

Report of the

**67th session of
the WHO Regional
Committee for the
Eastern Mediterranean**

WHO Regional Office, Cairo, Egypt
12–13 October 2020



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

The 67th session of the Regional Committee for the Eastern Mediterranean was held remotely via a secure web platform from the WHO Regional Office, Cairo, Egypt, from 12 to 13 October 2020. This was the first time a Regional Committee session had been held remotely. Special arrangements for the virtual session were developed under the oversight of the Programme Subcommittee of the Regional Committee to take account of the risks posed and the disruption caused by the COVID-19 pandemic.

As part of those same special arrangements, the Programme Subcommittee agreed that the virtual Regional Committee session would be significantly shorter than a normal annual session of the Regional Committee, to allow for time zone differences among participants joining from different remote locations and to minimize the possible impact of technical connectivity problems. A shorter than usual provisional agenda of business was therefore proposed for the 67th session. Furthermore, that agenda (the full agenda) was then divided into items that would be presented during the virtual session (the abridged agenda) and items that would be shared as documents only.

To offset the reduced time available for discussion during the Regional Committee session and the risk of technical connectivity problems, the special arrangements developed by the Programme Subcommittee included provision for Member States and observers to submit video and/or written statements on agenda items prior to the Regional Committee session, as well as intervening (where possible within the rules and procedures) during the session itself. Furthermore, a special decision-making procedure (the written silence procedure) was developed to allow Member States to take decisions on proposals relating to agenda items after the virtual session.

This report covers items on the full agenda for the 67th session, not just those on the abridged agenda that were presented during the virtual session, and takes account of video and written statements made before the virtual session as well as discussions during the virtual session. Resolutions were adopted after the virtual session, in line with the agreed written silence procedure.

The full and abridged agendas are set out at Annex 1 of this report. The special procedures for the Regional Committee session are set out in decisions 2 and 3 in this report.

The following Members were represented during the virtual session:

Afghanistan	Oman
Bahrain	Pakistan
Djibouti	Palestine
Egypt	Qatar
Iran, Islamic Republic of	Saudi Arabia
Iraq	Somalia
Jordan	Sudan
Kuwait	Syrian Arab Republic
Lebanon	Tunisia
Libya	United Arab Emirates
Morocco	Yemen

In addition, observers from Turkey, the Food and Agriculture Organization of the United Nations (FAO), International Civil Aviation Organization (ICAO), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United Nations Economic and Social Commission for Western Asia (UNESCWA), United Nations Population Fund (UNFPA), and a number of intergovernmental, nongovernmental and national organizations attended the session.

2. Opening session and procedural matters

2.1 Opening of the session

Agenda item 1

The 67th session of the Regional Committee for the Eastern Mediterranean was opened at the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt, on 12 October 2020.

2.2 Formal opening of the session by the Chair of the 66th session

The opening session of the 67th session of the Regional Committee for the Eastern Mediterranean was held on Monday 12 October 2020 in the Kuwait Hall at the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt. The session was opened by H.E. Dr Saeed Namaki, Minister of Health and Medical Education, Islamic Republic of Iran. Dr Namaki had chaired the previous session of the Regional Committee in Tehran, Islamic Republic of Iran, in October 2019. In his opening remarks, Dr Namaki noted the unprecedented circumstances of the COVID-19 pandemic in which the session was taking place, which necessitated special procedures, including holding the session virtually. While noting the achievements of the 66th session, he highlighted that this year's session would focus on the response to the COVID-19 pandemic and maintaining essential health services. This would require leadership, solidarity, intercountry cooperation, evidence-based interventions, innovations such as telemedicine initiatives, and whole-of-government, multisectoral and whole-of-society approaches. Dr Namaki called for strong support for WHO's leadership role and for a spirit of solidarity and cooperation. He pointed to the critical role in the pandemic response played by frontline health care workers and asked for a minute of silence for all those who had lost their lives because of COVID-19, particularly health staff.

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

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, opened by offering his deepest condolences to all those who had lost loved ones in the COVID-19 pandemic, and expressed his sorrow at the profound health and socioeconomic devastation it had caused. Dr Al-Mandhari also extended his sincere condolences to His Highness Sheikh Nawaf Al-Ahmad Al-Jaber Al-Sabah, Emir of Kuwait, and to the Kuwaiti people and Government on the death of His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah, who will long be remembered for his service to the State of Kuwait, the Arab and Islamic Nations, and humanity as a whole. Dr Al-Mandhari then extended his sincere greetings and thanks to all those health workers on the front line of the fight against the pandemic, and paid tribute to the many health workers who had tragically died.

Dr Al-Mandhari emphasized that as the world continued to fight the pandemic, this session of the Regional Committee provided an opportunity to move towards a single vision for the ongoing response, and to harness and share expertise, experiences and lessons learned across the Region. Many of the actions taken by Member States, WHO and partners from the very outset of the pandemic would be discussed in detail during the meeting. These had been supported by donors and countries in the Region and beyond, who had contributed a total of almost US\$ 400 million. The Regional Director took the opportunity to express his thanks to all contributors for their generosity. Regrettably, despite unparalleled efforts and a high degree of cooperation from all Member States, the pandemic had also revealed serious cracks and fundamental weaknesses in health systems worldwide. Furthermore, the complex and challenging conditions faced by many Member States in the Region threatened even worse developments as countries entered the next stage, including potentially catastrophic economic consequences.

The Regional Director emphasized that the response to the COVID-19 pandemic threatened to overwhelm activities in other areas of health, which must not be neglected, and called for the achievements made in health in countries of the Region to be maintained and work to continue towards achieving the triple billion goals of WHO's Thirteenth General Programme of Work (GPW 13). Indeed, the pandemic should be seen as an opportunity to reformulate health policies and strategies,

and ensure the creative implementation of WHO's vision for the Region, *Vision 2023*, anchored in solidarity and cooperation.

The Regional Director concluded by thanking the members of the Regional Committee, health care workers everywhere, WHO staff and the Organization's partners and allies for their efforts to achieve health goals. WHO would continue to provide its Member States with the needed technical, advisory and other forms of support to the utmost of its ability.

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

Speaking remotely, Dr Tedros Adhanom Ghebreyesus, WHO Director-General, offered his condolences to all Member States of the Region for the loss of life suffered during the COVID-19 pandemic as well as his gratitude to its health workers, who had put themselves in harm's way in the service of others. He expressed WHO's commitment to working with countries to end the pandemic and build back better, and thanked Dr Al-Mandhari for his leadership during this important period. He observed how the COVID-19 pandemic had upended health systems, societies and economies, and said that countries needed to remain vigilant as the virus was still circulating and populations remained susceptible. Since the beginning of the pandemic, WHO had been working to support countries in many ways, at all three levels of the Organization, through missions to countries, the provision of needed medical supplies, including personal protective equipment, tests and oxygen concentrators, and by providing online training through the OpenWHO.org learning platform in 11 regional languages, with 720 000 enrolments from the Region. In addition, through the Access to COVID-19 Tools Accelerator and the COVAX Facility, WHO was working to ensure that if and when a vaccine was proven to be safe and effective, it would be accessible equitably for all countries. He thanked the 10 Member States of the Region who had signed commitment agreements with the COVAX Facility or confirmed their intent to participate; this was a strong statement of solidarity with the 11 countries and territories eligible for support through the COVAX Facility in the Region. He pointed out that ensuring equitable access to vaccines, diagnostics and therapeutics was not just the right thing to do, but the smart thing to do to catalyse the global economic recovery.

