

Report of the

**66th session of
the WHO Regional
Committee for the
Eastern Mediterranean**

Tehran, Islamic Republic of Iran
14–17 October 2019



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

The 66th session of the Regional Committee for the Eastern Mediterranean was held in Tehran, Islamic Republic of Iran, from 14 to 17 October 2019.

The following Members were represented at the Session:

Afghanistan	Oman
Djibouti	Pakistan
Egypt	Palestine
Iran, Islamic Republic of	Qatar
Iraq	Sudan
Jordan	Syrian Arab Republic
Kuwait	Tunisia
Lebanon	United Arab Emirates
Libya	

In addition, observers from Turkey, the United Nations Children's Fund (UNICEF), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Food and Agriculture Organization of the United Nations (FAO), the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC), the International Organization for Migration (IOM), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and a number of intergovernmental, nongovernmental and national organizations attended the session.

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

2. Opening session and procedural matters

2.1 Opening of the session

Agenda item 1

The opening ceremony of the 66th session of the Regional Committee for the Eastern Mediterranean was held in the Organisation of Islamic Cooperation, Tehran, Islamic Republic of Iran, on 15 October 2019.

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

The Regional Director, Dr Ahmed Al Mandhari, reminded those present that every citizen had the right to health without facing discrimination or financial hardship. The realization of people's right to health was and always would be a key prerequisite for, and not a product of, development; it significantly and positively affected people's productivity and raised educational and living standards. He expressed hope that the Political Declaration arising out of the first United Nations High-level Meeting on Universal Health Coverage would further strengthen Member States' commitment to progress towards universal health coverage (UHC). The health status of people in some countries of the Region was deteriorating due to conflict, natural disasters, epidemics and political instability – all of which had negative consequences for the provision and availability of health services. He had visited 20 of the 22 countries of the Region, and had witnessed conditions in health facilities that could only be described as catastrophic. He described the impact of this situation on some of the people he had met. He also commended the efforts of people and organizations working to make a difference, describing them as the true embodiment of the regional vision of "Health for all, by all". He talked about WHO's new regional strategy for the period 2020–2023, which outlined key strategic objectives in relation to the strategic priorities set out in *Vision 2023* and included clear mechanisms to identify results and measure impact. He assured Member States of WHO's continuing technical support to achieve Sustainable Development Goal (SDG) 3 and the other health-related SDGs and promised stronger collaboration with partners and other United Nations agencies. He praised the efforts of the Islamic Republic of Iran in eliminating measles, and of Bahrain and Oman in eliminating measles and rubella. In closing, he thanked the Islamic Republic of Iran for the cordial reception, hospitality and excellent care that had been extended to all delegates at this year's session of the Regional Committee.

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

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said the Islamic Republic of Iran was a leader in public health in the Region. Its innovative approach to primary health care, which was an example for the Region and the world, and its Health Transformation Plan represented a significant commitment to delivering health care for all its citizens.

The Eastern Mediterranean Region more generally was facing many challenges, such as catastrophic out-of-pocket health expenditure and ongoing health emergencies, including polio. Yet there were also reasons for optimism. Member States had reaffirmed their commitment to UHC following the adoption of the Salalah Declaration and were developing benefit packages, reviewing health financing strategies and strengthening health system governance. Parliamentarians had a leadership role in this process. An urgent priority for the Region was reducing neonatal mortality, and a regional implementation framework for newborn, child and adolescent health provided concrete actions to ensure that more babies survived their first month of life. Nurses and midwives were essential for every health system, but the Region was facing a serious and growing shortfall. The proposed resolution on strengthening the nursing workforce was a welcome response in the run-up to 2020, which had been officially designated the Year of the Nurse and Midwife. And while primary health care was the foundation of UHC, high-quality, person-centred care was needed in hospitals, and a proposed new framework for action would support countries in transforming this sector. Dr Tedros also welcomed the resolution to accelerate regional implementation of the Political Declaration of the High-level Meeting on Noncommunicable Diseases (NCDs), as the Region was not on track to achieve the NCD-related targets of the SDGs. In addition, a regional framework for action to strengthen the public health response to substance use provided countries with a clear path towards providing services for some of the most vulnerable people in society.

In closing, Dr Tedros identified three key challenges to address in the coming 12 months: reducing neonatal mortality, strengthening the health workforce and forging ahead in the midst of crisis. While these challenges might seem daunting, strong political commitment, courageous decision-making and careful implementation could achieve success in the Region.

2.4 Welcome by the Government of the Islamic Republic of Iran

H.E. Dr Hassan Rouhani, President of the Islamic Republic of Iran, and H.E. Dr Saeed Namaki, Minister of Health and Medical Education, welcomed participants to the 66th session of the Regional Committee.

President Rouhani noted that the Islamic Republic of Iran had a distinguished history of medical achievement. In recent decades, public health had been a high priority, and average life expectancy had improved significantly. Great efforts were being made to advance towards UHC and to address environmental health risks. Effective, prompt action had prevented any communicable disease outbreak when floods struck the country in March 2019, demonstrating the value of strong collaboration between health professionals and other stakeholders. He thanked the health workforce worldwide. The Region faced many challenges, but success was possible through cooperation.

Dr Namaki reiterated the determination of the Islamic Republic of Iran to play its full part in attaining the SDGs. The country had pioneered the primary health care approach, and was also making increasing use of electronic systems in its health system. Dr Namaki highlighted the role played by the Islamic Republic of Iran in the WHO Framework Convention on Tobacco Control and urged other countries to make a concerted effort in this important area. In conclusion, Dr Namaki welcomed the opportunity to share national success stories, experiences and lessons learned.

2.5 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	Dr Saeed Namaki (Islamic Republic of Iran)
Vice-Chair:	Dr Mai Salem Al-Kaila (Palestine)
Vice-Chair:	Dr Ehmed Mohamed Ben Omer (Libya)

2.6 Adoption of the agenda

Agenda item 1(b), Document EM/RC66/1-Rev.2, Decision 2

The Regional Committee adopted the agenda of its 66th session.

2.7 Decision on establishment of the Drafting Committee

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

- Dr Said Harib Manna Al Lamki (Oman)
- Dr Mohammed Hamad Al-Thani (Qatar)
- Dr Badereddin B. Annajar (Libya)
- Dr Randa Hamadah (Lebanon)
- Dr Mohsen Asadi-Lari (Islamic Republic of Iran)
- Dr Rana Hajjeh (World Health Organization)
- Dr Maha El-Adawy (World Health Organization)
- Dr Awad Mataria (World Health Organization)
- Dr Arash Rashidian (World Health Organization)
- Dr Richard Brennan (World Health Organization)
- Dr Ruth Mabry (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 2018

Agenda item 2(a), Document EM/RC66/2, Resolution EM/RC66/R.1

Progress reports on eradication of poliomyelitis; health, the environment and climate change; regional strategy for the improvement of civil registration and vital statistics systems 2014–2019; implementation of the Eastern Mediterranean vaccine action plan and the regional malaria action plan 2016–2020; scaling up mental health care: a framework for action; implementing the regional framework for action on cancer prevention and control; implementation of the Global action plan on antimicrobial resistance; emergencies and the International Health Regulations (IHR 2005) in the Eastern Mediterranean Region.

Agenda item 2(b,c,d,e,f,g,h,i), Documents EM/RC66/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 2018. His verbal statement focused on WHO's new strategy for the Region, which had been developed to support the Organization's regional vision of Health for All by All. Although the Region faced difficult circumstances, examples of innovative projects in Member States proved that success was possible. The new regional strategy aimed to foster further successes. It aligned with WHO's global strategic priorities: achieving universal health coverage, protecting people from health emergencies, promoting health and well-being and reforming WHO itself. There were numerous challenges. Essential health service coverage was lower in the Region than the global average, and there were many gaps and weaknesses in health systems. Many communicable diseases were resurgent, with Yemen experiencing the worst cholera outbreak the world had ever seen. Emergencies on an unprecedented scale increased the demand on health systems while undermining their capacity to meet that demand. Wild poliovirus had still not been eradicated. Sustained effort was required across different sectors to promote health and address the underlying causes of, and risk factors for, disease. However, WHO was working hard with Member States and many partners to tackle all the challenges, and the technical agenda of the 66th session of the Regional Committee included a range of proposed measures and actions to take work further forward. Meanwhile, WHO Transformation was well underway in the Region, bringing changes in the structure, business processes and culture of the Organization with the aim of maximizing WHO's positive impact at country level. The Regional Director looked forward to a successful Regional Committee session and even greater progress in 2020.

Discussions

Representatives expressed support for the Regional Director's report and WHO's new strategy for its work with countries in the Region. They commended the progress made in priority areas in 2018 and the accomplishments to date in 2019.

Representatives referred to national successes in the areas of hepatitis B and C, malaria, elimination of measles and rubella, immunization, leishmaniasis and the prevention of communicable diseases in the aftermath of emergencies, in particular the efforts of the Islamic Republic of Iran in preventing the transmission of communicable diseases following the floods in March 2019.

Discussion also focused on the use of e-cigarettes in the Region and increasing tolerance of their use among some countries. Representatives said that countries needed WHO to adopt a clear position in relation to e-cigarettes and provide guidance on how best to address issues related to the regulation of this technology.

They discussed challenges facing the Region, including: conflict; ongoing polio transmission, highlighting the border areas of Afghanistan, the Islamic Republic of Iran and Pakistan as a priority for strengthening immunization; the increasing prevalence of vector-borne diseases; the need for community-based approaches to address the growing problem of mental health; the need for health

insurance schemes; air and water pollution; road traffic injuries; the growing prevalence of NCDs; and how to ensure that health care services were provided to all, especially in light of the fact that many migrants were coming from countries whose health systems were already compromised as a result of conflict.

Statements were made on behalf of the following observers (in order): World Heart Foundation and the International Federation of Pharmaceutical Manufacturers.

The Regional Director thanked the representatives for their contributions. He said countries should be proud of their achievements and share their success stories in order that they could learn from each others' experiences. While the Region faced many challenges, some of the solutions to these challenges were simple. Countries needed to strengthen or update policies, guidelines and protocols, and WHO would continue to support countries in this regard. Implementation of policy was weak in some countries, and building the capacity of health care workers was an urgent priority for the Region. Furthermore, lack of resources and infrastructure was a major problem for some countries, and this was particularly the case in those countries affected by sanctions. A measure of reform was needed as resources, when available, were not always well utilized. The Regional Director stressed the importance of collaboration and partnership in addressing some of the Region's challenges, including water and air pollution, NCDs and communicable diseases, challenging the tobacco industry and eradicating polio.

3.2 Update on emergencies in the Eastern Mediterranean Region

The Director a.i., WHO Health Emergencies Programme, presented an update on emergencies in the Eastern Mediterranean Region. He reported that despite considerable regional needs and high levels of risk, the management of emergencies and mitigation of their impact had improved across the Region. However, the demand on countries and WHO remained enormous and a number of factors, including climate change, emerging diseases, migration and demographic shifts, threatened to significantly increase both the frequency and the impact of emergencies in the Region. Much more therefore needed to be done. He presented an overview of the comprehensive emergency management approach now adopted by WHO, the guiding principles behind this approach and recent progress in its implementation. In support of this development, Member States were urged to invest in national core capacities to meet the requirements of the International Health Regulations (IHR 2005). There was a critical need to promptly detect, report and declare outbreaks and other emergencies, to contribute to WHO surveillance and information products, facilitate field operations by WHO and its partners and move towards an all-hazards approach to emergency preparedness.

Discussions

Representatives acknowledged that strengthening preparedness for emergencies in the Region was a top priority, and shared a number of recent national initiatives and ongoing challenges in this area. There was broad recognition of the central role played by ministries of health. However, as emergency preparedness in countries was inextricably linked to global health security, ensuring further progress should also be viewed as a shared responsibility at national, regional and global levels. Collaboration between countries should be seen as one step towards wider regional and global collaboration, with the activities of United Nations agencies and other organizations coordinated in order to make the most efficient use of available funds and other resources.

Investing in emergency preparedness and response capacities and integrating such capacities into routine national health system strengthening, including strengthening surveillance systems, were prerequisites for any well-coordinated and well-functioning system, and were vital if responses to individual emergencies were not to become disjointed and mistakes repeated. The evaluation of national emergency preparedness through initiatives such as joint external evaluations (JEEs) was crucial, but such evaluations must be linked to adequate follow-up and implementation activities if meaningful progress was to be made. There was also a need for strengthened national health information systems. In some settings it was noted that conflict and attacks on health care facilities

made preparedness and response efforts very difficult. WHO was asked to clarify the ways in which it could provide support in all these and other key areas.

Statements were made by the following observers (in order): the International Organization for Migration (IOM); the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA); and the Islamic Development Bank (IsDB).

The acting Director of the WHO Health Emergencies Programme then highlighted the active engagement of WHO in relation to strengthened cross-country collaboration and outlined a number of upcoming meetings and other activities underway or planned in this area. Regarding the issue of JEE follow-up, WHO aims to provide support for the subsequent development and roll-out of national action plans for health security and to support countries in strengthening national health information systems. WHO regards JEEs as an essential tool in guiding actions to strengthen all preparedness and response capacities. WHO recognizes that in many countries a lack of funding represents a major obstacle to progress and in some cases greater external support will be needed. It was also recognized that although long-term sustainable preparedness capacities were the aim, there was currently a need for short-term approaches in some settings.

The Regional Director thanked participants for their inputs. He reiterated that WHO activities benefited from the findings of JEEs in countries, and outlined a number of gains made. Following evaluation, the implementation of actions was indeed clearly critical, and WHO, other United Nations agencies and countries all had roles to play. However, the primary responsibility for follow-up actions lay with Member States.

3.3 Update on poliomyelitis eradication in the Eastern Mediterranean Region

The Director, regional Polio Eradication Initiative, presented an update on the status of polio eradication in the Region. He noted that cases of wild poliovirus type 1 (WPV1) had continued to be reported in Afghanistan and Pakistan in 2018 and 2019, and that environmental sampling indicated ongoing and expanding transmission in a number of areas in both countries. Eradication efforts were being hindered by conflict and insecurity, and by a ban on immunization campaigns in large areas of the south of Afghanistan. Significant population movements also continued to play a role in the spread of WPV. A number of other countries experiencing varying degrees of complex emergency, access or security constraints were also at high risk of outbreaks caused by the importation of WPV1 or development of vaccine-derived poliovirus. The emergence of vaccine-derived poliovirus in the Region and other WHO regions was of great concern. Certification standard indicators for acute flaccid paralysis (AFP) surveillance were being maintained in 20 out of 22 countries of the Region; environmental surveillance continued to expand across the Region; field reviews had been conducted; and quarterly risk assessments were informing the programme. He requested Member States to continue to mobilize resources to prevent and control outbreaks, maintain certification standard quality, expand environmental surveillance, maintain immunity, especially among those at high risk, and make progress toward certification and poliovirus containment. Polio transition was an increasing focus of the WHO/Global Polio Eradication Initiative, donors and Member States, with polio staff performing essential public health functions and polio assets being transitioned to integrated systems to sustain eradication and enhance broader surveillance, essential immunization and emergency outbreak response.

Discussions

Representatives gave an update on progress in polio eradication efforts in their countries, voicing their concern about the situation in the Region and expressing solidarity with affected countries. Some countries remained at risk of importation of poliovirus through population movements and the impact of conflict on access to communities for immunization. Afghanistan and Pakistan faced particular challenges in this regard, due to the impact of conflict and hostility, including bans and community mistrust, on the success of vaccination programmes in some areas, as well as population movements and suboptimal programmes in some localities. However, the governments remained committed to

polio eradication and there had been some successes in mitigating the difficulties. The efforts of health workers were commended, and WHO, partners and donors were thanked for their continued support.

