



Report of the ninth 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 21 July 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 at Annexes 1 and 2 to this report, respectively.
2. It was explained that the meeting had been convened to consider and if possible confirm some important arrangements for the 67th session of the Regional Committee (RC67). At its previous meeting on 1 June 2020, the Subcommittee had agreed that, in response to the risk posed and disruption caused by the COVID-19 pandemic, RC67 should take the form of a virtual online meeting with a more limited duration and agenda than a normal RC session. That decision had subsequently been communicated to all RC Member States and had received their assent. Now, it was necessary to confirm: the provisional agenda for RC67; the proposed working hours for the virtual session; the special rules and procedures that would be needed for the virtual RC; the provisional list of draft resolutions that would be presented to Member States; and the procedures by which decisions would be reached (i) on those resolutions and (ii) on other business not presented during the RC.

The proposed provisional agenda(s) for RC67

3. The Secretariat presented two proposed provisional agendas for the Committee's consideration: an abridged provisional agenda and a full provisional agenda. It was explained that the abridged provisional agenda included all those items that were proposed for discussion during the virtual RC67 session. These topics had been considered and agreed by the Subcommittee at its previous meeting in June. The full provisional agenda included all the items in the abridged provisional agenda plus several items which would not be presented for discussion during RC, but which it was felt needed to be considered by RC Member States. It was proposed that these additional items would be subject to informal consultation with countries, and any necessary decisions would be taken through a written silence procedure where possible (see further below, para. 13).
4. It was noted that previously, at its seventh meeting in February 2020, the Subcommittee had approved a much fuller provisional agenda for RC67 in the expectation that it would be a normal RC session. Since it was not possible to cover that agenda during the more limited timeframe of a virtual RC, several items from the original agenda now needed to be set aside. It was planned to re-present these items to the Subcommittee in February 2021, for possible inclusion on the provisional agenda for RC68.
5. Technical items on the abridged provisional agenda are listed at Annex 3 to this report; the additional items included in the full provisional agenda are listed at Annex 4; and the items being set aside from the previously agreed provisional agenda are listed at Annex 5.

Proposed working hours

6. A provisional timetable for the virtual RC session was presented. It was proposed that for each of the two days of RC67, business would begin at 10:00 and end at 15:00 with a half-hour break from 12:00 to 12:30. Provisionally, the first day would include opening speeches plus presentation and discussion of the Annual Report of the Regional Director and progress reports. The second day would largely be devoted to discussion of the technical papers on the agenda.

Proposed special rules and procedures, and statements to RC by Member States and other participants

7. The Secretariat presented a draft decision setting out special rules and procedures to govern the virtual RC session. It was explained that these were based closely on special rules and procedures adopted for the Seventy-third World Health Assembly (WHA73) in May, which had set a precedent as a virtual session with a *de minimis* agenda. Advice had been sought from the Legal department at WHO headquarters, and a final draft text of the decision would be circulated to Subcommittee members after the meeting so that they could study it in detail.

8. It was explained that the draft decision was necessary to ensure that there was a clear and effective legal basis for the virtual RC session. Many elements of the decision simply gave legal expression to issues that had already been agreed by the Subcommittee, for example legal expression of the agreement that the session would be conducted through a secure online platform. However, one important issue required further consideration by the Subcommittee: rules regarding statements by Member States and other participants. It was noted that a virtual RC session allowed less scope for live statements than a normal, in-person session, because the virtual session was much shorter and participation might be marred by technical connectivity problems. That being so, special rules were needed to govern online statements.

9. The Secretariat proposed separate rules in relation to (i) Member States and (ii) other participants. In relation to Member States, it was proposed that ministers of health or their delegates be enabled – and indeed encouraged – to record video statements in advance of the RC session. As the experience of WHA73 had shown, video was more reliable means of ensuring that a Member State’s statement could be shared during the virtual session than a live statement over the network. However, Member States could still choose to make live statements instead of video recordings if they preferred, and they would also retain the right to make oral interventions during proceedings on points of order or in reply to statements, subject to time limits and at the discretion of the Chair. Furthermore, Member States could submit written statements before or after the session.