In the meantime, he urged countries to focus on four essential priorities: preventing amplifying events such as mass gatherings; protecting the vulnerable, to save lives and reduce the burden on health systems; educating and empowering communities to protect themselves through physical distancing, hand hygiene, respiratory etiquette and masks; and continuing to find, isolate, test and care for cases, and trace and quarantine their contacts. Countries that did these four things well could prevent and contain transmission, avoid "lockdowns" and reopen their societies, economies and borders safely. The effects of the pandemic would be long-lasting and far-reaching. It was a powerful demonstration of why the triple billion targets of GPW 13 and *Vision 2023* were so important, and highlighted that healthy populations, universal health coverage and health security were inseparable. The response had shown how WHO's transformation was making it more agile and responsive, and able to deliver the support the world needed. He pointed out that WHO's new operating model, which aligned organizational structures vertically at all three levels, was helping it to achieve impact in countries. The newly formed Science Division had brought together researchers from around the world to identify priorities, initiate the Solidarity Trial, and quality-assure WHO's scientific publications and guidance; the new Division of Emergency Preparedness had developed the COVID-19 Partners Platform, supported intra-action reviews and was working closely with the universal health coverage divisions to improve and maintain public health functions and essential health services; the Emergencies programme, Division of Data and Delivery for Impact and Department of Digital Health had developed tools for monitoring COVID-19-associated mortality; and the OpenWHO.org learning platform had provided powerful proof of concept for the WHO Academy. He concluded by saying that while this pandemic would end, it would not be the last one, and it was our shared responsibility to leave the world better prepared for the next pandemic. The keys to defeating the pandemic were unity and solidarity, and while the stakes had never been higher, nor had the prize: a healthier, safer, fairer and more sustainable world.

2.5 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	H.E. Dr Hala Zayed (Egypt)
Vice-Chair:	H.E. Dr Hani Jokhdar (Saudi Arabia)
Vice-Chair:	H.E. Dr Hassan Mohammad Al-Ghabbash (Syrian Arab Republic)

2.6 Adoption of special procedures

Agenda item 1(a), Decisions 2 and 3

The Regional Committee adopted two decisions to introduce special procedures for its 67th session regulating the conduct of this unusual virtual meeting and enabling Member States to reach decisions on proposals after the virtual session.

2.7 Adoption of the agenda

Agenda item 1(b), Document EM/RC67/1-Rev.1, EM/RC67/1-Ab.Rev.1, EM/RC67/2, EM/RC67/3, Decision 4

The Regional Committee adopted two agendas for its 67th session: a full agenda of all items of business for the 67th session, and an abridged agenda of items to be presented during the virtual session.

2.8 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 Malik Muhammad Safi (Chair) (Pakistan)
- Ms Hilda Harb (Vice-Chair) (Lebanon)
- Dr Mohamed Hédi Loueslati (Tunisia)
- Dr Rana Hajjeh (World Health Organization)
- Dr Rick Brennan (World Health Organization)
- Dr Asmus Hammerich (World Health Organization)
- Dr Awad Mataria (World Health Organization)
- Dr Ruth Mabry (World Health Organization)
- Mr Tobias Boyd (Secretary) (World Health Organization)

3. Reports and statements

3.1 Programme Budget 2022–2023

Agenda item 2, Document EM/RC67/4

A document covering this item was shared with Member States as part of the Regional Committee documentation but was not included in the abridged agenda for discussion during the virtual session.

As the document explained, the COVID-19 pandemic had severely impacted the process of developing the Programme Budget 2022–2023 (PB2022–2023). Under normal circumstances a full first draft, developed through a rigorous and inclusive bottom-up planning process, would have been presented to the Regional Committee. However, opportunities for extensive consultation had been limited and so it had not been possible to adhere to the normal process of budget development.

As a result of the pandemic, careful consideration would therefore now be required before a draft PB2022–2023 was submitted. The WHO Secretariat was proposing to prepare an initial PB2022–2023 with the clear expectation that a revised budget would be presented to the World Health Assembly in May 2022. In this way, changes could be endorsed 6 months into the biennium, allowing WHO to consider the results of an evaluation of its COVID-19 response, collect more in-depth information on changing needs and priorities in countries, and identify the investments required to enable programme budget implementation.

One important reference for the proposed draft PB2022–2023 was the financial estimate for this period included in GPW 13. Although the estimated Base Budget for 2022–2023 of US\$ 4254 million represented a 7.8% increase compared with 2020–2021, additional factors now required careful consideration and costing to assess if they could be accommodated within the planned budget increase. In addition, it was proposed to extend GPW 13 to 2025, to allow WHO and Member States more time to meet their GPW 13 targets.

The document included an overview of the proposed timeline for the development of PB2022–2023 and an outline of the next steps and actions. Member States were invited to provide guidance on the proposed approach and timelines for developing PB2022–2023, on the mid-term review of PB2022–2023 in May 2022 and on the proposal to extend GPW 13 by a period of 2 years to 2025. The full version of the proposed PB2022–2023 would then be developed taking into consideration any advice received, and would be presented to the Executive Board in January 2021. A final version would then be submitted for approval by the World Health Assembly in May 2021, with the clear expectation that a revised budget would be presented to the World Health Assembly in May 2022.

3.2 The work of the World Health Organization in the Eastern Mediterranean Region – Annual Report of the Regional Director for 2019

Agenda item 3(a), Document EM/RC67/5, Resolution EM/RC67/R.1

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.

Agenda item 3(b–g), Documents EM/RC67/INF.DOC.1–6

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2019. While the written annual report concentrated on 2019, his verbal statement focused on the COVID-19 pandemic and its implications. The pandemic had massively disrupted health systems, economies and societies, with nearly 2.5 million cases in the Region, over 63 000 lives lost and access to health care being compromised. However, he noted that it was a potentially useful stress test for health systems, and an opportunity for positive change and to mobilize support for investment in health, as well as a stimulation for innovations in health care

delivery. He emphasized that the regional vision of Health for All by All was more relevant than ever: the pandemic had shown that a risk to one person was a risk to everyone. WHO's global and regional strategies remained the best way to achieve that vision. The Regional Director then considered the implications of the pandemic for each of WHO's four strategic priorities: expanding universal health coverage; protecting people from emergencies; promoting health and well-being; and transforming WHO itself for maximum country impact.