A statement was made by the following observer: UNICEF.

The Director, regional Polio Eradication Initiative, said that 2020 needed to be a year of transformation for the regional polio programme. While the situation in Afghanistan was challenging, in areas under government control, house-to-house vaccination campaigns had proven possible. He acknowledged the progress made in many countries, and thanked Qatar for its role in facilitating dialogue on the polio vaccination ban, and Kuwait for its offer of support in the regional struggle against poliovirus transmission.

4. Technical matters

4.1 Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development

Agenda item 3(a), Document EM/RC66/3, Resolution EM/RC66/R.2

A presentation was made by the Medical Officer, Child and Adolescent Health, on the above framework. In the WHO Eastern Mediterranean Region, children under 5 years of age represented 12% of the total population, while adolescents (10–19 years old) constituted around 20%. Currently, the Region had the second highest rates for both under-5 and adolescent mortality after the WHO African Region. In addition, despite considerable achievements in recent decades, the Region had the joint highest mortality rate for newborns (first 28 days following birth). The Region was also characterized by wide variations among Member States in terms of mortality burden, income level, health system development and epidemiology. In the last decade, several strategies and global action plans on newborn, child and adolescent health had been developed, and guidance on implementing these initiatives was required. The WHO regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development took these issues into consideration and provided a range of country-level actions that could be adopted and adapted to the local context. The framework was intended to support countries of the Region enhance, strengthen or develop their national strategic plans for newborn, child and adolescent health and development, in line with WHO's Thirteenth General Programme of Work (GPW 13) and *Vision 2023*. It was intended that countries would implement the actions proposed in the framework by using it to guide the development or updating of national strategic plans and roadmaps for action. A list of implementation milestones had also been provided within the framework to assist countries to monitor their activities and report on progress.

Discussions

There was broad agreement that ending preventable deaths among newborns, children and adolescents in the Region and improving their health and development was a major priority. The development of the comprehensive WHO framework was a welcome step as it would provide a roadmap for countries of the actions required to make improvements and achieve the related goals. Representatives provided updates on recent national initiatives and trends in this area, and outlined some of the major challenges and obstacles to progress. Despite significant gains in many countries it was acknowledged that much remained to be done.

Among the obstacles to progress was the lack of reliable data and several representatives outlined recent national efforts to improve monitoring and evaluation in line with the framework, and to conduct household and other surveys to obtain cause-of-death and other vital information. The issue of poorly accessible and poorly integrated health services for pregnant women and mothers was also raised, and the inextricable link between maternal and child health emphasized. Another crucial determinant of the health of newborns and young people was nutritional status. It was also highlighted that many deaths among young people were the result of accidents. In these and other areas, strengthening health services would be key to bringing about much-needed improvements, including in many settings through improved collaboration with, and regulation of, the private health care sector.

In many countries of the Region there was also a constant threat of natural disasters, health emergencies and outbreaks of conflict. Conflict presented severe and continual challenges to health services in the Region and represented a major obstacle to attaining the goal of the WHO framework: to improve the survival, health and development of newborns, children and adolescents.

Representatives thanked WHO for the considerable support already provided to countries in their efforts to improve child and adolescent health, and called upon WHO to provide further support to countries in implementing the framework.

A statement was made by the following observer: the International Pharmaceutical Students' Federation.

WHO expressed its thanks to representatives for their informative and helpful inputs, the extent of which clearly reflected the high level of interest in this important area. It was clear that the integration of health services and multisectoral collaboration, for example in addressing broad issues such as nutrition, would be needed. WHO looked forward to the adoption of the framework and its subsequent implementation in countries.

4.2 Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region

Agenda item 3(b), Document EM/RC66/4, Resolution EM/RC66/R.3

The Regional Adviser on Nursing, Midwifery and Allied Health Personnel noted that the health workforce was a critical component in achieving UHC: health workers needed to be available, accessible and have the right skills and competencies to deliver all essential health services. Nurses were a key part of the health workforce. Evidence suggested that adequate numbers of well-educated nurses were particularly well suited to tackling the rise in communicable and noncommunicable diseases, contributing to improving maternal, infant and child survival, and reducing the number of adverse events among patients. The need to strengthen nursing in order to achieve UHC had been well articulated in global and regional WHO resolutions and strategies, but progress had been slow. While the global shortage of nurses and midwives was expected to reduce by 2030, it was predicted to increase in the Region. In the past 10 years, the density of nurses and midwives in the Region had actually declined in some countries, and this trend was likely to continue if the current level of production of health professionals was maintained. Investment in strong policies to scale up the production, employment, deployment and retention of nurses was therefore required to ensure the availability of an adequate nursing workforce and access to services, particularly for refugees and displaced populations and those living in protracted emergencies. Recent and upcoming global campaigns on nursing, including the designation of 2020 as the Year of the Nurse and Midwife, provided an opportunity to galvanize the necessary action.

Discussions

Representatives agreed that midwives and nurses had an important and cost-effective role in service delivery, including for primary health care and emergency response. However, they were concerned by the often severe shortages of nurses and midwives in their countries, and acknowledged the need to enhance the capacity, level and standard of nursing and midwifery training and education. Challenges were identified to attracting enough nursing cadre, including low wages and status, a lack of specialized training, insufficient career development, and the lack of security in certain areas of some countries. The maldistribution of nurses and midwives across countries, especially in rural areas was another problem. To address these challenges, representatives noted the need to raise the profile and status of nursing, establish professional bodies and national councils, enhance the training and education of nurses and midwives, train midwives and nurses in primary health care and telehealth/ehealth, and to view nurses as part of an integrated medical team.

The Regional Adviser on Nursing, Midwifery and Allied Health Personnel acknowledged the issues raised by Member States, including the need to strengthen the role of nurses in primary health care. She recognized the progress made in some countries, such as in the development of specialized nursing training.

A statement was made by the following observer: the World Heart Federation.

4.3 Introducing the strategic framework for action for the hospital sector in the Eastern Mediterranean Region

Agenda item 3(c), Document EM/RC66/5, Resolution EM/RC66/R.4

The Regional Adviser on Hospital Care and Management argued that the hospital sector needed to be transformed so that it could work effectively and efficiently to help achieve UHC and the health-related targets of the SDGs. While UHC could only be achieved through a primary health care approach, hospitals accounted for a huge share of public health expenditure and needed to be an integral part of

health systems based around primary health care. For health care to be truly universal, there needed to be a shift from health systems designed around diseases and institutions toward health systems designed for people, with people. Renewing focus on the roles, functions and operations of hospitals through an integrated and people-centred lens was critical, particularly in reaching underserved and marginalized populations. To guide the necessary transformation, WHO had developed a regional framework for action for the hospital sector, based on extensive analysis and consultation. The framework provided guidance on priority-setting and formulating and implementing national and local strategic plans for the hospital sector, including both the public and private sectors. It proposed interrelated interventions at the system (policy) level and facility (hospital) level. Member States could draw on the framework according to their national priorities, resources, capacities and specific context. The Regional Committee was invited to endorse the proposed regional framework for action for the hospital sector.

Discussions

Representatives welcomed the framework for action for the hospital sector in the Eastern Mediterranean. With primary health care as the foundation for UHC and health system strengthening, representatives commended WHO's initiative to renew focus on the role of hospitals, functions and operations to contribute to this vision. They highlighted the need to adapt the framework according to the infrastructure and capacities of health systems in individual countries. They stressed the need for hospital accreditation systems as a tool to standardize the inconsistent quality of hospital services. While greater public-private sector partnerships were needed, and adequate legislative and regulatory frameworks were in place across the Region, the private hospital sector was largely unregulated. They recommended that WHO develop a training-of-trainers course for hospital managers as part of hospital transformation and to equip them with formal management training or managerial skills. Hospitals were needed for specialized services; minor surgeries, and basic procedures such as mammograms could be provided at primary health care centres with human resources such as family doctors in place to support these services to improve accessibility for patients and ensure equitable access to services. Adopting outpatient and patient-based approaches would also reduce the cost of services. Some countries were implementing new approaches under health insurance schemes. The rights of patients needed to be institutionalized in patient-based services, and patients engaged in the management of hospitals. WHO should facilitate an exchange of experiences between countries so that countries could learn from the successful experiences of other countries in the Region.

The Regional Adviser on Hospital Care and Management said the framework covered points raised by representatives at the level of interventions. Community needs assessments were required to identify priorities and capacities. Coordinated service care packages were needed. He encouraged the development of public-private sector partnerships and highlighted the need for greater regulation and consistent enforcement of regulations for the private hospital sector. He reminded representatives of the regional meeting from 4 to 6 November 2019 on implementing the framework and encouraged them to attend. He cited Sudan's efforts in the transformation of its hospital sector as a role model.

4.4 Developing national institutional capacity for evidence-informed policy-making for health

Agenda item 3(d), Document EM/RC66/6, Resolution EM/RC66/R.5

The Director, Department of Science, Information and Dissemination, presented a technical paper on developing national institutional capacity for evidence-informed policy-making for health. He began by noting that to ensure that health policies were appropriate, effective and cost-effective, they needed to be based on sound evidence. Evidence-based policy-making was essential to achieve the SDGs and UHC, and its importance was emphasized repeatedly in WHO's GPW 13. The countries of the Region had expressed strong support for the principle of enhancing the use of evidence in health policy-making. However, they faced many challenges in realizing that aim, including challenges related to generating or obtaining high-quality evidence and those relating to using evidence effectively in the policy-making process. The technical paper being presented was the latest step in a long-standing programme of work by WHO to foster evidence-based policy-making in countries and had been

developed in response to resolution EM/RC64/R.1. A regional framework was being proposed to support countries in improving their national institutional capacity for evidence-informed policy-making. The framework provided practical actions that Member States could undertake to build national institutional capacity, and outlined the support that WHO could provide to facilitate this process. Countries' needs, priorities and capacities varied, and the proposed framework had been designed to accommodate these variations. A five-dimensional analytical approach had been developed to assist countries in assessing their needs and capacities and formulating a suitable strategy. The technical paper included real-world examples of different actions taken by countries to develop their institutional capacity for evidence-informed policy-making for health. The Regional Committee was invited to endorse the framework for action.

Discussions

Representatives reiterated their strong support for evidence-based policy-making for health, and welcomed the proposed framework. Experiences were shared from several countries, including both the development of dedicated national health research/information institutions and initiatives to draw on existing domestic and international academic expertise. It was noted that health policy-making was not limited to ministries of health; for example, evidence had a potentially crucial role in encouraging policies in other sectors to address the underlying determinants of health. This made a coordinated approach to the use of evidence all the more important, but also more challenging.

Many challenges were noted regarding countries' limited capacities to generate, collect and exploit high-quality data and research, and sustained capacity-building support from WHO was requested. It was also noted that technological changes posed both new challenges and opportunities: a huge quantity of information was being generated, for example through social media, and this could be a valuable resource, but the amount of false information was also increasing. In light of these and other challenges, there was some support for the idea of a Region-wide project or institution to develop sources and analyses of evidence, thereby leveraging maximum value from the limited resources available within the Region.

Statements were made by the following observers (in order): the Islamic Educational, Scientific and Cultural Organization, Imperial College London and the Islamic Development Bank.

The Director, Science, Information and Dissemination, thanked the representatives for their interventions. He noted that several examples of relevant action by countries had been raised in the discussion, and there were other positive experiences and initiatives in the Region that could be shared. A major aim of the framework was to encourage coherent thinking about, and action on, all aspects of evidence-informed policy-making. For example, discussions tended to focus on one type of evidence source, be it research or data, and overlook the other; and relevant work within countries was often fragmented among across multiple programmes, projects and institutions. The framework was intended to foster an integrated approach within countries and within WHO itself. At the same time, representatives had made the point that different countries had different needs, and so flexibility was essential. The framework should allow WHO to support each country more systematically. Representatives had also suggested further Region-wide action to develop shared resources, and the director would explore this idea with interest.

4.5 Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases 2018

Agenda item 3(e), Document EM/RC66/7, Resolution EM/RC66/R.6

The Regional Adviser on Noncommunicable Disease Prevention reminded delegates that a new Political Declaration on the Prevention and Control of Noncommunicable Diseases (NCDs) had been issued by a High-level Meeting of the United Nations General Assembly in September 2018. A sense of urgency was required if the Region was to achieve target 3.4 of the SDGs: to reduce by one third premature deaths from NCDs by 2030. NCDs were responsible for 2.6 million deaths in 2016 in the

Region and the figure was expected to increase to over 3.8 million by 2030. Despite country progress and increased awareness of the problem of NCDs, action had been slow and uneven. The Political Declaration committed countries to scaling up efforts, including among other things the promotion of mental health and well-being, reduction of air pollution, effective use of legal and fiscal measures, and addressing NCD management in emergencies. These developments had necessitated an update to the current regional framework for action on NCDs.

To step up action, he urged countries to increase financial investment, build technical and operational capacity, establish or strengthen legislative and regulatory measures, and adopt multisectoral, multistakeholder, health-in-all-policies, whole-of-government and whole-of-society approaches. The Regional Committee was invited to endorse the updated regional framework for action on NCDs, which consisted of 19 strategic interventions for countries to implement and included 15 progress indicators that WHO would use to monitor implementation and report to countries on the progress made and the pace of implementation.

Discussions

Representatives reported on the progress made in countries and thanked WHO for its support and the updated framework. There was support for integrating NCD prevention and control into primary health care and emergency responses, and for adopting a multisectoral approach. Ensuring a supportive legislative/policy framework, improving NCD surveillance and focusing on NCD prevention, including through awareness-raising campaigns in the media and schools, screening programmes and the use of taxation on tobacco products and sugary drinks were all cited as important elements in NCD control. However, there was concern about medicine pricing, particularly for cancer treatment, and the availability of counterfeit medicines in some countries.

Statements were made by the following observers (in order): the International Atomic Energy Agency, the International Federation of Medical Students' Associations, the NCD Alliance, the International Society of Physical and Rehabilitation Medicine.

The Regional Adviser thanked Member States for their ongoing work on NCDs and support for the updated regional framework. He identified some critical issues for country action on NCDs, including: the need for strong, high-level multisectoral coordination and reporting mechanisms; the expansion and full implementation of NCD prevention measures; the cost-effective selection of medicines for NCDs and regional coordination on addressing medicine prices (especially for cancer); and action at the community level, with consideration of the Healthy City approach to address NCD risk factors.

4.6 Regional framework for action to strengthen the public health response to substance use

Agenda item 3(f), Documents EM/RC66/8, Resolution EM/RC66/R.7

The Regional Adviser on Mental Health and Neurological Disorders noted that substance use was an issue of public health importance, with implications for the security, safety and development of countries in the Region. It required a coordinated multidimensional response across different countries. Substance use disorders accounted for about 500 000 deaths globally each year, and in 2017 about 4.2 million disability-adjusted life years (DALYs) had been lost due to these disorders in the Eastern Mediterranean Region. A shift towards a balanced and public health-centred approach to substance use was indicated by several important developments, including high-level commitments articulated at the 2016 special session of the United Nations General Assembly on the world's drug problem, the inclusion of a specific target on prevention and treatment of substance use under SDG 3, and the availability of cost-effective and affordable interventions. It was therefore necessary to incorporate a public health perspective into substance use policies and move the focus away from supply-reduction measures. Treatment of substance use disorders had consistently been shown to reduce substance use and related crime and health problems such as HIV and hepatitis C. However, only one in 13 people in the Eastern Mediterranean Region received treatment. To achieve the SDGs, and specifically the goal of UHC, it was imperative to increase treatment coverage for substance use disorders and support the

development of comprehensive, integrated health and social services for substance use and substance use disorders. A new regional framework for action to strengthen the public health response to substance use was proposed to support countries in strengthening their public health response to the problem of substance use. It identified cost-effective, affordable and feasible strategic interventions. The Regional Committee was invited to endorse the proposed framework.