10. The Secretariat also proposed special rules in relation to other RC participants. It was noted that various other participants would normally be expected to attend an in-person RC, including States not members of the Committee, invited representatives of the United Nations, specialized agencies and other international and regional organizations. It was proposed that these valued partners should also be invited to access the virtual RC through the secure RC platform. However, their participation in the session would need to be circumscribed, given the very limited time available. The Secretariat proposed several options in this regard, and invited the Subcommittee to choose from among them:

- Option 1 would be to limit live statements and other interventions during the RC session to Member States of RC. Other participants would be able to provide pre-recorded video statements and/or written statements which could be published on the RC website in advance of the session and formally noted in the final report on the session. The Secretariat recommended this option as being the most straightforward and potentially fair, giving every non-Member State participant an equal chance to contribute.
- Option 2 would allow other participants to provide video and/or written statements before RC, and would also afford them some scope to contribute to discussions during the RC session. After Member State contributions to discussions, some time would be available for other participants to speak. However, participants would be grouped into categories such as donors and research/academic bodies, and only one collective statement by each category would be permitted.
- Option 3 would again allow other participants to provide video and/or written statements before RC, and would also allow them to contribute to discussions during the RC session. Again, a limited time for such contributions would be available after Member States’ contributions to discussions, but in contrast to option 2, participants would not make collective statements; instead, a limited number of participants would be chosen by the Chair to express their individual viewpoints.

Proposed draft resolutions and decision-making procedure

11. The Secretariat noted that the shorter timeframe of the virtual RC and potential connectivity issues during the session also made it advisable to rethink arrangements for decision-making. It was therefore proposed to reduce the number of draft resolutions presented to the RC. Provisionally, only three or four draft resolutions would be presented. There would definitely be draft resolutions on: the Annual Report of the Regional Director; regional preparedness for and response to the COVID-19 pandemic; and improving access to essential medicines, vaccines and medical products. Depending on upcoming developments, there might also be a fourth draft resolution, on polio eradication and transition in the Region. Other topics in the abridged provisional agenda could be covered within those three or four draft resolutions; and as in some previous years, the resolution on the Annual Report of the Regional Director might also include a small number of other non-contentious technical items for which the relevant documents would be circulated in advance, for example a draft framework on assistive technology which had been developed through extensive consultation at country level but which would still benefit from formal approval.

12. Furthermore, since the scope for discussion during a virtual RC was limited, the Secretariat suggested that it would be advisable to try to limit the need for discussion during RC. To this end, it was proposed that informal consultation would be undertaken in advance with the aim of arriving at a consensus on draft resolutions before the RC session itself. Draft resolutions and the technical documents relating to them would be circulated to Member States several weeks in advance of the RC session, and senior management and technical staff of the Secretariat would solicit Member States' views. There should therefore be some scope to refine the text of draft resolutions before the RC session. Draft texts would still be formally presented to RC67 at its closing session on 13 October, and Member States would retain the right to intervene during that session and propose changes to the draft text, but the informal consultation before RC should increase the likelihood of Member States being able to reach a consensus during the closing session.

13. In addition, the Secretariat proposed that a written silence procedure be adopted for reaching any necessary decisions relating to items included on the full provisional RC agenda but not the abridged provisional agenda (listed at Annex 4 of this report). The procedure was set out in a separate draft decision circulated to the Subcommittee members along with the draft decision on special rules and procedures. Like that draft decision, it was guided by the experience of WHA73 and advice from the WHO Legal department. Under the procedure, proposals relating to the items in question would be communicated to Member States, which would then have 14 days to raise objections to the Regional Director. If no objections were received by the deadline, the proposal would be adopted; but any proposal on which objections were received would be referred to the Subcommittee for further consideration at its meeting in February 2021. Member States would also be able to submit written statements explaining their position in relation to proposals, which would not constitute objections but would be published on the website of the Regional Committee.

The Subcommittee's discussion

14. Members of the Subcommittee welcomed the proposed selection of items for the abridged provisional agenda and the full provisional agenda. It was agreed that other items which had been included on the provisional agenda agreed in February should be re-presented to the Subcommittee in 2021 for possible inclusion on the provisional agenda for RC68. The Subcommittee also approved the proposed working hours for the virtual RC session. The texts of the two draft decisions were circulated to members of the Subcommittee and considered in detail outwith the meeting. Subcommittee members gave broad support to the special rules and procedures set out in the first draft decision. It was agreed that Member States should be encouraged to submit pre-recorded video statements to help ensure that their voices were heard. In relation to contributions by non-Member State participants, it was originally agreed that option 1 represented the best choice and so the text of the draft decision should reflect this option. However, subsequently, in September, the Secretariat proposed to revise this aspect of the draft special rules of procedure to allow statements to be made by other RC participants as well as Member States of the Region, including States not members of the Committee, invited representatives of United Nations specialized agencies, and other international and regional organizations. This revision to procedure was based on successful experiences during virtual regional committee sessions of several other WHO regions. The change to procedure was approved by Members of the Subcommittee.