The pandemic had highlighted the need for universal health coverage to ensure health security. Implementing universal health coverage required country roadmaps, strong primary health care systems, including effective infection prevention and control programmes, and an adequately protected and trained health workforce. The pandemic had shown how epidemics could become a global threat and threatened gains made in immunization, but had also stimulated innovations, such as home visits, telemedicine, community engagement and service integration. It had underlined the importance of health laboratories and cooperation for medicine and vaccine supply, such as pooled procurement.

Long experience facing emergencies in the Region and work on preparedness had shown results, but had also revealed gaps, such as in adherence to the International Health Regulations and service provision to populations in need of humanitarian assistance. The Region was the last WHO region endemic for wild poliovirus, and a final push was needed to eradicate it. Polio assets had been usefully repurposed for the COVID-19 response, and the Regional Director offered his condolences over the recent loss of Mr Zamanuddin Shams, a WHO polio programme worker in Afghanistan.

A multisectoral, whole-of-government and whole-of-society approach, along with committed political leadership, was needed to tackle the root causes of ill health. The pandemic had disrupted services for noncommunicable diseases and illustrated the vulnerability of those with comorbidities. Better progress was needed in maternal and neonatal mortality and it was vital to maintain essential health services. But there had been successes during the pandemic, such as bans on waterpipe tobacco use in many countries, development of remote services for mental health and decreases in air pollution.

To support the delivery of its strategic priorities, WHO was continuing to transform itself to become more fit for purpose, conducting country functional reviews and integrating programmes for better country support. The pandemic response had demonstrated the value of recent internal changes, including restructuring to foster integration and greater positive impact in countries and a stronger strategic emphasis on strategic communications, resource mobilization and partnerships. It had also led to further beneficial innovations in ways of working, such as the use of integrated country support teams and online meetings.

The Regional Director concluded by saying that more than ever, stakeholders needed to come together to overcome the current COVID-19 emergency and build resilient health systems.

Discussions

Representatives expressed their appreciation for the report of the Regional Director, which set out the broad range of activities and considerable efforts that had been made in the Region during 2019 and 2020 with strong leadership from WHO. However, it was clear that the unprecedented COVID-19 pandemic was causing significant levels of morbidity and mortality in the Region, including among frontline health care workers, and was now threatening to undo the gains made in a number of key areas. The pandemic was adversely impacting all the countries of the Region by disrupting key health services, including immunization programmes, noncommunicable disease prevention and treatment, and mental health and other essential services. A broad range of national initiatives for responding to the pandemic were described, and a number of gains made in reducing its health and socioeconomic impacts highlighted. There was clear recognition that whole-of-government, whole-of-society approaches were crucial for any effective response. Attention was also drawn to the importance of other key aspects, including the need for increased laboratory testing capacities, strengthened health information and data management systems to support evidence-based policy-making, awareness-raising campaigns, strengthened logistics systems and expanded private sector engagement.

Despite the ongoing pandemic, there was universal recognition that work on existing health issues must continue if the ambitious national, regional and global targets set out in a range of international agreements were to be met. Instead of viewing the pandemic as simply an additional health issue, it should be seen as a once-in-a-generation opportunity to catalyse fundamental health system reforms, prioritize health and health provision and make an overwhelming case for increased levels of health financing. Representatives welcomed the range of upcoming frameworks for action and other initiatives highlighted in the report, and called on WHO to continue to provide its vision and invaluable technical support and guidance in facing up to the current crisis and achieving the broader health targets of the Region.

Statements were made during the session on behalf of the following observers (in order): Turkey; Secretariat of the WHO Framework Convention on Tobacco Control; Organisation of Islamic Cooperation (OIC); International Atomic Energy Agency (IAEA); and International Agency for Prevention of Blindness (IAPB)/Impact EMR.

A statement was submitted online by: Rotary International.

The Regional Director thanked the representatives for their highly constructive remarks and insights. He explained that multidisciplinary teams had been established to work with each Member State both on the response to the current COVID-19 crisis and on longer-term health goals. Maintaining progress on longer-term goals would be particularly challenging for countries facing severe instability and upheaval. The ongoing programme of technical missions to countries was proving extremely helpful and would continue. The Regional Director reiterated that the Eastern Mediterranean Region was the only WHO region not to have eradicated polio. In the context of COVID-19, regular meetings were being held within the Regional Office to closely monitor the unfolding pandemic based on the vital data and information shared by Member States in the Region. Member States would also be receiving the report of the Ministerial Group on COVID-19 for the Eastern Mediterranean in due course. As mentioned by a number of representatives, a clear-sighted analysis of health systems was now required to ensure the implementation of current commitments by countries and to identify opportunities for fundamental health system review and revision. There was a unique opportunity to rebuild health systems better. As representatives had also noted, securing sufficient resources remained an acute challenge. The newly established Regional Office Department of Communications, Resource Mobilization and Partnership was developing a strategic plan of activities in these three areas which would be shared with Member States. WHO would also continue to promote scientific evidence-based approaches to policy-making. The Regional Director concluded by echoing the call for solidarity made by representatives and assured them that WHO would continue to transform its activities at all three levels of the Organization. WHO remained committed to supporting its Member States and sought guidance from representatives during the Regional Committee session on how best to move forward.

4. Technical matters

4.1 Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic *Agenda item 4(a), Document EM/RC67/6, Resolution EM/RC67/R.2*

Dr Awad Mataria, Director of Universal Health Coverage/Health Systems, presented an overview of a proposed new regional strategy for improving access to medicines and vaccines. The COVID-19 pandemic had highlighted a number of long-standing challenges and concerns relating to the accessibility of essential medicines and vaccines in the Region. It was therefore an opportune moment to examine this issue in detail. Access to medicines and vaccines was an integral part of universal health coverage, as reflected in several important high-level agreements, notably the Salalah Declaration of 2018. However, there were major challenges to access in the Region at present, including inadequate implementation of national medicines policies, weak financial planning, significant inequities and variations in pricing across countries, inefficiencies in procurement and other areas, weak regulatory mechanisms, the irrational use of medicines, and limited pharmaceutical production capacities within the Region. The proposed new strategy was designed to address those challenges, and to align with broader global and regional strategies including *Vision 2023*, GPW 13 and resolution WHA73.1 of the Seventy-third World Health Assembly.

Dr Mataria then outlined the goal, strategic objectives and priority actions set out in the proposed regional strategy. The strategy aimed to ensure that everyone in the Region would have access to the quality essential medicines and vaccines they need, without suffering financial hardship, by 2030. There were eight strategic objectives and a series of immediate priority actions. The impact of COVID-19 on access to medicines and vaccines in the Region had been significant, resulting in supply shortages, increased demand for medicines needed for related health programmes, and delays and disruptions to immunization programmes. Innovative global responses had included the Access to COVID-19 Tools Accelerator (ACT-A) and the COVAX Facility established under the leadership of Gavi, the Vaccine Alliance, to ensure globally equitable access to COVID-19 vaccines. The proposed regional strategy also called for innovation, for example the adoption of pooled procurement on a regional level. Dr Mataria concluded with a call for action to Member States and the WHO Secretariat to endorse and implement the regional strategy. The Committee was thus invited to endorse the regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean, 2020–2030.