Discussions

Representatives welcomed the regional framework for action to strengthen the public health response to substance use, citing the inclusion of a specific target on the prevention and treatment of substance use under SDG 3. They said that addressing substance abuse was a high priority, the response to which required the development of national action plans based on interventions in the framework, close collaboration between countries and relevant United Nations agencies, a multisectoral approach between ministries and coordinated action from a range of actors, including the media, cultural and educational organizations and nongovernmental organizations. Local evidence-based interventions were needed along with the adoption of a human rights-based approach. Representatives requested that the WHO Regional Office collect and disseminate data, when possible, in order to determine the true extent of the problem. The use of khat among youth was cited as a real concern in some countries. There was also a need to address the “neglected” issue of alcohol use in the Region. Representatives cited the need for training among first-line health workers in health care centres and development of a specialized workforce to increase competencies in this field. Countries stressed that the response necessitated the adoption of harm-reduction strategies, as opposed to supply-side interventions, including sustained treatment for disorders, improved advocacy, increased access to services related to comorbidity conditions and its integration with mental health within primary health care.

A statement was made by the following observer: IOGT International.

The Regional Adviser said that some common themes had arisen from the discussion. He noted pioneering countries, including the Islamic Republic of Iran and Afghanistan, which had already adopted harm reduction and human-rights-based approaches in response to the problem. Evidence-based interventions were needed and medications for treatment must be registered to ensure their sustained availability. He reminded representatives of the *Global strategy to reduce the harmful use of alcohol*. He highlighted the cost-effectiveness of a public health approach to substance abuse, noting that for every US\$ 1 invested US\$ 17–18 was saved.

5. Other matters

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

Review of the draft provisional agenda of the 146th session of the WHO Executive Board

Agenda item 4(a,b), Documents EM/RC66/9, EM/RC66/9-Annex 1

The Director, Programme Management, drew attention to the resolutions and decisions adopted by the Seventy-second World Health Assembly and the 144th and 145th sessions of the Executive Board. She urged Member States to review the actions to be undertaken by the Regional Office and to report their own responses.

Chef de Cabinet then presented the draft provisional agenda of the 146th session of the WHO Executive Board and requested comments thereon.

Discussions

Representatives thanked WHO for the two presentations given and raised a number of issues in relation to WHO governance and procedural reforms, including within the Regional Office itself, the conduct of World Health Assembly and Executive Board sessions and the issue of staff mobility with specific regard to redeployment in countries. Clarification was requested of the details of such changes and of the status of the various reform processes. The suggestion was also made that during Health Assembly and Executive Board sessions consideration might usefully be given to combining the interventions of individual Member States of the Region into a single intervention. The importance of mid-term budget review activities was also emphasized.

The Director, Programme Management, thanked representatives for their comments and specific responses were then provided by her and by the Director, Administration and Finance, the Chef de Cabinet and the Director, Governing Bodies. It was clarified that despite organizational reform often being a slow process, the WHO reform process was an opportunity to maximize the impact of WHO activities at country level and was underway on a number of fronts. With regard to the Regional Office, important initiatives relevant to reform included organizational restructuring, the Regional Director's *Vision 2023* and programme budget adjustments. A particular emphasis was being placed on making WHO country offices even more fit for purpose, but issues such as staff mobility were highly complex and required very careful consideration. The suggestion to combine regional interventions at Health Assembly and Executive Board meetings would be something to consider. It was pointed out that changes to the processes for such meetings were also being implemented to streamline governance processes. New innovations were also being implemented for the mid-term budgetary review process as this was indeed an important activity.

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

Chef de Cabinet outlined 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-third World Health Assembly and for new members of the Executive Board.

5.3 Report of the fifth meeting of the Programme Subcommittee of the Regional Committee

Agenda item 6, Document EM/RC66/15

The Chair (Qatar) of the Programme Subcommittee of the Regional Committee presented the fifth report of the Subcommittee, which had met on 20–21 February 2019. 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 the Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman and Qatar. Outgoing Members of the Subcommittee in 2020 would be the Islamic Republic of Iran, Jordan, Kuwait and Libya, and incoming Members would be Pakistan, Saudi Arabia, Somalia and Tunisia.

At the fifth meeting of the Subcommittee, the Members had agreed the agenda for the Regional Committee's 66th session. They had also discussed a range of ways to increase Member States' engagement in the governance of WHO, including several innovations aimed at enhancing the Regional Committee session such as having a "paperless" session and sharing country success stories. Lastly, they had considered a review of the implementation of previous resolutions of the Committee presented by the Secretariat. That review revealed that a large majority of resolutions since 2012 remained active – a situation which was clearly unsatisfactory as it was impossible to monitor the implementation of an ever-growing number of resolutions. The Subcommittee therefore advised that henceforth, all resolutions of the Committee should include clear provision for periodic reporting plus a clear end year.

The Chair then presented a brief report on the sixth meeting of the Subcommittee, which was held on 14 October 2019. During this meeting, the Subcommittee had reviewed implementation of resolutions adopted by the Committee at its 65th session. It was noted with satisfaction that implementation was generally on track. However, the Subcommittee felt that there was scope to improve implementation and progress of future resolutions by further advancing work to improve their content and format. The Subcommittee noted that in decision WHA72(22) of May 2019, the World Health Assembly had stipulated that resolutions should have a reporting cycle of up to six years, with reporting every two years. This should become the standard for the Regional Committee. Furthermore, an effort should be made to specify indicators that would be used to monitor key provisions. In reporting on implementation to the Subcommittee and the Committee, the Secretariat should aim to provide a clearer picture of progress in each country, for example by using a simple "traffic light" dashboard where possible, and should be candid in signalling obstacles to implementation where necessary. The Chair noted that action by WHO was designed to support countries in working to fulfil commitments they had already made, such as the SDGs, and that some country action was generally required in order to trigger WHO technical support. Proactive monitoring and reporting on implementation was therefore in countries' interests.

5.4 Development of a global strategy for tuberculosis research and innovation

Agenda item 4(c), Document EM/RC66/10

The Director, Programme Management, presented the development of a global strategy for tuberculosis research and innovation. The Seventy-first World Health Assembly in May 2018 requested the Organization's Director-General to collaborate with all relevant partners to develop a Global Strategy for TB Research and Innovation, "to make further progress in enhancing cooperation and coordination in respect of tuberculosis research and development." After broad consultation on an initial draft, a revised draft was being shared with all regional committees for their input.

5.5 Summary of the draft global strategy on digital health

Agenda item 4(d), Document EM/RC66/11

The Director, Programme Management, presented a summary of the draft global strategy on digital health. In resolution WHA71.7, adopted by the Seventy-first World Health Assembly, WHO Member States reiterated the importance of digital health and requested the Director-General to develop a Global Strategy on Digital Health in close consultation with Member States and with inputs from relevant stakeholders. Accordingly, a draft strategy had been developed and was being shared with the Regional Committee for consultation.

5.6 Draft global strategy to accelerate cervical cancer elimination

Agenda item 4(e), Document EM/RC66/12

The Director, Programme Management, presented the draft global strategy to accelerate cervical cancer elimination. In January 2019, at its 144th session, WHO's Executive Board requested the Director-General to develop a draft global strategy to accelerate cervical cancer elimination, with clear goals and targets for the period 2020–2030. The draft strategy was being developed in consultation with Member States and other relevant stakeholders and was being shared with all regional committees for their input. The final draft would be presented to the Seventy-third World Health Assembly through the Executive Board at its 146th session.

5.7 Thirteenth General Programme of Work, 2019-2023 – Results framework: an update *Agenda item 4(f), Document EM/RC66/13*

The Director of Science, Information and Dissemination, presented an update on the Results Framework for GPW 13. GPW 13 focuses on measurable impact on people's health at country level. A results framework is therefore required to regularly track the joint efforts of the Secretariat, Member States and partners to meet the GPW 13 targets and achieve the SDGs, and to measure the Secretariat's contribution. In resolution WHA72.1 in May 2019, the Seventy-second World Health Assembly requested the Director-General, inter alia, to continue developing that results framework, and to present it to the Executive Board at its 146th session in January 2020. This document provided an update and the results framework for the Regional Committee's consideration.

5.8 Development of a proposal for a Decade of Healthy Ageing 2020-2030 *Agenda item 4(g), Document EM/RC66/14*

The Director, Programme Management, presented the development of a proposal for a Decade of Healthy Ageing 2020–2030. In resolution WHA69.3 (2016), the Sixty-ninth World Health Assembly adopted the *Global strategy and action plan on ageing and health*. It provided the political mandate to, inter alia, establish the global evidence and partnerships needed to set up a decade of concerted global action. The Secretariat was therefore working to develop a proposal for a Decade of Healthy Ageing 2020–2030 with Member States and with inputs from partners. The proposal would be submitted to the Executive Board at its 146th session in January 2020. A summary of the draft proposal was outlined in this document.

5.9 WHO presence in countries, territories and areas *Agenda item 4(h), Document EM/RC66/15*

Chef de Cabinet presented on WHO's presence in countries, territories and areas. WHO offices in countries, territories and areas are the front line for delivering WHO's technical and normative work. For WHO to perform at country level in line with the expectations of GPW 13 and the increased leadership demands arising from the *Global Action Plan for Healthy Lives and Well-being for All* and United Nations development system reform, a predictable and appropriately articulated country presence is required. This document provided an overview both of WHO's current country presence and of plans for an enhanced future country presence for the Organization.

5.10 Award of Dr A.T. Shousha Foundation Prize and Fellowship *Agenda item 7(a), Document EM/RC66/INF.DOC.11*

The Dr A.T. Shousha Foundation Prize for 2019, was awarded to Dr Radi Hammad (Egypt) for his significant contribution to public health in Egypt, especially in the control of hepatitis C.

In addition, the Dr A.T. Shousha Foundation Fellowship for 2019 was awarded to Ms Golaleh Asghari (Islamic Republic of Iran) for a scholarship to study for a PhD in Nutrition Sciences.

5.11 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region *Agenda item 7(b), Document no. EM/RC66/INF.DOC.12*

The State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region was awarded to Dr Samar Alhomoud (Saudi Arabia) in the area of cancer, Dr Abla Mehio Sibai (Lebanon) in the area of cardiovascular disease and Dr Alireza Esteghamati (Islamic Republic of Iran) in the area of diabetes, based on the recommendation of the Foundation Committee.

5.12 Place and date of future sessions of the Regional Committee *Agenda item 8, Document EM/RC66/INF.DOC.13, Decision 3*

The Regional Committee decided to hold its 67th session at the Regional Office for the Eastern Mediterranean in Cairo, Egypt, from 12 to 15 October 2020.

6. Closing session

6.1 Review of draft resolutions, decisions and report

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

6.2 Adoption of resolutions and report

The Regional Committee adopted the resolutions and report of the 66th session.

6.3 Closing of the session

Agenda item 10

The Regional Committee decided to send a telegram of gratitude and thanks to Dr Hassan Rouhani, President of the Islamic Republic of Iran, for his kind hosting of the 66th session of the Regional Committee and for the great care and hospitality extended to all participants.

7. Resolutions and Decisions

7.1 Resolutions

EM/RC66/R.1 Annual report of the Regional Director for 2018

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2018¹ and the progress reports requested by the Regional Committee;²

Recognizing that rheumatic heart disease is a leading cause of preventable cardiac death in people under the age of 25, and noting World Health Assembly resolution 71.14 on rheumatic fever and rheumatic heart disease;

Recognizing that accelerated global action is needed to address the pervasive problem of the double burden of malnutrition, to meet global targets on reducing noncommunicable diseases, and related targets under Sustainable Development Goals 2 and 3, by 2030;

Recognizing that the availability of quality, affordable medicines and vaccines is essential to universal health coverage;

Noting with concern the impact of political instability, conflict and external economic sanctions on the right to health of people in the Region, in particular forcibly displaced people and those in vulnerable situations;

Noting the recommendations of the Global Preparedness Monitoring Board and the slow progress on implementing national plans;

Appreciating that all countries of the Region have signed the UHC2030 Global Compact, committing to achieving universal health coverage leaving no one behind;

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 2018;
3. **ENDORSES** the framework for action on acute rheumatic fever and rheumatic heart disease in the Eastern Mediterranean Region (which is annexed to this resolution);
4. **ENDORSES** the strategy on nutrition for the Eastern Mediterranean Region, 2020–2030;
5. **URGES** Member States to:
 - 5.1 Implement the regional framework for action on acute rheumatic fever and rheumatic heart disease in countries of the Region, to ensure effective prevention and control of rheumatic heart disease in the Region;
 - 5.2 Implement the regional nutrition strategy, 2020–2030;
 - 5.3 Strengthen the capacity of the pharmaceutical sector to improve the availability of quality, affordable medicines and vaccines;
 - 5.4 Accelerate implementation of National Action Plans for Health Security;
 - 5.5 Develop and implement national PHC for UHC roadmaps.

¹ EM/RC66/2.

² EM/RC66/INF.DOC.1–8.

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

- 6.1 Provide technical support to countries in implementing the regional framework for action on acute rheumatic fever and rheumatic heart disease;
- 6.2 Provide technical support to countries in implementing the regional nutrition strategy, 2020–2030;
- 6.3 Develop a comprehensive regional strategy to ensure the availability, accessibility, affordability and quality of medicines and vaccines in the Region;
- 6.4 Engage in evidence-based advocacy for the right to health of everyone in the Region, and advise on the health sector's contribution to peace-building;
- 6.5 Provide technical support to Member States to develop PHC for UHC roadmaps and ensure their implementation;
- 6.6 Catalyze collective action among Member States to strengthen regional health security.

EM/RC66/R.2 Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development

The Regional Committee,

Having reviewed the technical paper on the regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development.³

Being aware that newborns, children and adolescents make up around 40% of the population of the Region; that most of the causes of mortality and morbidity in these age groups are preventable or treatable; and that opting to prioritize these age groups will significantly reduce the burden on health and promote human capital;

Recognizing that the highest rates of newborn, child and adolescent mortality occur in settings of conflict and fragility;

Building on the momentum created by the Sustainable Development Goals (SDGs), the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030, the Thirteenth General Programme of Work of WHO 2019–2023 and *Vision 2023*;

Recalling the efforts of Member States to implement actions stated in resolution EM/RC62/R.1 (which inter alia urged Member States to develop or update national reproductive, maternal, neonatal, child health strategic plans in accordance with the United Nations global strategy on women's, children's and adolescents' health) and EM/RC64/R.4 on operationalization of the adolescent health component of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030;

1. **URGES** Member States to:

- 1.1 Use the framework (which is annexed to this resolution) to develop and/or update multisectoral national newborn, child and adolescent health strategic plans and action plans;
- 1.2 Implement the actions for countries shown under the three strategic action areas of the framework, as appropriate to the country context;
- 1.3 Use the list of implementation milestones in the framework to inform their monitoring activities and to provide brief progress reports when needed;

³ EM/RC66/3.

