure that people with hearing loss have access to information and are able to communicate with their hearing peers. 	
WHA70.14	Strengthening immunization to achieve the goals of the global vaccine action plan	In 2016, 64% (14/22) of the countries in the Eastern Mediterranean Region met the global vaccine action plan/Eastern Mediterranean vaccine action plan target for national DTP3 coverage of 90% or more at national level.	<ul style="list-style-type: none"> • Leadership and governance of national immunization programmes by the Member States; • Availability of necessary funds for implementation of the Eastern Mediterranean vaccine action plan, focusing on reaching the unreached, elimination of measles and maternal and neonatal tetanus.
WHA70.16	Global vector control response: an integrated approach for the control of vector-borne diseases	<p>Noting the limited capacity for vector control in the Region, particularly in countries with a high burden of vector-borne disease, Member States should:</p> <ul style="list-style-type: none"> • develop/update their national vector control strategies and operational plans in line with the Global vector control response; • increase investment to build and sustain adequate human-resource, infrastructure and institutional capacity for proper integrated response to vector-borne diseases; • invest in strengthening national vector surveillance (including pesticide resistance, and impact of pesticides on environmental and human health) as part of an integrated public health surveillance system; • promote collaboration with other sectors in line with the One Health initiative across all levels and sectors of governments. 	<p>Develop a regional action plan for implementation of the Global vector control response</p> <p>Provide support to countries to develop and/or update national vector control strategies based on a vector control needs assessment in line with the strategic approach of the Global vector control response 2017–2030.</p> <p>Continue to support Member States for capacity-building on entomology and all aspects of vector control and vector surveillance as a cross-programme initiative in 2017 [with coordination between Malaria Control and Elimination (DCD/MCE), Department of Health Emergencies (EM/WHE), Vector Ecology and Management (headquarters) and Global Malaria Programme (headquarters) for training of regional vector control resource persons].</p> <p>Facilitate and strengthen cross-border and regional collaboration for control of vector-borne diseases in line with the IHR (2005) particularly in countries in humanitarian emergency situations.</p>
WHA70(11)	Implementation of the	<ul style="list-style-type: none"> • WHO is requested to develop a draft 	<ul style="list-style-type: none"> • Members States in the Region fully supported

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	International Health Regulations (2005)	<p>global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, which was presented and noted in the 70th World Health Assembly in May 2017. WHO is requested to develop, in full consultation with Member States, including through the Regional Committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16.</p> <ul style="list-style-type: none"> The main issue of concern was the divergent views raised by Member States on the proposed IHR monitoring and evaluation framework including the Joint External Evaluation. Although the Joint External Evaluation was considered by some Member States as a powerful tool for effectively acquiring the core capacities required under the IHR, some Member States considered that the technical guidance for monitoring and reporting on the implementation of the IHR should be "evidence-based, neutral and never subject to political influence," and that the new tools should be adopted by WHO governing bodies. 	<p>the IHR monitoring and evaluation framework, including the Joint External Evaluation tool; this was completed by 14 Member States and they plan to support the rest of the Member States in the Region to host Joint External Evaluations by the end of 2017.</p> <ul style="list-style-type: none"> The regional progress report on the implementation of IHR capacities, including outcomes of the Joint External Evaluation, will be submitted to the 64th session of the Regional Committee. The draft five-year global strategic plan to improve public health preparedness and response based on the guiding principles will be also submitted to the 64th session of the Regional Committee. The IHR monitoring and evaluation framework, including Joint External Evaluation, is one of the main elements of the draft plan. The views of Member States related to the draft plan of action in general and specifically on the components of the IHR monitoring and evaluation framework including the Joint External Evaluation will be reflected in the final draft of the plan to be submitted to the 142nd Executive Board and the Seventy-first session of the World Health Assembly. A regional operational plan of action will be developed after that, including a regional mechanism to support the development, financing and implementation of national plans of action for health security.