Discussions

Representatives welcomed the proposed new regional strategy. The COVID-19 pandemic had added to the existing economic burdens already facing many countries in the Region and created additional challenges in providing access to medicines and vaccines which was already hampered by a range of factors, including political instability in some countries. The pandemic had interrupted country supply chains, increased prices of medicines, and led to shortages and stockouts of certain medicines. While some countries described the COVAX Facility as a welcome initiative and exemplary model, regardless of the economic status of countries, many raised concerns over the equitable distribution of any potential COVID-19 vaccine and the challenges being placed on countries in terms of the advance costs and necessary investment required. Representatives said that lessons had been learned as a result of the pandemic, including the need for greater research and development, the local production of medicines and vaccines to minimize disruption to supply chains and the establishment of pooled procurement mechanisms. They urged pharmaceutical companies to invest in new medicines. The pandemic had also highlighted the irrational use of medicines, lack of clear processes for pricing and distribution and the need to strengthen national regulatory authorities. All agreed that it was important to rearrange priorities and enhance transparency, solidarity and synergy. They requested that support to countries experiencing emergencies be accelerated to respond to the urgent health needs of the populations being impacted and for WHO to establish a regional expert committee to identify priority actions for countries.

Dr Mataria said that WHO would work with countries to implement the strategy. He emphasized that in the age of the COVID-19 pandemic, “business” could not continue as usual. He acknowledged the concerns that countries had raised over the COVAX Facility, but said a mechanism had been established to ensure that equity and equitable distribution of vaccines was at the heart of the initiative. Countries would have access to a COVID-19 vaccine as soon as a safe and effective vaccine had been developed and would be provided with doses for at least 20% of their populations. To support the development and equitable distribution of COVID-19 products, WHO and partners had established the Access to COVID-19 Tools (ACT) Accelerator initiative; this included a Health Systems Connector to support countries in strengthening their health systems to deploy new tools effectively and efficiently when available. WHO would be working with all partners to ensure equitable access to a COVID-19 vaccine for refugees and migrants, once a vaccine became available. He reassured countries that WHO would provide additional information to countries.

Improving access to medicines and vaccines more generally required a comprehensive health systems approach, as envisaged in the proposed new strategy. Given the limited resources available, new approaches should be identified to mobilize resources and ensure optimal use of available resources. The establishment of a regional/subregional pooled procurement/joint purchasing arrangement would promote research and development and strengthen management of the supply chain. WHO would support the provision of essential medicines for countries experiencing emergencies and had been working on a benefits package that could be tailored to country context.

4.2 The COVID-19 pandemic in the Eastern Mediterranean Region and the International Health Regulations (2005) in the Eastern Mediterranean Region *Agenda items 4(b,c), Documents EM/RC67/7–8, Resolution EM/RC67/R.3*

The COVID-19 pandemic continues to pose specific challenges in the WHO Eastern Mediterranean Region. Eleven of the 22 countries of the Region are currently also being directly or indirectly impacted by complex humanitarian emergencies. Countries facing humanitarian crises have fragile health systems with inadequate disease surveillance and preparedness and response capacities, increasing their vulnerability to the emergence and rapid transmission of a novel pathogen. At the outset of the pandemic, the Regional Office engaged with countries even before confirmation of the first case in the Region, and subsequently led a swift, coordinated and evidence-based response. WHO leadership, technical guidance and support are being provided in a wide range of key activity areas, while concerted efforts are also being made to mobilize the funds required to support the implementation of regional and national preparedness and response plans, and promote evidence generation. In the absence of effective vaccines and therapeutics for the immediately foreseeable future, the overarching goal in the Region is for all countries to control the pandemic by slowing down transmission and reducing associated mortality, including through concerted efforts to maintain essential health services. Meanwhile, countries also need to continue working to strengthen their core capacities under the International Health Regulations (IHR) (2005), to ensure better preparedness for emergencies going forward.

Dr Rick Brennan, Director of Health Emergencies, presented an overview of the global and regional situation with regard to the COVID-19 pandemic, and outlined the specific factors affecting transmission in the Region. WHO had engaged with countries of the Region proactively and had coordinated a broad strategic response in key areas such as leadership, laboratory testing, harnessing of existing national systems and resources, and logistics. Examples were provided of specific activities initiated and coordinated by WHO in each of these areas. Ongoing challenges included the limited use of public health interventions at subnational level, the often-haphazard use of social distancing and lockdown measures, the difficulty of promoting behaviour change in the face of infodemics and pandemic fatigue, and insufficient protection of health care workers. In addition, despite efforts at both regional and country levels, serious shortcomings were found in levels of national IHR (2005) core capacities and compliance, including in relation to the timely sharing of detailed information on COVID-19 cases. Progress in developing IHR (2005) core capacities in the Region was described in more detail in a separate report prepared for the Regional Committee (document EM/RC67/8). In closing, Dr Brennan outlined a number of recommended actions that could be taken by Member States

and drew attention to a draft resolution on the pandemic that had been prepared for the Regional Committee's consideration under the written silence procedure.

Dr Rana Hajjeh, Director of Programme Management, presented an overview of the impact of the pandemic on the delivery of essential health services in the Region and the associated challenges. Ensuring access to quality essential health services was essential to achieve global and regional strategic targets and the Sustainable Development Goals, but progress in recent years had been insufficient and now the pandemic threatened to undo key advances by disrupting many services including family planning and contraception, dental services, rehabilitation services, palliative services, antenatal care, diagnosis and treatment of noncommunicable diseases, and treatment for mental health disorders. Immunization had been disrupted, and service delivery impacted, by interruptions to the supply chain for medicines and supplies, resources being redirected to COVID-19 activities, travel restrictions, fear of infection in the community and a lack of personal protective equipment for health facilities.

To address these challenges, WHO had engaged in country missions/e-consultations and impact assessments, provided training through online webinars, developed technical guidance, protocol guidelines and policy briefs, and undertaken communication and awareness-raising activities. Operational guidance for maintaining essential health services had been developed in late March and updated in June. Dr Hajjeh noted that there had been many opportunities and innovations during the pandemic response, including in community-based services, repurposing of polio assets, mobile clinics, tele-medicine/e-clinics, e-health and mobile-health, mental health hotlines/online platforms and bans on waterpipe tobacco use. Air quality had improved during "lockdown" measures. It was now important to renew commitment to universal health coverage, the Sustainable Development Goals and the building of resilient health systems. She called for action to sustain the gains made and to ensure access to essential health services by enhancing primary health care, building integrated delivery platforms, ensuring that health care workers were adequately trained and protected, and health care facilities well equipped and prepared, investing in new methods of service delivery, and strengthening health promotion and self-care.