- 1.4 Consider the renewed focus on primary health care and universal health coverage as an opportunity to advance the survival, healthy growth and development agenda for newborns, children and adolescents in the Region;
 - 1.5 Document and disseminate their experiences, best practices and lessons learnt, and report on progress in achieving SDG targets related to newborn, child and adolescent health;
2. **REQUESTS** the Regional Director to:
- 2.1 Provide technical support to Member States in developing and implementing national newborn, child and adolescent health policies and strategies using a systematic and comprehensive child-centred approach to ending preventable newborn, child and adolescent deaths and improving health and development;
 - 2.2 Strengthen partnership with United Nations agencies, professional associations, civil society and the private sector to support and scale up implementation across the continuum of care;
 - 2.3 Report on progress made in implementing the regional framework to the 68th and 70th sessions of the Regional Committee.

EM/RC66/R.3 strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region

The Regional Committee,

Having discussed the technical paper on strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region: a call for action;⁴

Recalling resolutions EM/RC55/R.5, EM/RC45/R.12 and EM/RC41/R.10 aimed at promoting development and improving the quality of nursing and midwifery in the Region;

Mindful of resolution EM/RC64/R.1 endorsing the framework for action on health workforce development in the Eastern Mediterranean Region to accelerate progress in addressing health workforce challenges towards the 2030 Agenda;

Concerned at the continuing shortage and maldistribution of the nursing workforce and the urgent need to recruit, retain, educate and motivate sufficient numbers of nurses with an appropriate skills mix, including primary care nurses, without whom universal health coverage cannot be realized;

Concerned about the impact of emergencies on the availability, safety and distribution of the nursing workforce and the urgent need to educate and retain nurses to provide services in countries in emergency and those going through recovery, including for refugees and displaced populations;

Noting the renewed commitment to primary health care made by world leaders in the Declaration of Astana of 2018, and recognizing the key role of the nursing workforce within interdisciplinary primary care teams to meet present and future health needs;

Recognizing that in almost every country the nursing workforce could constitute a significant force to support national strategies and plans to improve the quality and outcomes of health services towards universal health coverage;

Considering the changing demographic, epidemiological and technological contexts;

Conscious that a strong political commitment must underpin the critical role of the nursing workforce in saving lives and improving health care;

⁴ EM/RC66/4

Welcoming the endorsement by the Seventy-second World Health Assembly of the year 2020 as the Year of the Nurse and Midwife;

Reaffirming the need to accelerate implementation of the Regional Framework for Action: strengthening nursing and midwifery in the Eastern Mediterranean Region 2016–2025;

1. CALLS FOR ACTION and

2. URGES Member States to:

- 2.1 Develop and implement national strategies and action plans to strengthen the nursing and midwifery workforce.
- 2.2 Enhance work environments to allow nurses to use their knowledge and skills productively through well-defined standards of nursing practice, appropriate remuneration, opportunities for career development and continuing professional development.
- 2.3 Ensure routine health information systems collect data on the nursing and midwifery workforce, for strategic planning, policy development and management.
- 2.4 Undertake labour market analysis, and develop strategies to attract and retain the workforce, including elevating the status and value afforded to the nursing and midwifery professions.
- 2.5 Strengthen the primary health care nursing workforce by defining and expanding nurses' roles and scopes of practice to maximize the utilization of their capacities.
- 2.6 Reorient nursing and midwifery education and training, emphasizing primary care competencies, and develop accreditation systems to ensure the quality of education at all levels.
- 2.7 Develop specific country-level activities to mark 2020 as the Year of the Nurse and Midwife.

3. REQUESTS the Regional Director to:

- 3.1 Facilitate technical cooperation with Member States to develop national plans and strategies in line with the Regional Framework for Action: strengthening nursing and midwifery in the Eastern Mediterranean Region 2016–2025.
- 3.2 Support efforts to implement national strategies and plans and monitor progress.
- 3.3 Provide a report to the 69th, 72nd, 75th and 77th sessions of the Regional Committee on progress until the year 2030.

EM/RC66/R.4 Introducing the framework for action for the hospital sector in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on introducing the framework for action for the hospital sector in the Eastern Mediterranean Region;⁵

Acknowledging global and regional commitments to universal health coverage including the 2030 Agenda for Sustainable Development, the Salalah Declaration on Universal Health Coverage (UHC) of September 2018, the Astana Declaration on Primary Health Care of October 2018 and the Political Declaration of the United Nations High-Level Meeting on Universal Health Coverage of September 2019;

⁵ EM/RC66/5.

Acknowledging the damage and disruption to hospital systems and services resulting from emergencies, including conflict, natural disasters and outbreaks;

Recalling resolutions WHA69.24 on strengthening integrated, people-centred health services, EM/RC59/R.3 on health systems strengthening in countries of the Eastern Mediterranean Region: challenges, priorities and options for future action and EM/RC60/R.2 on universal health coverage;

Emphasizing the importance of the role of the hospital sector in achieving UHC and contributing to implementing the vision for primary health care in the twenty-first century;

Convinced of the need for a renewed focus on hospital roles, functions and operations through an integrated and people-centred lens;

1. **ENDORSES** the framework for action for the hospital sector in the Eastern Mediterranean Region (which is annexed to this resolution).
2. **CALLS ON** Member States to:
 - 2.1 Ensure political commitment to planning and implementing people-centred hospitals, to move towards universal health coverage;
 - 2.2 Use the regional framework for action as guidance to develop/update and implement a national hospital sector strategy, and engage all stakeholders and guide the policy dialogue on transforming the hospital sector in the country;
 - 2.3 Ensure the availability of adequate financial, human, technological and technical resources to implement the national strategy on strengthening the hospital sector through a robust resource planning and budgeting process;
 - 2.4 Monitor and evaluate hospital sector performance and progress in implementing the national hospital sector strategy, and document lessons learned;
3. **REQUESTS** the Regional Director to:
 - 3.1 Provide technical support to Member States in building capacity for the development and implementation of a national hospital sector strategy as part of the national health strategy;
 - 3.2 Support Member States to implement proposed strategic interventions;
 - 3.3 Facilitate regional and country-specific policy dialogues on reforming the hospital sector in line with the framework for action;
 - 3.4 Assist Member States to build management capacities in the hospital sector;
 - 3.5 Support countries to ensure their hospitals are resilient during emergencies, and can build back better following emergencies;
 - 3.6 Report to the 68th and 70th sessions of the Regional Committee on progress towards implementation of the regional framework for action.

EM/RC66/R.5 Developing national institutional capacity for evidence-informed policy-making for health

The Regional Committee,

Having reviewed the technical paper on developing national institutional capacity for evidence-informed policy-making for health;⁶

Recalling resolutions WHA58.34 on the Ministerial Summit on Health Research, EM/RC55/R.7 on bridging the gap between health researchers and policy-makers, EM/RC58/R.3 on strategic directions for scaling up research for health, EM/RC60/R.8 on monitoring health situation, trends and health system performance, and EM/RC64/R.1 which inter alia urged Member States to build national capacity to use evidence from health research in national policy-making for health;

Recognizing the sustained efforts of Member States to enhance research capacity and improve national health data systems;

Emphasizing the critical role of evidence-informed policy-making for health in achieving health-related Sustainable Development Goals;

Recognizing the gaps in national institutional capacities to facilitate and establish evidence-informed policy-making processes for health;

Emphasizing that evidence-informed policy-making is a necessity for all countries to ensure that resources result in the best possible health outcomes;

1. **ENDORSES** the framework for improving national institutional capacity for evidence-informed policy-making for health in the Eastern Mediterranean Region, 2020–2024 (which is annexed to this resolution);
2. **URGES** Member States to:
 - 2.1 Scale up initiatives to foster evidence-informed policy-making for health, focusing on an integrated multiconcept approach to improving national capacity;
 - 2.2 Establish national mechanisms for the systematic consideration of evidence (for example, through policy briefs and policy dialogue) in making national health policies;
 - 2.3 Establish national programmes to adapt and/or develop evidence-based public health and clinical practice guidelines on national priority issues;
 - 2.4 Ensure the systematic use of health technology assessment reports in policy-making;
 - 2.5 Enlist academic institutions in national capacity-building for evidence-informed policy-making;
 - 2.6 Establish national observatories for health to promote the use of valid national data in evidence-informed policy-making;
 - 2.7 Ensure adherence to research ethics and establish mechanisms to manage conflicts of interest in policy-making;
3. **CALLS ON** Member States, especially those with successful institutional mechanisms for evidence-informed policy-making, to share insights and experiences in support of regional and national efforts to implement the framework;

⁶ EM/RC66/6.

4. REQUESTS the Regional Director to:

- 4.1 Develop an action plan for the implementation of the framework in consultation with Member States;
- 4.2 Support Member States in strengthening their national institutional capacity for the use of evidence in policy-making for health;
- 4.3 Support development of the technical capacity of Member States to adapt or develop guidelines, systematic reviews, health technology assessment studies and policy briefs;
- 4.4 Develop policy briefs on topics of regional importance, and adapt WHO guidelines to the regional context for areas of high priority;
- 4.5 Support the development of rapid processes for the adaptation or development of policy synthesis products in response to the priority needs of those Member States affected by emergency situations;
- 4.6 Strengthen the role of existing research networks and WHO collaborating centres and make plans to establish a regional network of institutions to actively support evidence-informed policy-making at national level;
- 4.7 Enhance the regional observatory for health, and support Member States in establishing national observatories for health;
- 4.8 Report on progress made in implementing the framework to the 68th and 70th sessions of the Regional Committee, and present a final report to the 72nd session in 2025.

EM/RC66/R.6 Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and control of Noncommunicable Diseases, 2018

The Regional Committee,

Having reviewed the technical paper presenting an update of the regional framework for action to implement the United Nations Political Declaration on NCDs, including indicators to assess country progress by 2030;⁷

Recalling United Nations resolution 73/2 on the 2018 political declaration on the prevention and control of noncommunicable diseases (NCDs) entitled “Time to deliver: accelerating our response to address noncommunicable diseases for the health and well-being of present and future generations”;

Recalling also the outcome documents of the two previous General Assembly high-level meetings on the prevention and control of NCDs and Regional Committee resolution EM/RC62/R.2 on accelerating the implementation of the regional framework for action;

Welcoming the fact that United Nations resolution 70/1 on the 2030 Agenda for Sustainable Development includes specific targets for 2030, including: reducing by one third premature mortality from noncommunicable diseases through prevention and treatment; strengthening the implementation of the WHO Framework Convention on Tobacco Control; ending all forms of malnutrition; and reducing air pollution ;

Considering that the fourth high-level meeting of the General Assembly on the prevention and control of NCDs will take place in 2025;

⁷ EM/RC66/7.

Recognizing that there is a need for an updated framework to operationalize the recommendations made in the third high-level meeting of the General Assembly on the prevention and control of NCDs;

1. **ENDORSES** the updated regional framework for action to implement the United Nations Political Declaration on NCDs, including indicators to assess country progress by 2030 (which is annexed to this resolution);
2. **URGES** Member States to implement the strategic interventions identified in the regional framework with a particular emphasis placed on:
 - 2.1 Scaling up national NCD prevention and control responses through high-level political commitment and multisectoral coordination beyond the health sector;
 - 2.2 Setting national NCD targets that draw on the nine voluntary global targets for NCDs, and developing or strengthening national multisectoral policies and action plans;
 - 2.3 Conducting national investment cases for the prevention and control of NCDs, where needed;
 - 2.4 Accelerating implementation of the NCD best buys, and reducing air pollution;
 - 2.5 Strengthening human resources and institutional capacity for the surveillance, monitoring and evaluation of NCDs and their risk factors, including national population-based cancer registries;
 - 2.6 Integrating NCD services into primary health care and national benefit packages, including in emergency settings;
3. **REQUESTS** the Regional Director to:
 - 3.1 Assist Member States to accelerate implementation of their national NCD action plans and monitor progress towards their targets;
 - 3.2 Facilitate the development of regional networks for the exchange of information, good practices and lessons learned among Member States;
 - 3.3 Support Member States in their preparations for the fourth high-level meeting of the General Assembly in 2025;
 - 3.4 Report on the progress made by Member States in the prevention and control of NCDs to the 68th and 70th sessions of the Regional Committee.

EM/RC66/R.7 Regional framework for action to strengthen the public health response to substance use

The Regional Committee,

Having reviewed the technical paper presenting a draft regional framework for action to strengthen the public health response to substance use;⁸

Recalling Resolution A/RES/S-30/1 “Our joint commitment to effectively addressing and countering the world drug problem”, adopted by the 2016 United Nations General Assembly in its special session (UNGASS) on the world drug problem;

Taking into account Target 3.5 of SDG 3: “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”;⁹

⁸ EM/RC66/8.

⁹ United Nations General Assembly resolution 66/288.

Recognizing that substance use poses a large and growing challenge to public health and economic development in all parts of the world, including the Eastern Mediterranean Region;

Mindful that a number of countries in the Region face complex emergencies which render their populations – especially adolescents, women and young adults – particularly vulnerable to substance use problems;

Noting that although cost-effective and evidence-based interventions are available, only one person in every 13 with a substance use disorder in the Region receives treatment;

Recognizing that there is a need for a framework to operationalize the recommendations made in the UNGASS 2016 outcome document to strengthen the public health response to substance use;

1. **ENDORSES** the regional framework for action to strengthen the public health response to substance use (which is annexed to this resolution);
2. **URGES** Member States to implement the strategic interventions identified in the regional framework with special emphasis on:
 - 2.1 Developing, reviewing and updating national policies and legislation through a multisectoral approach, to minimize the adverse public health and social consequences of substance use;
 - 2.2 Enhancing the availability, coverage and quality of prevention measures and tools, based on scientific evidence, that target relevant age and risk groups in multiple settings;
 - 2.3 Scaling up coverage through effective drug treatment, care, rehabilitation, recovery and social reintegration programmes, giving special attention to those in vulnerable situations;
 - 2.4 Developing and strengthening the capacity of health and social care professionals to provide interventions based on scientific evidence, including appropriate medication-assisted therapy programmes and other relevant interventions;
 - 2.5 Integrating the core set of indicators within their national health information systems to enable reporting on the relevant SDG indicator(s);
3. **REQUESTS** the Regional Director to:
 - 3.1 Provide technical support to Member States to implement and monitor the strategic actions listed in the regional framework;
 - 3.2 Support Member States to enhance their capacity to undertake and utilize operational research and generate reliable and comparable data;
 - 3.3 Facilitate the development of regional networks for the regular exchange of information, good practice and lessons learned among Member States;
 - 3.4 Report on progress made in implementing the regional framework to the 68th and 70th sessions of the Regional Committee, with a final report to the 72nd session.

7.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

Chair: H.E. Dr Saeed Namaki (Islamic Republic of Iran)

Vice-Chair: H.E. Dr Mai Salem Al-Kaila (Palestine)

Vice-Chair: H.E. Dr Ehmed Mohamed Ben Omer (Libya)

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

Dr Said Harib Manna Al Lamki (Oman), Dr Mohammed Hamad Al-Thani (Qatar), Dr Badereddin B. Annajar (Libya), Dr Randa Hamadah (Lebanon), Dr Mohsen Asadi-Lari (Islamic Republic of Iran).

Secretariat: Dr Rana Hajjeh, Dr Maha El-Adawy, Dr Awad Mataria, Dr Arash Rashidian, Dr Richard Brennan, Dr Ruth Mabry, Mr Tobias Boyd.

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its 66th session.

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

The Regional Committee decided to hold its 67th session at the Regional Office in Cairo, Egypt, from 12 to 15 October 2020.

DECISION NO. 4 VERIFICATION OF CREDENTIALS

The Officers of the Regional Committee met on the evening of 15 October and reviewed the credentials submitted by the members attending the 66th session of the Regional Committee for the Eastern Mediterranean. 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. (The Officers further noted that Bahrain, Morocco, Saudi Arabia, Somalia and Yemen were unable to attend the 66th session of the Regional Committee and therefore did not submit any credentials.)