WHA70(12)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	Next year's reporting on health conditions in the occupied Palestinian territory may potentially focus on a Secretariat's report, as a field assessment is no longer explicitly requested in the resolution ("report based on field monitoring").	Despite substantial efforts by the Director-General, Dr Chan, to achieve a consensus resolution there was no consensus on the final resolution text, which was adopted by the majority of Member States through a roll call vote requested by Israel. The field assessment report of the occupied Syrian Golan is still pending and will need to be finalized by headquarters – to be submitted to next year's World Health Assembly.
WHA70(13)	WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016	The World Health Assembly accepted the WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016.	At the mid-term the budget for the Regional Office was financed at 55%, chiefly funded through corporate flexible funding (64.8%), while headquarters was funded to the level of 87%. Thus, of all major offices, the Regional Office for the Eastern Mediterranean reported the highest number of outputs to be at risk.
WHA70(18)	Public health dimension of the world drug problem	<ul style="list-style-type: none"> There is no strategy or action plan for the Region to assist them in achieving balance in national policies on controlled substances and in ensuring availability and accessibility of controlled medicines. Availability and accessibility to services are poor in the Region for controlled medicines for treatment of, e.g. patients with terminal cancer, patients suffering injuries caused by accidents and violence, patients recovering from surgery, women in labour and paediatric patients with painful conditions. Lack of national drug control strategies and programmes hampers the evidence-based treatments offered to people who need them. 	<ul style="list-style-type: none"> Commit to a plan of action towards an integrated and balanced strategy to counter the drug problem in the Region. Consider further promoting and strengthening effective national drug control strategies based on scientific evidence, with components for drug demand reduction that include primary prevention, early intervention, treatment, care, rehabilitation, recovery and social reintegration, as well as measures aimed at minimizing the public health and social consequences of drug abuse. Governments should enable and empower health care professionals to prescribe, dispense and administer controlled medicines in line with WHO policy and treatment guidelines, according to the individual medical needs of patients, and ensuring that a sufficient supply is available to meet those needs to ensure the availability and appropriate use of controlled medicines. There is a need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation. There is a need to improve existing mechanisms for international cooperation and to foster the development of national

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WHA70(19)	Report of the Commission on Ending Childhood Obesity: implementation plan	<p>With the endorsement of the Report of the Commission on Ending Childhood Obesity: implementation plan, Member States are expected to adopt the plan and develop national responses to the implementation plan through a multisectoral approach.</p> <p>This resolution is very timely and provides additional support to the efforts of the Regional Office in addressing childhood obesity through promotion of a healthy diet and physical activity.</p>	<p>monitoring systems and statistics.</p> <ul style="list-style-type: none"> Coordination between the drug control, criminal justice and health systems can significantly increase treatment coverage and thereby reduce drug use, prevent crime and decrease recidivism. <p>Acknowledging that the Regional Office has already developed a paper on cost-effective interventions on obesity prevention (under publication), a regional workshop on obesity prevention will be organized this year to help middle-income countries develop action plans. Several countries have already done this, e.g. Islamic Republic of Iran, Oman, Qatar, Tunisia and United Arab Emirates.</p>
WHA70(20)	Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control	We will encourage countries to apply the resolution; it is more of a procedural decision.	Share the decision with Member States in the Eastern Mediterranean Region.