Discussions

Representatives expressed their thanks to WHO for the presentations and for its efforts in these crucial areas during the response to the COVID-19 pandemic. Important themes which emerged during discussion included the clear need for preparedness and for urgent, proactive and multisectoral responses at the very outset of a health emergency such as the current pandemic. The paramount importance of political commitment and multisectoral engagement in successful response activities in the Region was highlighted, along with the central role of risk communications and community engagement.

At the same time, there was a need for coordinated and concerted efforts to ensure that the provision of essential health services was not disproportionately impacted, and hard-won health gains lost. There was widespread recognition that responding to health emergencies while also ensuring the provision of vital services were not separate and competing priorities, but rather two aspects of the same vision to use the opportunities presented by the pandemic to build better health systems going forward. Properly understanding what was needed would be a key step in bringing about the paradigm shift in health care and health service provision and in reprioritizing actions and resources.

Countries in the Region had faced a number of challenges both in responding to the pandemic and in ensuring the continuity of essential health services. In some settings, initially low case numbers had been rapidly followed by sharp increases due to non-compliance, in many cases driven by the phenomenon of "pandemic fatigue". In other settings, mass gatherings, particularly religious mass gatherings, had driven, or were likely to soon drive, significant increases in case numbers. In many countries, changes in health care-seeking behaviours, often driven by anxiety about the pandemic, were undermining the provision of essential health services in areas such as noncommunicable disease prevention and treatment, immunization programmes and mental health care. In some countries, the

delivery of such services had begun to recover but there remained an urgent need to address the rise in comorbidities, particularly among vulnerable individuals, including psychological issues. In all these and other areas, representatives expressed their willingness to share their experiences and identify lessons learned.

Concerns were raised by several representatives in relation to the accuracy and utility of case estimates, in particular low case estimates in settings where testing was limited. Representatives also called on WHO to maintain its leadership and support role in ensuring the resumption of vital activities, including polio vaccination campaigns, and calls were made for solidarity and support for those countries in the Region currently experiencing emergencies or conflict as they worked to restore their essential health services.

Statements were made during the session by the following observers (in order): United Nations Children's Fund (UNICEF); International Organization for Migration (IOM); United Nations Population Fund (UNFPA); Food and Agriculture Organization of the United Nations (FAO); Islamic Development Bank (IsDB); Hamdard Foundation Pakistan.

Professor Maha El Rabbat, WHO special envoy on COVID-19, and Dr Jaouad Mahjour, Assistant Director-General, Emergency Preparedness and International Health Regulations, WHO headquarters, also contributed to the discussion.

Statements were submitted online by: International Federation of Medical Students' Associations (IFMSA); International Organization for Migration (IOM); Hamdard Foundation Pakistan; International Pharmaceutical Students' Federation; International Council of Nurses; Iodine Global Network; Islamic Development Bank (IsDB); International League Against Epilepsy; International Atomic Energy Agency (IAEA); Secretariat of the WHO Framework Convention on Tobacco Control; Eastern Mediterranean Regional NCD Alliance; and World Heart Federation.

Dr Brennan welcomed the fruitful discussion which had taken place. It was clear that many lessons had been learned and applied. He noted that the social measures implemented had unavoidably come at a social and economic cost but were part of a comprehensive range of available tools and needed to be constantly balanced against the epidemiological situation. He also noted the concerns expressed regarding the utility of case numbers and mortality figures, especially in settings where levels of testing remained low. Despite likely underestimation in many settings and wide regional variations, such information remained invaluable in monitoring, guiding and adjusting appropriate actions. He further noted the comments made by representatives and observers in relation to the importance of coordinated and multisectoral preparedness and response efforts, and highlighted the crucial importance of the "One Health" concept in relation to the emergence of zoonotic diseases.

Dr Hajjeh acknowledged the points made in relation to the difficulties of maintaining immunization and other services, including polio vaccination services, in areas affected by conflict and other emergencies. Great innovation had been shown in many countries to ensure the delivery of essential health services and she looked forward to further opportunities to share the lessons learned. She emphasized again that the health systems being put in place to fight the pandemic should be seen as indivisible from broader efforts to improve health care provision. Other important issues raised included the paramount need for data and information, including sex-disaggregated data, the need for strengthened inter-agency cooperation and the importance of communications in encouraging people to seek health care.

5. Other matters

5.1 Resolutions and decisions of regional interest adopted by the Seventy-third World Health Assembly and the Executive Board at its 146th and 147th sessions

Review of the draft provisional agenda of the 148th session of the WHO Executive Board

Agenda item 5(a,b), Documents EM/RC67/9, EM/RC67/9-Annex 1

At each annual session, the Regional Committee usually receives a report outlining resolutions and decisions of regional interest adopted by the World Health Assembly and Executive Board at their sessions earlier in the year. That was not possible in 2020 because the World Health Assembly and Executive Board sessions in May had been virtual *de minimis* sessions only, in response to disruption from the COVID-19 pandemic, and these sessions had been suspended, to resume in November 2020. The report on resolutions and decisions of regional interest would therefore need to be developed and shared with Member States some time after those resumed November sessions. In the meantime, the draft provisional agenda of the 148th session of the WHO Executive Board, to be held in January 2021, was shared with Member States, and the Secretariat was also planning to brief Member States on items of regional interest before the resumed World Health Assembly and Executive Board sessions in November 2020.

5.2 Transforming for enhanced country impact

Agenda item 5(c), Documents EM/RC67/10–11

Two documents covering this item were shared with Member States as part of the Regional Committee documentation but were not included in the abridged agenda for discussion during the virtual session.

The documents reported on efforts to transform WHO across the three levels of the Organization to optimize and enhance the impact of its activities at country level. The first document was a global report. In February 2020, the Executive Board at its 146th session had requested WHO to provide an update on its Transformation Agenda to the Seventy-fourth World Health Assembly through the Executive Board at its 148th session and through the regional committee meetings in 2020. The resulting report (document EM/RC67/10) built upon the report submitted to the Seventy-second World Health Assembly and detailed the major transformation initiatives resulting from the six major required shifts to WHO's overall operating model identified by the Global Policy Group. The report also provided a focus for transformation activities in 2020–2021 and beyond, particularly in light of the COVID-19 pandemic. The Regional Committee was invited to comment on and provide input to the report prior to submission to the Executive Board at its 148th session.

A second report (document EM/RC67/11) described the progress made by and planned activities of the Regional Office and WHO country offices in the Region as part of the WHO transformation process. It focused on progress in relation to regional strategic priority 4 of *Vision 2023*: transforming WHO to make it “an accountable, catalytic leader in health in the Region by making fundamental changes in the WHO working business model, systems and culture”. At the 65th session of the Regional Committee in October 2018, Member States had requested the Regional Director to conduct country functional reviews to strengthen WHO's performance based on country needs and priorities, as outlined in resolution EM/RC65/R2. The report described the substantial progress made to date in undertaking those country functional reviews as well as restructuring the Regional Office and expanding partnerships in the Region. Specific responses to the priority issues identified included the establishment of a new Department of Communications, Resource Mobilization and Partnership under the Regional Director, strengthening Member State engagement, and a range of initiatives to strengthen the technical capacity of country offices in the areas of leadership, health diplomacy, gender and equity.