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 Sulafa K.M. Ali (Sudan) in the field of cardiovascular diseases, 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. The Prize will be presented to the laureate during the 67th session of the Regional Committee in 2020.

DECISION NO. 6 AWARD OF THE DOWN SYNDROME RESEARCH PRIZE

The Regional Committee decided to award the Down Syndrome Research Prize to Dr Saeed Dastgiri (Islamic Republic of Iran), based on the recommendation of the Down Syndrome Research Prize Foundation. The Prize will be presented to the laureate during the 67th session of the Regional Committee in 2020.

DECISION NO. 7 AWARD OF THE DR A.T. SHOUSHA FOUNDATION PRIZE AND STATUTES OF THE DR A.T. SHOUSHA FOUNDATION

The Regional Committee decided not to award the Dr A.T. Shousha Foundation Prize this year, based on the recommendation of the Dr A.T. Shousha Foundation, and instead to endorse all the proposed changes to the Statutes of the Foundation set out in the annex to this decision.

The proposed revisions for the Statutes of the Dr A.T. Shousha Foundation

Current	Proposed
<p><u>Article 1.</u></p> <p>A Committee styled the “Dr A. T. Shousha Foundation Committee” shall be formed and shall be composed of the following members: The Chairman and Vice-Chairman of the Regional Committee for the Eastern Mediterranean as such, and the Chairman of the Regional Committee Technical Discussions.</p> <p>...</p>	<p><u>Article 1.</u></p> <p>A Committee styled the “Dr A. T. Shousha Foundation Committee” shall be formed and shall be composed of the following members: The Chairman and Vice-Chairman of the Regional Committee for the Eastern Mediterranean as such, and the Chairman of the Regional Committee Technical Discussions. officers of the Regional Committee of the Eastern Mediterranean Region, namely the Chair and two Vice-Chairs.</p> <p>...</p>
<p><u>Article 2.</u></p> <p>The Dr A.T. Shousha Foundation Committee shall, in accordance with the present Statutes, propose to the Executive Board the award of the prize to be known as the “Dr A.T. Shousha Foundation Prize”, to be given to a person having made the most significant contribution to any health problem in the geographical area in which Dr A.T. Shousha served the World Health Organization. ...</p>	<p><u>Article 2.</u></p> <p>The Dr A.T. Shousha Foundation Committee shall, in accordance with the present Statutes, propose to the Executive Board the award of the prize to be known as the “Dr A.T. Shousha Foundation Prize”, to be given to a person or institution, including nongovernmental organizations, having made the most significant contribution to any health problem in the geographical area in which Dr A.T. Shousha served the World Health Organization. ...</p>
<p><u>Article 3.</u></p> <p>...</p> <p>(b) be used by the Foundation Committee for the granting of a fellowship, to be known as the “Dr A.T. Shousha Foundation Fellowship”, to a person, belonging to the health professions, from the geographical area referred to in Article 2, in view of obtaining a postgraduate diploma or a master in public health, or ...</p>	<p><u>Article 3.</u></p> <p>...</p> <p>(b) be used by the Foundation Committee for the granting of a fellowship, to be known as the “Dr A.T. Shousha Foundation Fellowship”, to a person, belonging to the health professions, from the geographical area referred to in Article 2, in view of obtaining a postgraduate diploma or a master in public health from an accredited institution within the geographical area referred to in Article 2, or ...</p>
<p><u>Article 5.</u></p> <p>...</p> <p>No condition is made as to the age, sex, profession or nationality of the candidate proposed.</p>	<p><u>Article 5.</u></p> <p>...</p> <p>No condition is made as to the age, sex, profession or nationality of the candidate proposed.</p>
<p><u>Article 5 bis</u></p> <p>...</p> <p>No condition is made as to the age, sex, profession or nationality of the candidate proposed.</p> <p>...</p>	<p><u>Article 5 bis</u></p> <p>...</p> <p>No condition is made as to the age, sex, profession or nationality of the candidate proposed.</p> <p>...</p>
	<p><u>Article 6 bis</u></p> <p>Current and former members of the WHO Secretariat are not eligible to receive the Prize, nor are deceased persons eligible. Candidates put forward in past years, but not selected, may be nominated again for the Prize.</p> <p>The Prize will be awarded to the candidates thought worthy with no condition made to their age, sex, profession or nationality. The Fellowship will be awarded to candidates under the age of 35 years thought worthy with no condition made to their sex, profession or nationality.</p> <p>Candidates must be nominated by the national health administration of a country of WHO’s Eastern Mediterranean Region.</p>
<p><u>Article 7.</u></p> <p>... The quorum required to make such a recommendation shall be at least three members of the Foundation Committee, including the Chairman of the Regional Committee or a Vice Chairman acting for the Chairman at that Regional Committee.</p> <p>...</p>	<p><u>Article 7.</u></p> <p>... The quorum required to make such a recommendation shall be at least three all members of the Foundation Committee, including the Chairman of the Regional Committee or a Vice Chairman acting for the Chairman at that Regional Committee. ...</p>

Annex 1**Agenda**

- | | | |
|----|---|--------------------|
| 1. | Opening of the session | |
| | (a) Election of Officers | |
| | (b) Adoption of the Agenda | EM/RC66/1-Rev.2 |
| 2. | (a) Annual Report of the Regional Director 2018 | EM/RC66/2 |
| | Progress reports on: | |
| | (b) Eradication of poliomyelitis | EM/RC66/INF.DOC.1 |
| | (c) Health, the environment and climate change | EM/RC66/INF.DOC.2 |
| | (d) Regional strategy for the improvement of civil registration and vital statistics systems 2014–2019 | EM/RC66/INF.DOC.3 |
| | (e) Implementation of the Eastern Mediterranean vaccine action plan and the regional malaria action plan 2016–2020 | EM/RC66/INF.DOC.4 |
| | (f) Scaling up mental health care: a framework for action | EM/RC66/INF.DOC.5 |
| | (g) Implementing the regional framework for action on cancer prevention and control | EM/RC66/INF.DOC.6 |
| | (h) Implementation of the global action plan on antimicrobial resistance | EM/RC66/INF.DOC.7 |
| | (i) Emergencies and the International Health Regulations (2005) in the Eastern Mediterranean Region | EM/RC66/INF.DOC.8 |
| 3. | Technical papers | |
| | (a) Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development | EM/RC66/3 |
| | (b) Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region | EM/RC66/4 |
| | (c) Introducing the framework for action for the hospital sector in the Eastern Mediterranean Region | EM/RC66/5 |
| | (d) Developing national institutional capacity for evidence-informed policy-making for health | EM/RC66/6 |
| | (e) Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018 | EM/RC66/7 |
| | (f) Regional framework for action to strengthen the public health response to substance use | EM/RC66/8 |
| 4. | World Health Assembly and Executive Board | |
| | (a) Resolutions and decisions of regional interest adopted by the Seventy-second World Health Assembly and the Executive Board at its 144th and 145th sessions | EM/RC66/9 |
| | (b) Review of the draft provisional agenda of the 146th session of the WHO Executive Board | EM/RC66/9-Annex 1 |
| | (c) Development of a global strategy for tuberculosis research and innovation | EM/RC66/10 |
| | (d) Summary of the draft global strategy on digital health | EM/RC66/11 |
| | (e) Draft global strategy to accelerate cervical cancer elimination | EM/RC66/12 |
| | (f) Thirteenth General Programme of Work, 2019–2023 – Results framework: an update | EM/RC66/13 |
| | (g) Development of a proposal for a Decade of Healthy Ageing 2020–2030 | EM/RC66/14 |
| | (h) WHO presence in countries, territories and areas | EM/RC66/INF.DOC.9 |
| 5. | Report of the fourth meeting of the Technical Advisory Committee to the Regional Director | EM/RC66/INF.DOC.10 |

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|-----|---|--------------------|
| 6. | Report of the fifth meeting of the Programme Subcommittee of the Regional Committee | EM/RC66/15 |
| 7. | Awards | |
| | (a) Award of the Dr A.T. Shousha Foundation Prize and Fellowship | EM/RC66/INF.DOC.11 |
| | (b) Award of the State of Kuwait Prize for the Control of Cancer,
Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region | EM/RC66/INF.DOC.12 |
| 8. | Place and date of future sessions of the Regional Committee | EM/RC66/INF.DOC.13 |
| 9. | Other business | |
| 10. | Closing session | |

Annex 2

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

MEMBER STATES

AFGHANISTAN

Representative

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

Alternate

Mr Wahid Majrooh
Senior Advisor to H.E. the Minister
Ministry of Public Health
Kabul

BAHRAIN*

DJIBOUTI

Representative

Dr Saleh Banoita Tourab
Secretary-General
Ministry of Health
Djibouti

Alternate

Mr Omar Ali Ismael
Technical Consultant
Ministry of Health
Djibouti

Advisers

Mme Noura Abdi Farah
Director of Studies, Planning and International Cooperation
Ministry of Health
Djibouti

EGYPT

Representative

H.E. Mr Sameh Mohamed Eldemirdash
Charge d'affaires
Interest Section of A.R.E in Tehran
Tehran

Alternate

Mr Mohamed Atif Farid Elhusseiny
First Secretary
Interest Section of A.R.E in Tehran
Tehran

IRAN, ISLAMIC REPUBLIC OF

Representative

H.E. Dr Saeed Namaki
Minister of Health and Medical Education
Ministry of Health and Medical Education
Tehran

Alternate

Dr Bagher Adreshir Larijani
Deputy Minister for Education
Ministry of Health and Medical Education
Tehran

Advisers

Dr Reza Malek Zadeh
Deputy Minister for Research and Technology
Ministry of Health and Medical Education
Tehran

Dr Alireza Raeisi
Deputy Minister for Public Health
Ministry of Health and Medical Education
Tehran

Dr Simasadat Lari
Deputy of Students and Cultural Affairs
Ministry of Health and Medical Education
Tehran

Dr Ghasem Jan Babaei Molla
Deputy Minister for Curative Affairs
Ministry of Health and Medical Education
Tehran

Dr Mariam Hazrati
Deputy Minister for Nursing
Ministry of Health and Medical Education
Tehran

Dr Mohsen Asadi-Lari
Special Assistant to the Minister
and Director-General for International Affairs Department
Ministry of Health and Medical Education
Tehran

Dr Mohammad Assai Ardakani
Advisor to Minister for Public Health
Ministry of Health and Medical Education
Tehran

Dr Mohsen Esperi
Director-General for Environment
and Sustainable Development Department
Ministry of Foreign Affairs
Tehran

Dr Tahereh Changiz
Chancellor
Isfahan University of Medical Sciences
Isfahan

IRAQ

Representative

Dr Jasim Al-Mohammed
Technical Undersecretary for Environmental Affairs
Ministry of Health and Environment
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Alternate

Dr Faris Al-Lami
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Public Health Directorate
Ministry of Health and Environment
Baghdad

Adviser

Dr Omer Aljumrawi
Planning and Finance Directorate
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JORDAN

Representative

Mr Akram Khasawneh
Advisor to Minister of Health
Ministry of Health

Amman

Alternate

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Charge d'Affaires
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KUWAIT

Representative

Dr Fawaz Abdullah Al-Rifai
Assistant Undersecretary, Medical Health Services
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Consultant, Family Physician
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Kuwait

Mr Yousef Hussein Al-Kandari
Director, Minister's Office
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Representative

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Ministry of Public Health

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Ministry of Health

Government of National Accord

Tripoli

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Dr Nagi Abdalla
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Dr Ali Shebob
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MOROCCO*

OMAN

Representative

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

Alternate

H.E. Dr Ali bin Talib Al-Hinai
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Dr Said Harib Manaa Al Lamki
Director-General, Primary Health Care
Ministry of Health
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Dr Qamra Said Khamis Al-Sariri
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PAKISTAN

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H.E. Dr Zafar Ullah Mirza
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Adviser

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PALESTINE

Representative

H.E. Dr Mai Salem Al-Kaila
Minister of Health
Ministry of Health
Ramallah

QATAR

Representative

H.E. Mr Mohamed Bin Hamad Fahid Al-Hajiri
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Alternate

Dr Salih Ali Al-Marri
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SAUDI ARABIA*

SOMALIA*

	SUDAN
Representative	H.E. Dr Akram Ali Eltom Minister of Health Ministry of Health Khartoum
Alternate	Dr Sara Osman Director-General of Global Health Ministry of Health Khartoum
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Representative	Dr Ahmed Khleifawi Deputy Minister of Health Ministry of Health Damascus
Alternate	Dr Raghad Takki Eddin Director of Planning and International Cooperation Ministry of Health Damascus
Advisers	Dr Fadi Kassis Director, Primary Health Care Ministry of Health Damascus Dr Hazar Faroun Director of Communicable and Noncommunicable diseases Ministry of Health Damascus Mr Samer Fateh Director of Communication Ministry of Health Damascus
	TUNISIA
Representative	H.E. Dr Sonia Ben Cheickh Minister of Health Ministry of Health Tunis
Alternate	Ms Sonia Khayat Director-General, Technical Cooperation Unit Ministry of Health Tunis
Advisers	Professor Chokri Hamouda Director, Primary Health Care Ministry of Health Tunis Professor Hanen Tiouri Head of Infections Control Department University Hospital La Rabta Ministry of Health Tunis

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Representative

UNITED ARAB EMIRATES

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YEMEN*

OBSERVERS

(Observers from WHO Member States outside the EMR)

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(Observers representing the United Nations Organizations)

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* Apology

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

1. Regional Committee documents

EM/RC66/1-Rev.2	Agenda
EM/RC66/2	Annual Report of the Regional Director 2018
EM/RC66/3	Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development
EM/RC66/4	Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region
EM/RC66/5	Introducing the framework for action for the hospital sector in the Eastern Mediterranean Region
EM/RC66/6	Developing national institutional capacity for evidence-informed policy-making for health
EM/RC66/7	Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 201
EM/RC66/8	Regional framework for action to strengthen the public health response to substance use
EM/RC66/9	Resolutions and decisions of regional interest adopted by the Seventy-second World Health Assembly and the Executive Board at its 144th and 145th sessions
EM/RC66/9-Annex 1	Review of the draft provisional agenda of the 146th session of the WHO Executive Board
EM/RC66/10	Development of a global strategy for tuberculosis research and innovation
EM/RC66/11	Summary of the draft global strategy on digital health
EM/RC66/12	Draft global strategy to accelerate cervical cancer elimination
EM/RC66/13	Thirteenth General Programme of Work, 2019–2023 – Results framework: an update
EM/RC66/14	Development of a proposal for a Decade of Healthy Ageing 2020–2030
EM/RC66/15	Report of the fifth meeting of the Programme Subcommittee of the Regional Committee
EM/RC66/INF.DOC.1	Eradication of poliomyelitis
EM/RC66/INF.DOC.2	Health, the environment and climate change
EM/RC66/INF.DOC.3	Regional strategy for the improvement of civil registration and vital statistics systems 2014–2019
EM/RC65/INF.DOC.4	Implementation of the Eastern Mediterranean vaccine action plan and the regional malaria action plan 2016–2020
EM/RC65/INF.DOC.5	Scaling up mental health care: a framework for action
EM/RC66/INF.DOC.6	Implementing the regional framework for action on cancer prevention and control
EM/RC66/INF.DOC.7	Implementation of the global action plan on antimicrobial resistance
EM/RC66/INF.DOC.8	Emergencies and the International Health Regulations (2005) in the Eastern Mediterranean Region
EM/RC66/INF.DOC.9	WHO presence in countries, territories and areas

