

Report of the eighth meeting of the Programme Subcommittee of the Regional Committee

The purpose of the meeting

1. The Programme Subcommittee of the Regional Committee for the Eastern Mediterranean held a special virtual meeting on 1 June 2020. The meeting was attended by experts nominated by Member States to serve as members of the Programme Subcommittee for a duration of two years, and by WHO staff. The agenda and list of participants are included as Annexes 1 and 2, respectively.

2. At the outset, it was explained that the meeting had been convened to discuss and propose new arrangements for the 67th session of the Regional Committee (RC67). At its previous meeting in February 2020, the Subcommittee had agreed an extensive agenda for RC67, which was scheduled to take place at the WHO Regional Office in Cairo, Egypt, from 12 to 15 October 2020. However, the subsequent development of the COVID-19 pandemic now made it extremely unlikely that the Regional Committee session could proceed as originally planned, since it would be both logistically challenging, if not impossible, and a potential health risk for Member State delegations and other participants to gather together at the Regional Office. It was therefore necessary to consider alternative arrangements for the RC session. Other WHO regional offices were also doing this; some had already committed to fully virtual RC arrangements while others were still considering their options.

Options for the form and agenda of RC67

3. The Secretariat presented a range of possible options for the Subcommittee's consideration. It was noted that any decision regarding Regional Committee needed to be taken quickly, to give the Secretariat time to make the necessary logistical and other arrangements for RC. The Subcommittee should therefore aim to select an option by the end of the day, if possible. This would then be shared with the Chair or RC66 and other RC66 officers for their feedback. Subject to that feedback, it would then be circulated to all Member States in the Region for their agreement with the aim of reaching agreement by the end of June.

4. **Option 1 was a fully virtual Regional Committee session**, with all delegations and other participants taking part online through a secure electronic platform. Such an arrangement had been used successfully for the recent Seventy-third World Health Assembly as well as the 147th session of the Executive Board. It had the clear advantage of obviating the need for travel and physical contact, but also posed significant challenges. Perhaps most importantly, it was noted that ministers and senior policy-makers would be unlikely to join a very lengthy online session. That being so, it was proposed that the virtual session would run for just two half-days. The agenda would be *de minimis*, covering essential governance matters (principally the election of officers) plus a few core technical topics including the annual report of the Regional Director and updates on COVID-19 preparedness and response in the Region, the provision of essential health services during the pandemic and polio eradication in the Region. The virtual session would include Member State discussion of these agenda topics, but strict time limits would be required and it might well not be possible to include comments from observers. There would be no pre-RC technical sessions or side events.

5. **Option 2 was an almost wholly virtual session, but with heads of Member State delegations attending in person** at the Regional Office. This would be somewhat similar to proposed arrangements for the upcoming session of the United Nations General Assembly in September, which the UN Secretary-General had proposed should be attended by any permanent representatives present in New York. As with option 1, it was proposed to limit this Regional Committee session to two half-days, but the possibility of face-to-face meetings of delegation heads might allow expansion of the agenda to include a technical paper on improving access to medicines and vaccines in the Region. On the other hand, attendance in person even

by a very limited number of people could still pose significant logistical and public health challenges and could not be taken for granted in current circumstances.

6. In principle, there remained the theoretical possibility that circumstances might change so radically that it would be possible to go ahead with the **full Regional Committee session at the Regional Office**, covering the agenda that had been agreed by the Programme Subcommittee in February. This was therefore included as a notional **option 3** for discussion. However, it was noted that given the considerable challenges involved in preparing a full RC session, a decision to proceed would need to be taken by 30 June at the very latest. Since it was vanishingly unlikely that circumstances would change by that time to the point where a full RC became viable, this option could effectively be discounted.

7. Lastly, Member States could consider **option 4: complete cancellation** of this year's Regional Committee session. If the Subcommittee wished to explore this option in more detail, advice could be sought on the legal and governance ramifications.

Options for decision making during and after a virtual RC67 session

8. As well as considering the possible form and agenda of alternative RC arrangements, the Subcommittee also received advice on possible decision-making arrangements during and after a virtual RC session. A representative from the Legal Department at WHO headquarters advised that it was entirely possible for Member States to make resolutions and decisions at a virtual RC session, if they felt that was appropriate and desirable to move forward on specific technical issues (though there was no obligation for every agenda item to give rise to a resolution or decision). There was no constitutional impediment to agreeing resolutions or decisions through a virtual session; however, the practicalities of discussing and negotiating were more complicated online than in face-to-face discussions, and so draft texts should be prepared and circulated in good time. In this regard, it was noted that the Subcommittee had agreed at its previous meeting that a proposal to create a new committee to oversee the fight against poliomyelitis in the Region should be put to the Regional Committee, and so a resolution might well be expected on this issue, among others.