5.3 Development of a draft global patient safety action plan 2021–2030

Agenda item 5(d), Document EM/RC67/12

A document covering this item was shared with Member States as part of the Regional Committee documentation but was not included in the abridged agenda for discussion during the virtual session.

Resolution WHA72.6 on global action on patient safety was adopted by the Seventy-second World Health Assembly in 2019. The resolution urges Member States to recognize patient safety as a health priority in health sector policies and programmes. Improving and ensuring patient safety is a growing challenge to health service delivery globally, with unsafe health care causing significant levels of avoidable patient harm and human suffering. Improving and ensuring patient safety will require addressing the current gaps in knowledge, policy, design, delivery and communication. It is intended that the global patient safety action plan 2021–2030 will provide Member States and other stakeholders with an action-oriented framework for facilitating the implementation of strategic patient safety interventions at all health system levels during the period 2021–2030. The Regional Committee was invited to comment and provide input on the current draft of the global patient safety action plan 2021–2030. The consultation draft is available on the WHO website at: <https://www.who.int/patientsafety>.

5.4 Reports of the seventh, eighth and ninth meetings of the Programme Subcommittee of the Regional Committee

Agenda item 6, Documents EM/RC67/13–15

Dr Malik Muhammad Safi, the Chair of the Programme Subcommittee of the Regional Committee, gave a presentation summarizing its work during the past year. The terms of reference of the Subcommittee included, among other things, supporting preparations for Regional Committee, and this had involved extensive work for Subcommittee members during 2020. Arrangements for a full, in-person Regional Committee session were originally agreed at the Subcommittee's seventh meeting in February, but disruption caused by the pandemic meant these had to be substantially revised later, necessitating two further meetings plus email contact to develop special arrangements for a virtual de minimis session. The Subcommittee's next meeting, set for February 2021, would consider possible arrangements for the 68th session of the Regional Committee. Furthermore, if the proposed new procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the Regional Committee was adopted (see agenda item 7, below), the Subcommittee would be involved in reviewing applications for accreditation.

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

Agenda item 7, Document EM/RC67/16, Resolution EM/RC67/R.5

A document covering this item was shared with Member States as part of the Regional Committee documentation but was not included in the abridged agenda for discussion during the virtual session.

In line with GPW 13 and building on its ongoing successful collaboration with non-State actors, WHO is proactively promoting collaboration and partnerships with different health actors to respond to national and global health challenges. These engagements support Member States' work and help to fulfil the Organization's mandate. They are implemented in accordance with WHO's policies and rules, including the Framework of Engagement with Non-State Actors (FENSA), adopted by the Sixty-ninth World Health Assembly in May 2016, which provides a set of provisions governing WHO's engagement with non-State actors and represents a firm basis for strengthening engagement, helping to balance risks against expected benefits while protecting and preserving WHO's integrity, reputation and public health mandate. The Framework recognizes four categories of non-State actor: nongovernmental organizations, private sector entities (including business associations), philanthropic foundations and academic institutions, and establishes specific policies and operational procedures on engagement with the different types of non-State actor to preserve WHO's mandate, independence, credibility and reputation from undue influence. To this end, and before engaging with any non-State

actor, due diligence and risk assessments are conducted, without prejudice to the type of non-State actor.

As the document explained, in order to reinforce this engagement and build on constructive dialogue with non-State actors, the Regional Office was proposing a process for accrediting non-State actors to attend meetings of the WHO Regional Committee for the Eastern Mediterranean, for consideration by the Regional Committee. Accreditation is a privilege that the Regional Committee might grant to regional nongovernmental organizations, regional business associations and philanthropic foundations. It would include an invitation to participate, without the right to vote, in meetings of the Regional Committee and the possibility of submitting written and/or oral statements through the WHO Regional Office. The document set out the proposed procedure, and a draft resolution to adopt it had been prepared for the Regional Committee's consideration under the written silence procedure.

5.6 Establishment of a Subcommittee for Polio Eradication and Outbreaks; Review of progress of eradication of poliomyelitis

*Agenda item 8, Documents EM/RC67/17 and EM/RC67/INF.DOC.1,
Resolution EM/RC67/R.4*

Dr Hamid Jafari, Director of Polio Eradication, presented an update on polio eradication in the Eastern Mediterranean Region. He noted that the Region was the last remaining WHO region where wild poliovirus was endemic, with continuing transmission of wild poliovirus type 1 (WPV1) in Afghanistan and Pakistan leading to growing concern from donors and partners. The Region was also facing a wave of circulating vaccine-derived virus type 2 (cVDPV2) outbreaks in Afghanistan, Pakistan, Somalia and Sudan, and there had recently been an outbreak of cVDPV1 in northern Yemen. Djibouti, Iraq, Libya and the Syrian Arab Republic were at high risk of outbreaks due to importation of WPV1 or development of cVDPV. Moreover, the COVID-19 pandemic had led to disruptions to polio eradication activities such as vaccination campaigns, surveillance, laboratory testing and specimen shipment.

Dr Jafari highlighted that the polio programme had been providing its tools, workforce and extensive laboratory and surveillance network to support countries in their responses to COVID-19. While maintaining this ongoing support, the overriding regional priority for polio eradication remained stopping wild poliovirus and cVDPV transmission by rapidly scaling up vaccination campaigns to maintain high levels of immunization coverage and ensuring certification-standard surveillance of acute flaccid paralysis (AFP) in all countries, particularly among high-risk groups. The programme aimed to take advantage of new opportunities, approaches and tools, including rolling out a new type 2 oral polio vaccine (OPV2) from the end of 2020 to tackle vaccine-derived outbreaks. Dr Jafari encouraged Member States to adopt the proposed resolution to establish a new subcommittee composed of health ministers from Member States of the Region to advocate for polio eradication, support the remaining wild poliovirus-endemic and polio outbreak-affected countries in intensified polio eradication efforts and help facilitate polio transition. He called for additional resources to be mobilized and for intensified national commitment, programme transformation and community engagement in endemic countries.

Discussions

All representatives welcomed the proposed establishment of a Subcommittee on Polio Eradication and Outbreaks and the efforts of WHO to facilitate polio transition. COVID-19 had caused major disruption to polio and routine immunization activities, and countries expressed great concern about the potential impact of a second wave of COVID-19 further impacting immunization services. Many children were missing out on polio and routine immunization, leading to immunization gaps and reversing health gains in countries. There was a need for integrated service delivery, home visits in Somalia and Yemen to boost immunity levels and implement prevention measures, improvements to surveillance and monitoring programmes, transformation of programme management at district level, implementation of containment plans and complementary measures, and creation of stronger regional cooperation mechanisms. Several countries of the Region were now experiencing outbreaks of cVDPV as a result

of disruption to immunization campaigns, and these outbreaks could rapidly increase without a resumption of vaccination activities. Vaccine refusal was an additional problem among some communities, and awareness-raising campaigns were being conducted to address the “trust deficit”.