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|--------------------|---|
| EM/RC66/INF.DOC.10 | Report of the fourth meeting of the Technical Advisory Committee to the Regional Director |
| EM/RC66/INF.DOC.11 | Award of the Dr A.T. Shousha Foundation Prize and Fellowship |
| EM/RC66/INF.DOC.12 | Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region |
| EM/RC66/INF.DOC.13 | Place and date of future sessions of the Regional Committee |
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| 2. | Resolutions |
| EM/RC66/R.1 | Annual report of the Regional Director for 2018 |
| EM/RC66/R.2 | Regional implementation framework on ending preventable newborn, child and adolescent deaths and improving health and development |
| EM/RC66/R.3 | Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region: a call for action |
| EM/RC66/R.4 | Introducing the framework for action for the hospital sector in the Eastern Mediterranean Region |
| EM/RC66/R.5 | Developing national institutional capacity for evidence-informed policy-making for health |
| EM/RC66/R.6 | Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018 |
| EM/RC66/R.7 | Regional framework for action to strengthen the public health response to substance use |
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| 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 | Award of the Down Syndrome Research Prize |
| Decision 7 | Award of the Dr A.T. Shousha Foundation Prize and Statutes of the Dr A.T. Shousha Foundation |

Annex 4

**Framework for action on rheumatic fever and rheumatic heart disease in the WHO
Eastern Mediterranean Region**

Annex to resolution EM/RC66/R.1

Annex
Framework for action on rheumatic fever and rheumatic heart disease in the WHO Eastern Mediterranean Region

Strategic approach	Key outcomes What is needed in each country	Progress indicators Steps to be taken by each country
In the area of: Governance	Each country should: <ul style="list-style-type: none"> • have an RF/RHD Advisory Group; • have a national RF/RHD plan that integrates, and is delivered in coordination with, other relevant plans and strategies; • have a national investment case on the cost/out-of-pocket spending/burden to patients. 	<ul style="list-style-type: none"> • Establish a national Advisory Group, ideally with the participation and endorsement of the Ministry of Health, whose role is to develop a national RF/RHD strategy and monitor programme implementation. • Appoint a national focal point. • Undertake a baseline review of the RF/RHD situation in the country, with particular consideration given to assessing burden and access barriers among populations at high risk, including migrants, refugees and conflict-affected groups. • As guided by the findings of the baseline review, develop a national RF/RHD plan that articulates implementation in coordination with other relevant strategies and plans. • Define national targets for programme implementation and for reducing the disease burden.
In the area of: Primary prevention	Each country should: <ul style="list-style-type: none"> • have local guidelines in place for the diagnosis and treatment of pharyngitis. 	<ul style="list-style-type: none"> • Adapt or develop and implement local guidelines for the diagnosis and treatment of pharyngitis, based on global best practice and integrated with existing strategies (for example, incorporation of a sore throat module into the Integrated Management of Childhood Illness).
In the area of: Secondary prevention	Each country should: <ul style="list-style-type: none"> • have local guidelines in place for the diagnosis and management of RF/RHD; • have a functioning RF/RHD register that is regularly monitored, with data used to inform programme activities; • integrate the delivery of RF/RHD care within existing primary health care structures and systems. 	<ul style="list-style-type: none"> • Implement RF/RHD prevention and management services that are integrated with, and delivered through, existing health system structures and services, in line with local guidelines. • Identify existing service-delivery platforms that offer opportunities to reach underserved patients or patients at high risk through the integration of RHD services (for example, antenatal care to identify and manage pregnant women with RHD). • Implement an RF/RHD register with a dedicated coordinator.
In the area of: Access to medicines	Each country should: <ul style="list-style-type: none"> • have reliable access to high-quality benzathine penicillin G (BPG); • make BPG treatment available without charge to patients. 	<ul style="list-style-type: none"> • Ensure that BPG is on the national Essential Medicines List and national formulary of medications. • Undertake an assessment of access to BPG to demonstrate robust procurement processes or to identify supply gaps that require broader (for example, regional) action. • Ensure that BPG procurement is incorporated into routine procurement and budgeting processes. • Identify and implement the measures needed to ensure the routine testing of BPG quality.
In the area of: Surveillance and monitoring	Each country should: <ul style="list-style-type: none"> • have reliable data on the RF/RHD disease burden at the national and, where possible, subnational level; • have a surveillance system in place to monitor the RF/RHD disease burden and identify groups at high risk. 	<ul style="list-style-type: none"> • Develop and implement a surveillance system which is integrated within existing health monitoring/surveillance structures and systems, and which generates data on core metrics for RF/RHD, including adverse treatment events. • Consider the need to include RF as a notifiable disease. • Consider the need for special studies in high-risk areas (for example, clinical audit, echocardiography screening).

Strategic approach	Key outcomes What is needed in each country	Progress indicators Steps to be taken by each country
In the area of: Health workforce at the community and primary health-care level	<p>Each country should:</p> <ul style="list-style-type: none"> • have a community and primary health-care workforce that is able to recognize and appropriately treat or refer pharyngitis and RF, and deliver prevention strategies; • ensure that health providers who deliver treatment have the necessary confidence to safely administer BPG; • integrate frontline health-worker training into the health workforce training curriculum. 	<ul style="list-style-type: none"> • Incorporate training on RF primary prevention into existing training structures and systems. • Incorporate the safe administration of BPG into training for all personnel administering treatment. • Implement dedicated training for frontline health-care workers as needed.
In the area of: Community awareness	<p>Each country should:</p> <ul style="list-style-type: none"> • ensure that communities are aware of and understand RF/RHD and their link with Strep A infection (throat or skin), particularly communities and schools in high-risk areas. 	<ul style="list-style-type: none"> • Develop and implement a community education and awareness-raising strategy for Strep A infection, RF and RHD.
In the area of: Tertiary care, including surgical intervention	<p>Each country should:</p> <ul style="list-style-type: none"> • ensure access to echocardiography to guide diagnosis, monitoring and treatment planning for people living with RHD; • develop an overview of pathways to access to interventional cardiac surgical procedures (including percutaneous procedures); • ensure a sufficient sub-specialist medical workforce to provide care for the population of people with RHD. 	<ul style="list-style-type: none"> • Report on access to echocardiography. • Report on the number of surgeries for RHD performed per year.
In the area of: Social determinants of health	<p>Each country should:</p> <ul style="list-style-type: none"> • have data on levels of household crowding, malnutrition, lack of education and other key risk factors in high-burden populations; • introduce policies and programmes to alleviate over-crowded living conditions and improve housing among high-burden populations. 	<ul style="list-style-type: none"> • Report on relevant Sustainable Development Goal (SDG) indicators, including: <ul style="list-style-type: none"> – proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural); – proportion of population living in households with access to basic services; – coverage of essential health services; – prevalence of malnutrition (weight for height > +2 or < -2 standard deviation from the median of the WHO Child Growth Standards); among children under 5 years of age, by type (wasting and overweight); – proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex.

Annex 5

**Newborn, child and adolescent health implementation framework for the Eastern
Mediterranean Region, 2019–2023**

Annex to resolution EM/RC66/R.2

Annex
Newborn, child and adolescent health implementation framework for the Eastern Mediterranean Region, 2019–2023

Strategic area	Key actions	Progress indicators
Strategic area 1: Promoting equitable access to quality newborn, child and adolescent health services in the context of universal health coverage	<p>Actions to promote access to newborn, child and adolescent health services in the context of universal health coverage</p> <ul style="list-style-type: none"> • Review policies to ensure equity, quality, gender-responsive programming, and child- and adolescent-friendly services • Define the essential health service package for newborns, children and adolescents to be delivered at each level of the health system (community, primary health care and referral) • Conduct a situation analysis to map the current delivery of packages, gaps and coverage of interventions • Update the essential package of interventions for newborns, children and adolescents • Ensure inclusion of the essential package of services in the national universal health coverage package • Ensure that interventions for newborns, children and adolescents are included in financial risk protection measures • Ensure the availability of a specific budget for implementation • Build national capacity for the provision of integrated evidence-based neonatal, child and adolescent health care services • Strengthen the availability of age- and sex-disaggregated data to track coverage and the cost of newborn, child and adolescent health interventions, and target equity to address disparities between the different population groups • Ensure adequate numbers and distribution of health workers who are skilled and competent to multitask • Ensure appropriate access to affordable and quality-assured medicines, vaccines, health products, diagnostics and equipment for newborns, children and adolescents • Strengthen and expand community-based platforms, including schools, for service delivery to reach underserved populations • Adopt innovative approaches for improving access to quality services <p>Actions to improve and ensure the quality of care for newborns, children and adolescents</p> <ul style="list-style-type: none"> • Institutionalize quality improvement in newborn, child and adolescent care in health facilities, build partnerships and establish an accountability mechanism to oversee implementation • Update/develop national policies, norms and standards for maternal, newborn, child and adolescent health and development using WHO standards • Implement WHO standards of care for newborns, children and adolescents at health facilities • Adopt competency-based curricula for health workers dealing with newborns, children and adolescents • Build national capacity for implementation of quality of care along the life course and continuum of care • Ensure the availability and quality of essential commodities for mothers, newborns, children and adolescents at all levels • Strengthen national and subnational monitoring and supervisory systems including clinical mentoring and coaching • Develop national strategies and approaches to engage private sector providers in quality improvement plans • Promote the use of innovations and technology to improve the quality of care • Strengthen community engagement and oversight of the quality of newborn, child and adolescent health by raising public awareness and increasing civil society engagement • Monitor patient experiences as a key indicator to ascertain improvement in the quality of care • Conduct evaluation activities including implementation research at national and subnational levels 	<ul style="list-style-type: none"> • Countries have equity-driven national plans on newborn, child and adolescent health that are costed and budgeted • Countries have newborn, child and adolescent health services packages included in their universal health coverage package • Countries have at least 50% of facilities with health personnel trained on newborn, child and adolescent health care packages • Countries are implementing up-to-date newborn, child and adolescent health standards and protocols • Countries conduct periodic quality assessments of newborn, child and adolescent care in health facilities • Countries have an established regulatory body for quality of care including quality of newborn, child and adolescent health care • Country national plans include explicit focus on the age group 5–9 years

Strategic area	Key actions	Progress indicators
Strategic area 2: Protecting newborns, children and adolescents from the impact of health emergencies	<p>Actions to protect newborns, children and adolescents from the impact of health emergencies</p> <ul style="list-style-type: none"> • Ensure proper representation of newborn, child and adolescent health needs in humanitarian response and preparedness actions and in coordination mechanisms • Establish a working group for maternal, newborn, child and adolescent health within the health cluster for humanitarian emergencies • Ensure that early detection and risk assessment measures across all phases of risk prevention and detection, emergency preparedness, response and recovery include specific needs for newborn, child and adolescent health • Obtain and review data on newborn, child and adolescent health and use data to prioritize actions • Plan and act on a coordinated set of activities that address the child and adolescent health priorities identified • Identify essential packages of services for newborn, child and adolescent health in humanitarian emergencies • Ensure the inclusion of newborn, child and adolescent health service packages in country preparedness and response plans with appropriate methods of service delivery • Include specific newborn, child and adolescent health indicators when measuring the impact of the emergency response • Strengthen the capacity of national authorities and local communities to manage newborn, child and adolescent health in emergencies 	<ul style="list-style-type: none"> • Countries have introduced and applied the Child and Adolescent Health in Humanitarian Settings Operational Guide • Countries have incorporated newborn, child and adolescent health interventions in emergency response and preparedness plans • Countries have a maternal, newborn, child and adolescent health coordination subgroup within the emergency coordination mechanism (health cluster) • Countries have newborn, child and adolescent health indicators integrated in assessment, monitoring and evaluation tools for humanitarian emergencies
Strategic area 3: Strengthening the integration of health programmes, and multisectoral coordination and partnerships for the promotion of healthier newborns, children and adolescents	<p>Actions to strengthen programme linkages, multisectoral coordination and partnerships</p> <ul style="list-style-type: none"> • Conduct comprehensive mapping of newborn, child and adolescent health stakeholders • Establish a coordination mechanism involving all relevant health programmes with the aim of delivering integrated newborn, child and adolescent health services at the point of service • Establish mechanisms for the formal engagement of related sectors and stakeholders with a clear governance structure and a strong representation of community actors, including adolescents and youth • Build the capacity and skills of stakeholders through a multisectoral approach and partnerships • Promote and ensure Health in All Policies by working with relevant government sectors to develop evidence-based policies, guidelines and recommendations on areas of the sector's mandate that have a direct impact on newborn, child and adolescent health • Implement the Nurturing Care Framework for Early Child Development and the Accelerated Action for the Health of Adolescents (AA-HA!) through integration and multisectoral coordination to help children and adolescents survive and thrive to transform health and human potential • Promote stronger engagement of the private sector, academia, professional associations and community organizations (for example, civil society organizations and young people and parent groups) • Build the capacity of the private sector and nongovernmental organizations in service delivery • Engage United Nations agencies, development partners and humanitarian actors in planning, implementing and monitoring joint activities 	<ul style="list-style-type: none"> • Countries have an active coordination mechanism for newborn, child and adolescent health within the ministry of health • Countries have a comprehensive map of newborn, child and adolescent health stakeholders • Countries have an established structure/mechanism for coordination with the private sector, civil society, and nongovernmental and community organizations • Countries have a multisectoral coordination mechanism, and newborn, child and adolescent health programmes are well represented within it • Countries have a national multisectoral adolescent health plan aligned with AA-HA!

Annex 6

Framework for action for the hospital sector in the Eastern Mediterranean Region

Annex to resolution EM/RC66/R.4

Annex

Framework for action for the hospital sector in the Eastern Mediterranean Region

Strategic interventions at the system level			
Domain	Subdomain	Action by countries (strategic/policy interventions)	Support from WHO and other development partners
Vision		<ul style="list-style-type: none"> • Formulate/update a vision to transform the hospital sector and reaffirm its contribution to the health system (i.e. towards achieving universal health coverage and contributing to the SDGs). • Develop/update and implement a national policy/plan for the hospital sector, aligned with the overarching national health policy/strategy, in the context of the regional framework for action and based on population health needs assessment. • Institutionalize mechanisms to engage stakeholders in developing the vision and strategic policy/plan regarding a renewed role for the hospital sector. • Frame the expected roles and positions for hospital subsectors (e.g. first-level referral hospitals, general hospitals, teaching hospitals, private and nongovernmental organization hospitals), allowing tailoring to local specificities. 	<ul style="list-style-type: none"> • Facilitate convening of stakeholders for dialogue on the vision and strategy for hospital transformation. • Develop national capacities in hospital planning, leadership and management. • Provide technical support to develop/update national hospital strategic plans in the context of the regional framework for the hospital sector.
Design	Institutions	<ul style="list-style-type: none"> • Map the territory and define “catchment areas” (clusters) around which to build hospital networks. • Develop institutional mechanisms to ensure equity in access to hospital services for the whole population. • Establish governance structures with clear population-based responsibilities and with a role to ensure the coordination of services. • Strengthen hospitals’ accountability to the public and create governance boards on which the community is represented. • Gradually increase the responsibility and autonomy of public hospitals while ensuring full alignment with legal, regulatory and policy instruments. • Support synergies and collaboration between public and private health care providers within a clearly defined legal, regulatory and accountability structure. 	<ul style="list-style-type: none"> • Share global experience, evidence and good practices in transformation and strengthening of the hospital sector. • Support countries to develop, implement and institutionalize a universal health coverage priority benefit package (UHC-PBP) including hospitals at different levels. • Provide technical support to strengthen hospital governance at the national and local levels. • Build capacity in assessing, regulating and partnering with private sector hospitals. • Assist in developing regulations and national policies/strategies for hospital quality of care and patient safety. • Facilitate networking with regional and global entities working on hospital care, planning and management.
	System architecture	<ul style="list-style-type: none"> • Develop hospital service packages and standards for hospitals across different settings and levels. • Develop/improve a comprehensive national referral and counter-referral system. • Generate and institutionalize coordination mechanisms across different levels and types of services (e.g. integrated care pathways, standardized protocols) and create incentives for their implementation. • Reorient the model of care, introduce cost-effective approaches to hospital admissions (e.g. more day care and ambulatory care, home and community/primary care), adopt new technologies and promote outreach activities. • Use macro decision-supporting tools such as needs assessment, feasibility studies, health technology assessment and cost analysis. • Prepare national disaster management plans and develop guidelines for the health system including the hospital sector. • Take the consequences of damaging events as an opportunity to rebuild a more equitable hospital sector as part of the overall health system. 	
	Regulation	<ul style="list-style-type: none"> • Develop/strengthen (re)licensing regulations for both public and private health facilities and for health care providers. • Use (simultaneously) a mix of regulatory instruments to ensure hospital quality of care and patient safety. • Develop/update and implement a policy/plan for infection prevention and control programmes at national and local levels along with a well-designed surveillance system for health care-associated infections. • Develop/strengthen regulations to enforce patients’ and relatives’ rights and give them a voice. • Strengthen the ministry of health’s enforcement capacity in licensing, legal authority, monitoring and feedback. • Set regulations to develop/update nationally approved evidence-based guidelines, protocols and standards for hospital services. 	