15. With regard to decision-making procedures, the Subcommittee approved the provisional list of three or four draft decisions, and also approved the suggestion that some non-contentious technical documents might be submitted for approval within the draft resolution on the Annual Report of the Regional Director. The Subcommittee further approved the suggestion for informal consultation on draft resolutions with the aim of reaching a consensus before the RC session. It was noted that this required technical papers and draft resolutions to be available to Member States in reasonable time before the session. The Subcommittee also approved the proposed written silence procedure to enable decisions on proposals in relation to RC agenda items that would not be presented during the RC session.

Closing of the session

16. 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 of the Subcommittee's ninth meeting

1. Welcoming remarks by the Regional Director
2. Proposed items for the full and abridged RC agendas
3. Proposed working hours for the virtual RC session
4. Proposed special rules and procedures
5. Proposed draft resolutions and decision-making procedures
6. Any other business

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)
Saudi Arabia	Dr Shaker Abdulaziz Alomary
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 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 Hamid Jafari	Director, Polio Eradication
Dr Awad Mataria	Director, UHC/Health System Development
Dr Ahmad Basel Al-Yousfi	Director, Centre for Environmental Health Action, CEHA, Amman
Ms Maryam Bigdeli	WHO Representative, Morocco
Dr Abdinasir Abubakar	Team Lead, WHO Health Emergencies Programme
Dr Gulin Gedik	Coordinator, UHC/Health System Development

Dr Ruth Mabry	Technical Officer, Regional Director's Office
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

Annex 3. Technical items on the abridged provisional agenda for RC67

Annual Report of the Regional Director 2019

Progress reports* on:

- Eradication of poliomyelitis
- Scaling up family practice: progressing towards universal health coverage
- Framework for action on strengthening health laboratory services 2016–2020
- Regional strategic framework for blood safety and availability 2016–2025
- Private sector engagement for advancing universal health coverage
- Regional approach to implementing the Thirteenth General Programme of Work, 2019–2023

Technical paper on improving access to essential medicines, vaccines and medical products in the Region

Update on COVID-19 preparedness and response in the Region

Update on the provision of essential health services during the COVID-19 pandemic

** Progress reports will be presented to RC as part of the discussion of the Annual Report of the Regional Director, except for the report on polio eradication, which will be presented separately.*

Annex 4. Items on the full provisional agenda proposed for consideration under a written silence procedure

Programme Budget 2022–2023

Priorities: a transformed WHO

Global patient safety action plan

Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean

Extension and redevelopment of the Regional Office

Annex 5. Items from the original provisional agenda which are being held over

Technical papers:

- Action to control tobacco now (ACT NOW)
- Framework for action to promote the health of migrants, refugees and displaced populations in the Eastern Mediterranean Region, 2020–23
- Eastern Mediterranean Region End TB Strategic Plan, 2021–25
- Addressing the public health dimensions of mass gatherings

RC Panel event on the International Year of the Nurse and Midwife: progress and acceleration

Pre-RC technical sessions:

- Digital health and innovation
- Occupational safety and health for health care workers in the Eastern Mediterranean Region
- Regional strategy for malaria and other vector-borne diseases, 2021–25
- Managing conflict-related trauma in the Eastern Mediterranean Region

Pre-RC panel discussions:

- From evidence to policy: implementing the regional framework on cancer prevention and control
- The impact of economic sanctions on health systems and the health of populations in the Eastern Mediterranean Region

Side events, exhibitions, etc:

- Implementing the UHC Political Declaration of the 74th session of the UN General Assembly
- Gavi, the vaccine alliance, and the Global Fund to Fight Aids, Tuberculosis and Malaria
- Regional progress in hepatitis elimination and opportunities for rapid scale-up
- Progress on polio transition
- ICD11 and ICHI orientation
- Implementation of WHO guidelines in the Eastern Mediterranean Region
- Mental health in the Eastern Mediterranean Region
- Be Healthy, Be Mobile – a digital initiative to accelerate progress in NCD prevention and control
- The WHO Framework Convention on Tobacco Control