Dr Jafari expressed his appreciation for countries’ support for the establishment of a Subcommittee on Polio Eradication and Outbreaks and noted the request of certain countries to be members of this subcommittee. He said that political support was as important as financial resources in achieving this endeavour and there needed to be optimal use of all resources to avoid disrupting the resumption of polio immunization and environmental surveillance activities or the movement of specimens as a result of a second wave of COVID-19. Immunization services could be restored in clinics, and WHO and UNICEF were actively engaged in dialogue to progress the outbreak response in Yemen. Dr Jafari welcomed the request of any country to be considered for membership in the Islamic Advisory Group for Polio Eradication.

5.7 Award of Dr A.T. Shousha Foundation Prize and Fellowship

Agenda item 9(a), Document EM/RC67/INF.DOC.7

As noted in document EM/RC67/INF.DOC.7, the Regional Committee decided at its 66th session not to award the Dr A.T. Shousha Foundation Prize that year and to suspend the call for nominations for the prize until the total amount of interest accumulated amounts to a sufficient sum for the prize.

5.8 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region

Agenda item 9(b), Document EM/RC67/INF.DOC.8

The State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region for 2019 was awarded to Dr Sulafa Khalid Mohamed Ali (Sudan) for her significant contribution in the field of cardiovascular disease, based on the recommendation of the Foundation Committee.

5.9 Award of the Down Syndrome Research Prize

Agenda item 9(c), Document EM/RC67/INF.DOC.9

The Down Syndrome Research Prize for 2019 was awarded to Dr Saeed Dastgiri (Islamic Republic of Iran) for his significant contribution in the field of community genetics, based on the recommendations of the Down Syndrome Research Prize Committee.

5.10 Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

Agenda item 10, Document EM/RC67/18

A document covering this item was shared with Member States as part of the Regional Committee documentation but was not included in the abridged agenda for discussion during the virtual session.

The Special Programme of Research, Development and Research Training in Human Reproduction was established in 1972 as the main instrument within WHO to promote, coordinate and support international research and development in the field of human reproduction and fertility regulation. The Policy and Coordination Committee is the governing body of the Special Programme and consists of 32 members drawn from the four categories of cooperating parties. As the term of office of the Islamic Republic of Iran will end on 31 December 2020, the Regional Committee for the Eastern Mediterranean was requested to nominate from among the Member States of the Region one member for category 2 of the Policy and Coordination Committee to serve for a three-year period commencing 1 January 2021. Following consultation with Member States after the conclusion of the Regional Committee, Qatar was nominated to join the Policy and Coordination Committee.

5.11 Place and date of future sessions of the Regional Committee

Agenda item 11, Document EM/RC67/INF.DOC.10, Decision 5

The Regional Committee decided to hold its 68th session at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, from 11 to 14 October 2021.

6. Closing session

6.1 Closing of the virtual session

The virtual session of the Regional Committee was closed by the chair on 13 October 2020, noting that decisions on the draft resolutions and report on the session would be taken afterwards through the written silence procedure adopted by the Regional Committee through decision 3.

6.2 Review of draft resolutions

In line with the written silence procedure, draft resolutions were despatched to Member States after the closure of the virtual session. Five draft resolutions were despatched on Friday, 16 October 2020.

6.3 Adoption of resolutions

The draft resolutions were duly approved via the written silence procedure. Resolution EM/RC67/R2 was endorsed with the following observation from the Islamic Republic of Iran: “The implementation of the commitments stipulated by the various operative paragraphs of the Resolution should account for the specific circumstances of each Member State including prevailing economic challenges, national priorities and the specific health needs.”

7. Resolutions and Decisions

7.1 Resolutions

EM/RC67/R.1 Annual report of the Regional Director for 2019

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2019¹ and the progress reports requested by the Regional Committee,² including the Regional Director's presentation of the impact of the COVID-19 pandemic on WHO's strategic priorities as set out in the Thirteenth General Programme of Work (GPW 13)³ and the regional strategy;⁴

Acknowledging that a very significant acceleration in progress is required for the Region to meet its closely interlinked commitments under *Vision 2023*,⁵ GPW 13 and the Sustainable Development Goals;

Noting that the COVID-19 pandemic is a daunting challenge to all health systems in the Region, but also an opportunity to introduce innovations, build more resilient and responsive health systems and services, and accelerate progress;

Further noting that the pandemic has demonstrated that investment in building resilient health systems is cost-effective when set against the many potential extra costs that emergencies entail when systems are inadequate;

Recognizing the burden of many other recurring epidemics and pandemics on the health care systems and societies, including the significant loss of life and disruption of livelihoods associated with them; emphasizing the increasing risks of emergence and re-emergence of epidemic- and pandemic-prone diseases; and recalling resolution EM/RC62/R.1 on global health security, with special emphasis on MERS-CoV and A(H5N1), resolution EM/RC63/R.1 on emerging and re-emerging diseases including dengue and dengue haemorrhagic fever, and resolution EB146.R10 on strengthening preparedness for health emergencies;

Recognizing the broad spectrum of the population in need of assistive technology, including people with disability, ageing populations, people with co-morbidities and anyone experiencing temporary or permanent impairment or functional decline across the life course; noting the increasing needs in emergency situations which affect many Member States in the Region; and further noting resolutions EM/RC63/R.3 and WHA 71.8 on improving access to assistive technology;

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 2019;
3. **EXTENDS** the time frame for implementation of the strategic framework for strengthening health laboratory services by three years, from 2016–2020 to 2016–2023;
4. **ENDORSES** the strategic framework for the prevention and control of emerging and epidemic-prone infectious diseases;

¹ EM/RC67/5.

² EM/RC67/INF.DOC.1–6.

³ WHO/PRP/18.1.

⁴ WHO-EM/RDO/014/E; WHO's strategy for the Eastern Mediterranean Region, 2020–2023: Turning Vision 2023 into action. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://applications.emro.who.int/docs/EMRPUB-RDO-014-2019-EN.pdf?ua=1>).

⁵ WHO-EM/RDO/013/E; Vision 2023: Eastern Mediterranean Region: health for all by all. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 (http://applications.emro.who.int/docs/RD_Vision_2018_20675_en.pdf).