Strategic interventions at the system level			
Domain	Subdomain	Action by countries (strategic/policy interventions)	Support from WHO and other development partners
	People and participation	<ul style="list-style-type: none"> • Institutionalize mechanisms to engage patient representatives, civil society organizations and local representatives in hospital sector governance, planning and monitoring. • Develop health literacy and patient education programmes to empower and engage people in their care process. • Include performance goals and measures related to community participation and patient rights within the performance dashboard. 	
Drivers	Payment system	<ul style="list-style-type: none"> • Design relevant payment systems to pay for the different functions of hospitals (elective, emergency, outpatient, health promotion, and so on) in an effective, efficient and equitable way. • Develop systems that allow a transparent and efficient resource allocation process across different levels of the health system and across various hospitals, with proper financial monitoring mechanisms. • Link hospital payment systems to performance (e.g. quality, efficiency, equity and integrated people-centredness) incentive mechanisms. • Build a system that promotes a cost-conscious culture among managers and optimizes resource utilization. 	<ul style="list-style-type: none"> • Support development of appropriate payment systems for the hospital sector. • Build capacities in health financing and financial management of policy-makers, hospital directors and relevant cadre. • Build capacity in performance monitoring of the hospital sector at the national and local levels. • Share international/regional networking and proposals for mobilizing funds. • Develop a framework for costing and tariff setting for hospital services.
	Monitoring and feedback	<ul style="list-style-type: none"> • Develop a comprehensive multidimensional performance dashboard for hospitals to report to relevant governing bodies. • Build/expand mechanisms and institutional arrangements for monitoring and evaluation of progress towards implementation of the national strategic plan for the hospital sector. • Develop/enhance public reporting of hospitals' performance (e.g. quality, safety and patient experience). • Develop a system to monitor professional negligence and misconduct in order to improve safety/quality of care, and ensure the system is effectively implemented at the facility level. 	
Enablers	Infrastructure and technologies planning	<ul style="list-style-type: none"> • Define policies to ensure all hospitals have standard environmental conditions, available essential commodities, and adequate deployment of health care workers. • Develop norms/standards to design and build safe and resilient hospitals in alignment with related regulations. • Rationalize capital investment planning and ensure long-term sustainability. • Ensure the sustainability of hospitals beyond initial investment by systematically allocating sufficient maintenance budgets and integrating flexibility into hospital design to adapt to technologies, models of care and users' needs and preferences. • Consider investing in technologies enabling the population to benefit from specialized care in remote areas (telemedicine and mobile health). • Steer specific policies to push hospitals to become environmentally friendly. 	<ul style="list-style-type: none"> • Share global experience, evidence and good practices in strengthening the hospital sector. • Provide technical support and guidance on hospital management training programmes and professionalization of management. • Provide technical support to develop and enhance health/hospital information systems and medical records. • Provide technical support to develop/enhance a national/local hospital workforce plan. • Facilitate networking with regional and global entities working on hospital care, planning and management.
	Workforce policies	<ul style="list-style-type: none"> • Enhance the national hospital sector staffing plan (quantity, skill mix and quality), recruitment, distribution and retention as part of the national health workforce strategic plan. • Establish incentive-based payment systems for hospital staff aiming to enhance quality, efficiency and productivity. • Develop/enhance a system to mandate in-service continuous professional development and competence building for hospital staff. • Build leadership and managerial capacity in hospital management and develop conditions for professionalization of management. • Promote teamwork and collaboration across care settings by integrating opportunities for educational outreach and staff rotation between care levels in health workforce policies. 	
	Information systems	<ul style="list-style-type: none"> • Establish integrated information systems to gather data on resources, activities and outcomes as a prerequisite for sound management, planning and strategic purchasing of hospital services. • Develop information technology infrastructures and standards that allow inter-institutional information flow (interoperability). • Develop/enhance electronic medical records. 	

Strategic interventions at the facility level		
Domain/ subdomain	Action by countries (strategic interventions)	Support from WHO and other development partners
Mission and scope	<ul style="list-style-type: none"> • Reaffirm the hospital's expected role in maintaining the health of the served community and confirm its role in the local health system. • Develop a culture of service whereby hospital providers are serving the public, respecting a clear code of conduct and working together to address health needs in the most efficient way. 	<ul style="list-style-type: none"> • Facilitate networking among hospital leaders in the Region.
Institutional arrangements Governance Service design Engaging people	<ul style="list-style-type: none"> • Align the organizational strategy with the national health strategy, taking the specificities of the local health system into consideration and working closely with local health authorities. • Ensure that the governance board and its committees fully execute their mandates, on a regular basis, in a context of gradually earned autonomy. • Create mechanisms to effectively engage hospital staff, particularly clinical teams, in hospital management/performance improvement plans. • Develop coordination mechanisms with all health system partners (primary care providers, pre-hospital services, rehabilitation and long-term care providers) to establish formal collaboration, design patient and information flows, and adopt corresponding incentives. • Adapt service delivery approaches to respond to changing health needs and technological evolutions (e.g. day care and same-day admissions). • Explore possibilities to ensure access to the most vulnerable populations (leaving no one behind). • Increase participation by citizens, beneficiaries and patients in hospital planning, supervision and decision-making. • Create spaces and mechanisms whereby patients, beneficiaries and the population can express their preferences/complaints and contribute to community-supported governance, and develop information, programmes and tools for patient education. • Reaffirm and enforce a code of conduct and code of ethics, including a patients' rights charter. 	<ul style="list-style-type: none"> • Share global experience, evidence and good practices in strengthening the hospital sector. • Provide technical support to strengthen hospital governance and accountability.
Organizational processes Process design Organizational culture Monitoring and feedback	<ul style="list-style-type: none"> • Introduce/enhance quality and safety improvement programmes (set objectives, develop reporting and monitoring systems, and provide incentives). • Consolidate and improve the functioning of hospital committees by setting clear roles and responsibilities and ensuring accountability. • Adopt or develop clinical/non-clinical guidelines, clinical pathways, protocols and standardized procedures, and enforce their implementation. • Adopt and implement the WHO Patient Safety Friendly Hospital Initiative. • Develop/update and implement core components of an infection prevention and control programme in hospitals, in line with national plans. • Adopt a continuous improvement culture and initiate and support bottom-up innovation processes. • Distribute responsibilities and decision-making power closer to the care delivery units. • Develop and implement hospital emergency and disaster preparedness and response plans (approved, tested and with trained staff). • Establish and implement a comprehensive performance monitoring system, and distribute responsibilities accordingly. 	<ul style="list-style-type: none"> • Provide technical support on quality improvement and implementation of the WHO Patient Safety Friendly Hospital Initiative. • Build capacity in monitoring of performance of hospitals.

Strategic interventions at the facility level		
Domain/ subdomain	Action by countries (strategic interventions)	Support from WHO and other development partners
Management functions Infrastructure and facility management Financial management Human resource management Supply chain management Information management	<ul style="list-style-type: none"> • Improve facility and asset management (e.g. improve maintenance programmes – adopt equipment inventories and apply life-cycle management). • Promote a clean and safe environment and ensure safe waste disposal and management. • Link the budgetary process with the hospital's goals and objectives. • Establish strategies/procedures for utilization review, cost monitoring and cost containment with an accurate reporting system. • Adopt adequate staffing and staff management standards, and develop career paths and continuous professional development programmes. • Improve staff recognition and rewards for good performance. • Develop leadership and management capacities at all levels and stimulate collaborative work approaches. • Provide a work-friendly and safe working environment and adopt safety and security measures. • Optimize supply chain management supported by effective contingency plans. • Adapt information systems to the needs of inter-professional/intra- and inter-institutional care pathways. • Use information technology/technological advances, customized to the hospital's configuration and needs, as tools to improve performance. • Develop/improve a standardized medical record system in hospitals. 	<ul style="list-style-type: none"> • Build capacity in leadership and management of hospitals. • Provide technical support on human resource management. • Provide technical support to develop and enhance hospital information systems and medical records.

Annex 7

**Framework for action to improve national institutional capacity for the use of
evidence in health policy-making in the Eastern Mediterranean Region**

Annex to resolution EM/RC66/R.5

Annex
Framework for action to improve national institutional capacity for the use of evidence in health policy-making in the Eastern Mediterranean Region

Country categories	Country action	Support from WHO and other development partners
A All countries	<ul style="list-style-type: none"> • Establish mechanisms to regulate and manage conflicts of interests in policy-making • Enhance the capacity of the ministry of health planning department for critical appraisal of knowledge products and evidence synthesis reports (i.e. policy briefs, health technology assessments, guidelines and systematic reviews) • Ensure access of the ministry of health to sources of research evidence for health (e.g. through the WHO HINARI programme) • Improve cause of death reports and national observatory for national health indicators including surveillance reports 	<ul style="list-style-type: none"> • Provide technical support for selection of appropriate national institutional methods for evidence-informed policy-making • Provide technical support for key national capacity-building for evidence-informed policy-making • Support the development of policy briefs of regional importance • Support the adaptation of global WHO guidelines to the regional context for high priority topics • Support the development of multicountry or regional guidelines for high priority topics • Establish a regional network of institutions that actively supports evidence-informed policy-making at the national level
B Countries with limited academic resources	<p>In addition to A:</p> <ul style="list-style-type: none"> • Ensure a minimum capacity (epidemiology and cost analysis) for development of policy reports • Focus on adaptation of high priority evidence synthesis reports to the national setting • Include resource funds for evidence-to-policy activities in donor requests to enhance national capacity 	<p>In addition to A:</p> <ul style="list-style-type: none"> • Support the development of policy briefs and adaptation of WHO guidelines for national priorities
C Countries affected by protracted or acute emergencies	<p>In addition to A:</p> <ul style="list-style-type: none"> • Ensure a minimum capacity (epidemiology and cost analysis) for development of policy reports • Include resource funds for evidence-to-policy activities in donor requests to enhance national capacity 	<p>In addition to A and B:</p> <ul style="list-style-type: none"> • Support rapid processes for adaptation or development of policy synthesis products for the country's needs
D Countries with large academic capacity/resources and small populations	<p>In addition to A:</p> <ul style="list-style-type: none"> • Establish programmes for national health technology assessments and guideline adaptation/development in collaboration with academic institutions • Establish formalized evidence-to-policy processes, including for developing policy briefs and conducting policy dialogues • Establish an evidence-to-policy team within the ministry of health including all key areas of expertise • Develop plans for mid-term (e.g. 10-year) national household surveys • Establish an effective cancer registry and pharmacovigilance programme 	As in A
E Countries with large academic capacity/resources and large populations	<p>In addition to A and D:</p> <ul style="list-style-type: none"> • Establish institutes affiliated with the ministry of health (e.g. NIPH; NIHR; NICE) tasked with commissioning, developing, appraising or adapting national guidelines, health technology assessments and policy briefs • Enhance the capacity of academic institutions to cover all areas needed for evidence-to-policy processes 	As in A

NIPH: National Institute for Public Health; NIHR: National Institute for Health Research; NICE: National Institute of Health and Clinical Excellence

Annex 8

**Framework for action to implement the United Nations Political Declaration on NCDs,
including indicators to assess country progress by 2030**

Annex to resolution EM/RC66/R.6

Annex

Framework for action to implement the United Nations Political Declaration on NCDs, including indicators to assess country progress by 2030

Commitments	Strategic interventions	Progress indicators
In the area of governance	<p>Each country is expected to:</p> <ul style="list-style-type: none"> • Integrate the prevention and control of NCDs into national policies and development plans • Establish a multisectoral strategy/plan and a set of national targets and indicators for 2025 based on the national situation and WHO guidance • Increase budgetary allocations for NCD prevention and control including through innovative financing mechanisms such as taxation of tobacco, alcohol and other unhealthy products • Develop a national investment case on the prevention and control of NCDs • Periodically assess national capacity for the prevention and control of NCDs using WHO tools 	<p>Country has:</p> <ul style="list-style-type: none"> • An operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors • Set time-bound national targets and indicators based on WHO guidance • A high-level national multisectoral commission, agency or mechanism to oversee the engagement, policy coherence and accountability of sectors beyond health
In the area of prevention and reduction of risk factors	<p>Each country is expected to:</p> <ul style="list-style-type: none"> • Accelerate implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify the Protocol to Eliminate Illicit Trade in Tobacco Products • Ensure healthy nutrition in early life and childhood, including promoting breastfeeding and regulating the marketing of foods and non-alcoholic beverages to children • Reduce average population salt intake in line with WHO recommendations • Virtually eliminate transfat intake and reduce intake of saturated fatty acids • Promote physical activity through a life-course approach • Implement the best buys to reduce the harmful use of alcohol • Implement WHO guidelines and recommended interventions to reduce exposure to air pollution¹⁰ (e.g. developing healthy transport options, regulating industrial emission controls, preventing agricultural and solid waste burning, and providing access to clean fuels and technologies for all household usages) 	<p>Country is implementing:</p> <ul style="list-style-type: none"> • Four demand-reduction measures of the WHO FCTC at the highest level of achievement • Four measures to reduce unhealthy diet • At least one recent national public awareness programme on diet and/or physical activity • As appropriate according to national circumstances, three measures to reduce the harmful use of alcohol, in line with the WHO global strategy to reduce the harmful use of alcohol • A system to monitor and communicate ambient and household air pollution (especially PM 2.5) to policy-makers, the public and vulnerable groups • Estimations of the health impacts of air pollution that are communicated to related sectors
In the area of surveillance, monitoring and evaluation	<p>Each country is expected to:</p> <ul style="list-style-type: none"> • Implement/strengthen the WHO global monitoring framework, which monitors mortality and morbidity, risk factors and determinants, and health system capacity and response • Integrate the three components of the surveillance framework into the national health information system • Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation 	<p>Country has:</p> <ul style="list-style-type: none"> • A functioning system for generating reliable cause-specific mortality data on a routine basis • A STEPS survey or a comprehensive health examination survey every five years • An operational population-based cancer registry

¹⁰See the WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments, 2019.