WHA70(22)	Progress in the implementation of the 2030 Agenda for Sustainable Development	<ul style="list-style-type: none"> Member States need to strengthen their health systems with universal and equitable health coverage to reach the SDGs and targets. Measurement and a good governance culture need to be adopted to follow up progress and ensure accountability. 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. Work with partners, stakeholders and other sectors working on health as a means to achieve the SDGs. Research and innovation should be oriented to health policy and converge towards the SDG targets. Anticipate the impact of crisis and post-crisis situations while undertaking efforts related to the SDGs. Consider social changes in different countries of the Region when planning to address the SDGs. 	<ul style="list-style-type: none"> Establish a task force at the regional level to support and oversee progress towards the SDGs, with membership of all departments. WHO has to work with Member States on building national capacities to monitor progress towards the SDGs. Priority should be given to identifying relevant measurable indicators, working with countries to collect, validate and use data for improved policy and planning. Technical support to countries is needed for measurable follow-up and review of the implementation of SDG 3 and other health-related SDGs. Reaching the health-related targets will only be possible with clear health-in-all policies, a whole-of-government and whole-of-society approach at national level. Focus on the integration of national priorities and the adoption of an integrated and multisectoral approach for health planning and implementation with resource mobilization at the domestic level. Global and regional support to Member States in this regard is highly needed. Development assistance for countries in humanitarian crisis at regional level is essential. Health systems strengthening remains difficult given its multiple components and financing, which is particularly dependent on the international support to low- and middle-income countries. The integrated nature of the SDGs provides a greater opportunity for governance to have a positive impact on health, including trade and intellectual property, sustainable energy, income inequality, migration, food security and sustainable consumption and production. 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 have a role to play in supporting governments to work towards achieving the ambitious agenda.
WHA70(23)	The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and	Most Member States in the Region have signed and/or ratified the international multilateral agreements pertinent to chemicals. Thus, this proposed WHO roadmap adds no extra obligations on countries.	<ul style="list-style-type: none"> The draft roadmap identifies concrete actions where the health sector has a stewardship in four areas: risk reduction, knowledge and evidence, institutional capacity, and leadership and coordination. The engagement of the health sector will require all

Decision/ resolution no.	Title/subject	Regional implications	Action/comments
	beyond	<p>The roadmap entails:</p> <ul style="list-style-type: none"> • creating/developing specialized chemical units within ministries of health in the Region; • ministries of health developing, revising or updating the existing regulatory control of chemicals in line with the IHR (2005) requirements throughout the life-cycle of chemicals and wastes, including the establishment/improvement of poison information or poison control centres. 	<p>stakeholders to work together to achieve the goal of sound management of chemicals throughout their life cycle.</p> <ul style="list-style-type: none"> • As individual Member States have different priorities, various components of the health sector will define their own implementation plans for this roadmap according to national priorities. • The importance of capacity-building and support for the implementation of the roadmap, sharing of experiences and networking are also addressed. • There is a need to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. • WHO will present the roadmap, contributing to relevant targets of the 2030 SDGs agenda.
EB141/8	Governance reform: follow-up to decision WHA69(8) (2016)	<p>As the decision targets mostly the list of topics for the Executive Board and the World Health Assembly, the only implication is that if any Member State in the Region is planning to propose a topic for the Executive Board session or for the World Health Assembly, the proposal has to be reviewed in such a way as to ensure that it will pass the criteria list and that it gains high scores in the prioritization process.</p> <p>If a topic has been discussed in a session of the Regional Committee and a regional resolution has been passed, it is included in one of the criteria (C4), but the weighting is low.</p>	<ul style="list-style-type: none"> • Share Annexes 1 and 2 included in document EB 141/5, reflecting the criteria approved and the tool for prioritization. • Develop an adapted list and prioritization process for the Regional Committee topics.
EB141.R1	Rheumatic fever and rheumatic heart disease	<p>While not affecting all countries of the Region, rheumatic heart disease remains an important issue, particularly in certain countries, such as Egypt, Sudan or Yemen. This disease can have a devastating impact on the lives of those it affects, yet is completely preventable through adequate primary care.</p> <p>Despite the paucity of reliable regional epidemiological data on the current burden, past experience in endemic countries has shown that simple, cost-effective measures such as the appropriate identification and management of group A streptococcal pharyngitis or the administration of injections of benzathine benzylpenicillin to patients with a previous history of rheumatic fever and/or rheumatic heart disease, can considerably reduce the human and health system burden related to this chronic condition.</p> <p>This resolution gives WHO a strong mandate to revive this stream of work and provide updated technical support and guidance to all countries where rheumatic heart disease is still endemic.</p>	<p>Work with endemic countries to explore ways of integrating rheumatic heart disease in existing noncommunicable diseases and other existing programmes with a focus on primary health care.</p>