9. The representative from the Legal Department also advised on different possible arrangements for decision-making after a virtual RC. These could prove useful because the short agenda of any virtual RC would preclude discussion of many potentially important technical issues. At the Seventy-third World Health Assembly, Member States had agreed to hold a fuller WHA meeting in some form later in the year, without yet agreeing what form it might take. Similarly, Member States in the Eastern Mediterranean Region could consider trying to hold a further RC meeting in late 2020 or early 2021. Options included suspending the RC session in the virtual meeting for possible resumption later to discuss outstanding business if circumstances permitted. Suspending the session was potentially easier than closing it and then holding a subsequent special session (which would entail agreeing a new agenda) or a subsequent ordinary session (which could complicate reporting requirements under previous resolutions by upsetting the chronology of regular RC sessions). A further option was to reach decisions on outstanding agenda items through a written procedure; for EB147, Member States had adopted a "silence procedure" whereby draft decisions were agreed if no Member State raised issues with them in writing within a set period. Any decision-making process needed to be transparent and inclusive, so that all Member States were satisfied with it.

The Subcommittee's discussion

10. Members of the Subcommittee discussed the various options. As regards the form of the Regional Committee session, there was broad agreement that a fully virtual session was the best option since it should be viable even if movement restrictions remained in force in October. However, it was felt that the proposed agenda for option 2 was more appealing than that for option 1, since several Member States were keen to discuss improving access to essential medicines and vaccines. The best option to recommend would therefore be the fully virtual session (option 1), but with the agenda expanded or reconfigured to include a technical paper on access to medicines and vaccines. Furthermore, the update on COVID-19 preparedness and response should include some consideration of lessons learned in the Region, so that countries could benefit from each other's experiences.

11. Regarding possible arrangements for decision-making, including both during a virtual RC session and at a possible resumed or subsequent session, Subcommittee members felt they would like to consider the options at greater length and consult colleagues. Decision on this was therefore postponed, noting that a further virtual meeting of the Subcommittee was planned for the summer.

Closing of the session

12. After thanking members of the Programme Subcommittee for their attention and valuable feedback and the Regional Office for its support, the Chair closed the session.

Annex 1. Agenda

1. Welcoming remarks by the Regional Director
2. Quick review of topics agreed at the seventh meeting of the Programme Subcommittee
3. Presentation and discussion of possible alternative arrangements for the 67th session of the Regional Committee
4. Closing session

Annex 2. List of participants*Members of the Programme Subcommittee*

Lebanon	Dr Hilda Harb
Morocco	Dr Abdelmajid Sahnoun
Oman	Dr Said Harib Manaa Al Lamki
Pakistan	Dr Malik Muhammad Safi (Chair)
Qatar	Dr Mohammed Hamad Al-Thani
Saudi Arabia	Dr Shaker Abdulaziz Alomary
Somalia	Dr Abdirizak Yusuf Ahmed
Tunisia	Dr Mohamed Hedi Loueslati

WHO Secretariat

Dr Ahmed Al-Mandhari	Regional Director
Dr Rana Hajjeh	Director, Programme Management
Dr Syed Jaffar Hussain	Chef de Cabinet
Dr Richard Brennan	Director, Health Emergencies
Dr Maha El-Adawy	Director, Healthier Populations
Mr Hatem Adel El Khodary	Director of Business Operations
Dr Asmus Hammerich	Director, UHC/Noncommunicable Diseases and Mental Health
Dr Yvan J.-f. Hutin	Director, UHC/Communicable Disease Control
Dr Hamid Jafari	Director, Polio Eradication
Dr Awad Mataria	Director, UHC/Health System Development
Dr Arash Rashidian	Director, Science, Information and Dissemination
Dr Ahmad Basel Al-Yousfi	Director, Centre for Environmental Health Action, CEHA, Amman
Dr Amir Hassan	Director, Communication, Resource Mobilization and Partnership
Mr Yves Souteyrand	WHO Representative, Tunisia
Dr Egle Granziera	Senior Legal Officer, WHO headquarters
Dr Rayana Ahmed Bou Haka	Manager, Country Focus Support
Mr Jaafar Jaffal	Regional Adviser, Planning, Budget, Monitoring and Evaluation

Mr Maroun Karam	Administrative Services Officer
Mr Amarnath Das	Regional Compliance and Risk Manager
Dr Ruth Mabry	Technical Officer, Regional Director's Office
Dr Osama Mere	Medical Officer, WHO Country Office in Pakistan
Mr Omid Mohit	Senior Technical Manager, Strategic Media and Communication
Mr Toby Boyd	Manager, Publishing, Editorial and Graphic Design
Ms Hala El Shazly	Administration Officer
Ms Samah Abdel Aziz	Senior Administrative Assistant
Mr Ahmed Abdelwahab	IT Service Desk Administrator