Commitments	Strategic interventions	Progress indicators
In the area of health care	Each country is expected to: <ul style="list-style-type: none"> • Implement the best buys in health care for NCDs • Improve access to early detection and management of major NCDs and related risk factors by including them in the essential primary health care package in stable and emergency settings • Improve access to safe, affordable and quality essential medicines and technologies for major NCDs • Improve access to essential cancer care services across the continuum of care, in alignment with the regional framework for action on cancer prevention and control 	Country has: <ul style="list-style-type: none"> • Evidence-based national guidelines/protocols/standards for management of major NCDs through a primary care approach, recognized/approved by the government or competent authority • Provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with an emphasis on the primary care level • Government approved evidence-based guidelines/protocols for early detection and management of major NCDs through a primary care approach

Annex 9

Regional framework for action to strengthen the public health response to substance use

Annex to resolution EM/RC66/R.7

Annex
Regional framework for action to strengthen the public health response to substance use

Domain	Strategic interventions	Indicators
Governance	<ul style="list-style-type: none"> • Include evidence-based, cost-effective interventions in the universal health coverage priority benefit package • Develop/update evidence-informed national substance use policies with a strong public health component, in consultation with stakeholders from the public, private and civil society sectors • Develop/update substance use-related legislation(s) in line with international covenants, treaties and conventions, in consultation with stakeholders from the public, private and civil society sectors • Set up an intersectoral coordination mechanism to facilitate the implementation and monitoring of evidence-based substance use policies and legislation • Allocate specific budget allocations within the health and welfare sectors to address the prevention, management, rehabilitation, recovery, and monitoring and evaluation of substance use disorders • Develop programmes offering alternatives to incarceration for drug offenders 	<ul style="list-style-type: none"> • Operational multisectoral public health-oriented substance use policies are endorsed and published • Relevant national legislation(s) is updated in line with international covenants, treaties and conventions • Intersectoral (inter-ministerial) coordinating mechanism is in place reflecting public health leadership • Specified budgetary allocations are in place to cover the prevention, treatment, care and rehabilitation of substance use disorders • Depenalization/decriminalization of drug use, and drug courts are available in major cities • Treatment services for substance use disorders and related health problems are available for incarcerated populations across the continuum of care
Health sector response	<ul style="list-style-type: none"> • Integrate screening and brief interventions for substance use disorders and management of overdose within primary health care and emergency rooms (intervention packages) • Develop/strengthen specialized services for the holistic and integrated management of substance use disorders, including pharmacological and psychosocial interventions • Introduce and/or rapidly scale up the comprehensive package of services for harm reduction (needle and syringe exchange schemes, opioid substitution treatment, voluntary counselling and testing for HIV/hepatitis C, hepatitis B vaccination, antiretroviral therapy, tuberculosis care and treatment, sexually transmitted infection diagnosis and management, and overdose prevention and management) • Ensure that essential medicines for the management of substance use disorders are available • Develop the capacity of health and social welfare personnel in substance use prevention, treatment, care and rehabilitation by integrating it into pre- and in-service teaching/training and as a part of continuing professional education/recertification processes • Facilitate and promote the establishment of self-help and mutual aid groups • Develop/strengthen capacity to conduct and utilize implementation research 	<ul style="list-style-type: none"> • Primary health care and emergency services staff are trained to deliver screening and brief interventions for substance use disorders and to manage opioid overdose • Multidisciplinary specialist teams are available for out- and inpatient treatment and care of substance use disorders, including the provision of pharmacological and psychosocial interventions • Referral guidelines and pathways between primary and specialist services are in place • United Nations Office on Drugs and Crime (UNODC)/WHO treatment standards for ensuring quality are adopted/adapted • A comprehensive package of services for harm reduction is in place • Methadone, buprenorphine, naloxone and other medications for detoxification and maintenance treatment are available as a part of a comprehensive package for the management of substance use disorders • A substance use component is integrated into pre- and in-service education/training programmes for health and social welfare professionals and in continuing professional education/recertification programmes • Self-help/mutual aid groups are available • National and regional networks are established to undertake priority implementation research, including a focus on complex emergency situations
Promotion and prevention	<ul style="list-style-type: none"> • Embed universal substance use prevention programmes within broader health policies and strategies based on rigorous local needs and resource assessment • Design and implement age-specific substance use prevention programmes in community, education and workplace settings 	<ul style="list-style-type: none"> • Multicomponent community intervention programmes are available, including parenting skills and family strengthening programmes • Life skills education programmes are integrated into school curricula • Workplace education and intervention programmes are in place • Targeted campaigns are developed using multiple media channels to improve literacy about substance use and substance use disorders • Updated UNODC/WHO prevention standards for ensuring quality are adopted/adapted

Domain	Strategic interventions	Indicators
Monitoring and surveillance	<ul style="list-style-type: none"> Identify a standard set of comparable core indicators (guided by the Lisbon consensus)* to monitor the substance use situation, including for inclusion in existing surveys Develop a national substance use monitoring and surveillance system to collect and report on the core set of indicators using standard data collection tools and methodologies 	<ul style="list-style-type: none"> National monitoring and surveillance systems are in place Regular reports are published and shared with national/international stakeholders and partners using the core set of indicators Monitoring and registration systems are in place for prescription drugs
International cooperation	<ul style="list-style-type: none"> Promote the active sharing of information and evidence between professionals and civil society organizations from countries of the Region at national and international policy forums on substance use 	<ul style="list-style-type: none"> A regional network to coordinate the public health response to substance use is activated and facilitated

*United Nations Commission on Narcotic Drugs, United Nations Economic and Social Council. Drug information systems: principles, structures and indicators. Vienna: United Nations Commission on Narcotic Drugs; 2000 (E/CN.7/2000/CRP.3; https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/lisbon_consensus.pdf, accessed 14 July 2019).

Annex 10

Technical meetings

Tehran, Islamic Republic of Iran, 14 October 2019

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

Introduction

Technical meetings were held on the day preceding the 66th session of the Regional Committee, 14 October 2019. 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.

Water, sanitation and hygiene in health care facilities

The objectives of the session were to raise awareness of the lack of knowledge and attention accorded to water, sanitation and hygiene (WASH) services in health care facilities and encourage a concerted effort within Member States to assess the current situation and improve WASH services in health care facilities.

Conclusions

The WHO Director-General's report on water, sanitation and hygiene in health care facilities (EB144/30), which was presented to the 144th session of the WHO Executive Board in December 2018 and the Seventy-second World Health Assembly in May 2019, outlined the health agenda for improving the situation of water and sanitation in health care facilities. Discussions focused on how to move from the resolution to regionalization, operationalization and national implementation. Countries expressed their commitment to implementing the practical steps outlined in the agenda, which started with national assessments and analyses, the development of roadmaps, and targets and standards for WASH in health care facilities. However, they highlighted the need for WHO technical support. Infection prevention and control measures were being undermined and quality of care adversely affected by the lack of basic facilities for hand hygiene and safe segregation and disposal of health care waste in some health care facilities. Participants also discussed the lack of information about the situation of WASH services in health care facilities in countries of the Region and the wide variation in the quality of available data.

Proposed actions

Member States

- Establish a reporting system on services in health care facilities.
- Establish good management practices within health care facilities, verifiable by a monitoring system.
- Undertake comprehensive national assessments of WASH services in individual health care facilities to bridge the knowledge gap, facilitate integrating indicators for WASH services in health care facilities into national health information systems to establish baselines and track progress, and provide the foundation for identifying needs, developing national standards, developing improvement plans and mobilizing action to enhance services in individual health care facilities.

WHO

- Provide technical support to conduct assessments of WASH services in health care facilities, especially in those countries affected by emergencies, as a priority.

Achieving the goals of the Eastern Mediterranean vaccine action plan: priority actions for acceleration

The objectives of the event were to: update Member States on progress in achieving regional immunization goals outlined in the *Eastern Mediterranean Vaccine Action Plan 2016–2020: a framework for implementation of the Global Vaccine Action Plan*; discuss challenges in achieving regional immunization goals and identify opportunities for further progress; and reach agreement on development of a plan of key activities to be supported by Member States to achieve regional immunization goals by 2020.

Conclusions

Despite countries' ongoing efforts to achieve the goals of the Eastern Mediterranean Vaccine Action Plan and reach unvaccinated children with life-saving vaccines, accelerated action is required to achieve the goals of the Plan. In particular, it is necessary to reach the 2.9 million children who miss their basic vaccines annually, break the vicious circle of measles outbreaks, achieve measles and neonatal tetanus elimination, and introduce the remaining new vaccines. Concerns were expressed regarding the difficult situations in several countries in the Region, including conflict, sanctions and economic difficulties, which pose major challenges to the implementation of immunization programmes. Other challenges identified included the emerging problem of vaccine hesitancy, and the affordability of and access to expensive new vaccines. The role of the community in improving utilization of vaccination services, and the need to strengthen monitoring and evaluation and share success stories, were highlighted.

Priorities for action include ensuring the availability of immunization services, social mobilization and generating population demand for immunization, especially in low coverage areas, and improving the vaccine management system and preventing vaccine stock-outs, particularly at the subnational level. Microplanning at the district level, selecting suitable local strategies for improving coverage and the implementation of integrated child health interventions are needed to maximize the use of available resources and achieve higher service utilization.

Proposed actions

Member States

- Implement the priority actions identified for accelerating the improvement of vaccination coverage in countries with a high number of unvaccinated children.
- Assess the extent of the problem of vaccine hesitancy and anti-vaccine groups, and develop national plans to deal with its impact.
- Share information on vaccine prices and procurement in order to help countries better negotiate with vaccine producers/suppliers.

WHO

- Support Member States in implementing accelerated action to improve vaccination coverage and achieve immunization goals.
- Support studies on vaccine hesitancy and develop a regional strategy to combat the problem.
- Work with concerned partners and vaccine producers to increase the affordability of expensive new vaccines for middle-income countries in the Region.
- Further assess the possibility of establishing a pooled vaccine procurement system for the Region.

Eastern Mediterranean Region Professional Diploma in Family Medicine

The objectives of the event were to: highlight the need to establish bridging programmes on family medicine in the Eastern Mediterranean Region; and discuss possible strategies to introduce the Regional Professional Diploma in Family Medicine at country level.

Conclusions

Member States welcomed the establishment of a one-year professional diploma as a bridging programme on family medicine as the only way to overcome the severe shortage of family physicians in the Region and achieve the goal of having three family physicians per 10 000 population by 2030. The Diploma will support the implementation of family practice in public primary health care facilities in countries of the Region. The development and implementation of the Diploma is the result of a successful partnership between WHO, UNICEF, the American University in Beirut and the World Organization of Family Doctors (WONCA) that was welcomed by Member States. It will be piloted over the coming year to identify any challenges before wider implementation within the Region. In parallel to the Diploma, WHO is also working to strengthen the capacity of medical academic institutions to produce family physicians.

Proposed actions

Member States

- Establish short-term bridging programmes to introduce the basic concepts of family medicine to existing general physicians and upgrade them to family physicians.
- Develop postgraduate programmes to cover the shortage of family physicians.

WHO

- Seek to promote the recognition and adoption of the regional professional diploma in family medicine.
- Develop an implementation manual for the Diploma.
- Include the Islamic Republic of Iran and Libya in the pilot phase of the project.
- Follow up on progress in implementation at the 67th session of the Regional Committee.
- Strengthen the capacity of medical academic institutes to increase the production of family physicians.

Pharmaceutical financing in the Eastern Mediterranean Region

The objective of the session was to raise awareness about the importance of pharmaceutical financing as part of the overall agenda of UHC.

Conclusions

Participants heard that despite the efforts made by Member States to advance UHC, the Region is lagging behind in both service coverage and financial protection: it had a score of less than 60% on the Service Coverage Index in 2017 compared to the global average of 66%, while catastrophic health spending reached 11.7% by 2015, higher than in any other WHO region. Ensuring access to “safe, effective, quality and affordable essential medicines” is central to SDG target 3.8 on UHC.

Available information suggests that medicines are responsible for a substantial portion of current health expenditure (CHE) worldwide and in the Eastern Mediterranean Region, and that a high percentage of out-of-pocket (OOP) payment is due to direct spending on medicines – increasing the risk of financial hardship and impoverishment. The political economy of the Region results in competing objectives

among stakeholders. Most countries of the Region use passive purchasing arrangements, with provider payment methods not allowing best value for the money, resulting in major inefficiencies in medicine procurement and use. The Region is also characterized by the lack of technical capacity to ensure the efficient use of the limited available resources.

Participants agreed that in a resource-constrained environment, it is essential to ensure the availability of effective national medicines policies that facilitate mobilizing sufficient resources for medicines while ensuring best use of the money available. Efforts need to be made to ensure that pharmaceutical financing is part of the national health financing strategy and the national medicine policies of every country in the Region. More efforts are needed to generate evidence on pharmaceutical financing in the Region.

Proposed actions

Member States

- Identify and raise more public money for medicines from innovative sources.
- Revise the national list of essential medicines and ensure its effective inclusion in the national UHC Priority Benefit Package.
- Introduce strategic purchasing to enhance efficiency in the use of available health resources.
- Institutionalize health accounting systems that allow accurate tracking of pharmaceutical spending.

WHO

- Generate further evidence on the status of pharmaceutical financing in the Region.
- Document country experiences with regard to pooled procurement and pricing approaches.
- Explore innovative mechanisms to enhance access to high-cost medicines in the Region.
- Assess the status of the pharmaceutical industry in the Region and explore options for improving its performance.

Strategic framework for the prevention and control of emerging and epidemic-prone infectious diseases in the Eastern Mediterranean Region

The objectives of the session were to brief Member States on: the strategic framework for the prevention and control of emerging and epidemic-prone infectious diseases and the evidence gathered in order to define a long-term strategic approach to achieve disease control and elimination targets; and priority activities to achieve disease control and elimination targets.

Conclusions

Acknowledging that emerging infectious diseases pose a major and continuing public health threat in WHO's Eastern Mediterranean Region participants requested that the issue was afforded greater attention and requested that a technical paper on the prevention and control of emerging and epidemic-prone infectious diseases in the Region be presented at the 67th session of the Regional Committee. They agreed that there was a need for greater regional coordination and collaboration, particularly in the areas of surveillance, response, laboratory capacities and mass gatherings. They also expressed a need for WHO support in promoting coordination with relevant sectors and partners in the country under the One Health approach and to facilitate partnerships at the international and regional levels to improve the epidemic preparedness and response capacities of Member States and for the strengthening of laboratory networks in the Region. They requested the development of a roadmap for implementation of the framework that included clear targets and milestones. They noted that the first report of the Global Preparedness Monitoring Board had highlighted the need for stronger political

leadership and investment to strengthen health security and country preparedness in responding to the threat of high-risk pathogens. A biregional meeting to address the implementation and financing of IHR core capacities was set to be co-hosted by the WHO regional offices for the Eastern Mediterranean and Africa in Marrakesh in March 2020 and Member States of both regions were encouraged to participate.

Proposed action

Member States

- Strengthen public health capacity to prepare for and prevent emerging and epidemic-prone infectious diseases.
- Strengthen capacity for the early detection and investigation of outbreaks of emerging and epidemic-prone infectious diseases.
- Build capacity to implement high-impact control strategies for rapid response to high-risk emerging and epidemic-prone infectious diseases.
- Enhance knowledge management and innovation.

WHO

- Provide technical support to Member States in integrating the strategy into the local context, taking into account differences in terms of governance and health-system capacities.
- Disseminate relevant policies, guidelines and other information to support implementation of the strategy.
- Provide support to strengthen human resources, including through the expansion and strengthening of field epidemiology training programmes.