5. **ENDORSES** the strategic action framework to improve access to assistive technology in the Eastern Mediterranean Region;
6. **URGES** Member States to:
 - 6.1 Benefit from the experience of managing the COVID-19 pandemic by seizing the opportunity to identify gaps and weaknesses in their health systems and services, and explore innovative ways of delivering health care and enhancing health systems, building on the solidarity and partnership stimulated by the pandemic to advance towards universal health coverage and achieve health security;
 - 6.2 Invest in enhancing the resilience of their health systems to withstand all emergencies, be better prepared to respond, and ensure that essential health services reach the whole population and access is not compromised during future emergencies, as a critical step towards universal health coverage;
 - 6.3 Ensure adequate implementation of all programmes and initiatives required to meet their commitments under Vision 2023, GPW 13 and the Sustainable Development Goals;
 - 6.4 Ensure that service delivery and system performance is monitored effectively, and that other health indicators are collected, analysed and shared, so that progress in meeting commitments under Vision 2023, GPW 13 and the Sustainable Development Goals can be measured;
 - 6.5 Implement the strategic action framework to improve access to assistive technology in the Eastern Mediterranean Region;
 - 6.6 Implement the strategic framework for the prevention and control of emerging and epidemic-prone infectious diseases;
 - 6.7 Enhance research capacity, and collaborate in the conduct of multi-centre, multi-country studies addressing national public health priorities and diseases of priority for countries of the Region;
7. **REQUESTS** the Regional Director to:
 - 7.1 Review and intensify technical support to countries in identifying gaps and weaknesses in their health systems and services;
 - 7.2 Review and intensify technical support to countries to build more resilient health systems, including inter alia by using innovative new approaches;
 - 7.3 Provide technical support to countries in their resource mobilization efforts and investment for health;
 - 7.4 Provide technical support to countries to ensure that progress towards their commitments under Vision 2023, GPW 13 and the Sustainable Development Goals can be effectively monitored and measured;
 - 7.5 Provide technical support to countries in implementing the strategic action framework to improve access to assistive technology in the Eastern Mediterranean Region;
 - 7.6 Provide technical support to countries in implementing the strategic framework for the prevention and control of emerging and epidemic-prone infectious diseases;

- 7.7 Establish regional mechanisms to support the conduct of multi-centre, multi-country studies in Member States addressing regional and national priorities, drawing on experience gained from COVID-19-related solidarity trials.

EM/RC67/R.2 Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic

The Regional Committee,

Having discussed the technical paper on the regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic;⁶

Acknowledging the achievements made by several Member States to ensure access to essential medicines and vaccines, and the support provided by multiple international and regional technical and financial institutions and alliances;

Deeply concerned about the persistent challenges undermining access to safe, effective, high-quality and affordable essential medicines and vaccines, and the additional direct and indirect negative impacts imposed by the COVID-19 pandemic;

Keenly aware that the circulation of falsified or otherwise substandard medicines, vaccines and medical products is a widespread problem in the Region;

Recognizing the need to develop mechanisms that ensure equitable and fair distribution of COVID-19 tools, including diagnostics, therapeutics and vaccines, and to strengthen health systems to ensure their effective delivery;

Recalling regional resolutions EM/RC33/R.10 (1986) on the rational use of drugs, EM/RC33/R.9 (1986) on registration of herbal medicines, EM/RC49/R.9 (2002) on traditional medicine, EM/RC44/R.3 (1997) on appropriate health technology, EM/RC45/R.5 (1998) on regional self-reliance in the production of essential drugs and vaccines, EM/RC47/R.7 (2000) on the implications of GATT and WTO agreements on health in general, EM/RC49/R.10 on antimicrobial resistance and rational use of antimicrobial agents, EM/RC51/R.10 (2004) on vaccine development, accessibility and availability, EM/RC53/R.12 (2006) on regional guidelines on stability testing of active substances and pharmaceutical products, and EM/RC54/R.8 (2007) on medicine prices and access to medicines in the Eastern Mediterranean Region;

Building on resolution WHA73.1 on COVID-19 response and United Nations General Assembly resolutions A/RES/74/270 on global solidarity to fight the coronavirus disease 2019 (COVID-19) and A/RES/74/274 on international cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19;

Acknowledging that access to essential medicines and vaccines is part of the human right to health and an essential component of the Sustainable Development Goals and SDG target 3.8 on universal health coverage;

1. **ENDORSES** the regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030;
2. **URGES** Member States to:
 - 2.1 Use the regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, as a guide for action to ensure the availability of medicines and vaccines, including medicines and vaccines for COVID-19, of high quality

⁶ EM/RC67/6.

in line with national medicines and immunization policies, and for collaboration with WHO;

- 2.2 Secure, within national priorities, sufficient domestic public funding for essential medicines and vaccines through improved public financial management; and employ innovative revenue-raising mechanisms to mobilize additional domestic and external resources for essential medicines and vaccines, while enhancing value for money by assuring competitive and fair prices and rational use;
 - 2.3 Strengthen national regulatory systems and national capacities for regulating medicines and vaccines, including: marketing authorization, pricing, import control, clinical trials oversight, pharmacovigilance including adverse events following immunization, licensing activities, regulatory inspections, laboratory testing including quality control and lot release, and market surveillance and control including for substandard and falsified products;
 - 2.4 Use evidence-based approaches to review national essential medicines lists and national vaccination schedules, to ensure the availability of cost-effective medicines and vaccines as part of publicly financed benefit packages, acknowledging that this implies the establishment and strengthening of an independent health technology assessment agency/function and national immunization technical advisory groups;
 - 2.5 Review medicine and vaccine procurement systems and supply chains, as common goods for health, to ensure the procurement of quality-assured products at the most affordable price, including in the context of COVID-19 and other outbreaks, pandemics or crises;
 - 2.6 Promote local production of quality-assured medicines, including generic medicines, and vaccines to meet public health needs by developing an enabling business and regulatory environment and providing incentives for these commodities to address the shortages of medicine and vaccines, ensuring quality and competitive pricing; and using existing mechanisms for voluntary pooling and licensing of patents in accordance with the provisions of relevant international treaties including the TRIPS Agreement and its flexibilities as per the Doha Declaration;
 - 2.7 Invest in the establishment of a regional pooled procurement/joint purchasing arrangement for vaccines and specific types of essential medicines, including biosimilars;
 - 2.8 Establish partnerships and improve collaboration and information exchange with international and national partners, other countries and all stakeholders, including industry and research institutions;
3. **REQUESTS** the Regional Director to:
- 3.1 Support Member States to develop national strategic and operational plans to improve access to medicines and vaccines, guided by the regional strategy;
 - 3.2 Establish a regional technical advisory group to provide recommendations on measures to improve access to essential medicines and vaccines in the Region; explore and advise on innovative mechanisms, such as pooled procurement, to improve access; and support the use of relevant indicators for measuring access to essential medicines and vaccines;
 - 3.3 Assist national regulatory authorities in strengthening their regulatory systems to secure an efficient supply management system, as a common good for health, while ensuring good manufacturing practice requirements for local production of medicines and vaccines to meet quality standards;

- 3.4 Support assessments of the pharmaceutical sector and implementation of regular monitoring and evaluation systems to measure the impact of interventions on access, quality and proper use of medicines and vaccines;
- 3.5 Report on progress made in implementing the regional strategy to the 69th and 71st sessions of the Regional Committee, and present a full mid-term implementation report to the 73rd session.

EM/RC67/R.3 The COVID-19 pandemic in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical papers on the COVID-19 pandemic in the Eastern Mediterranean Region⁷ and the International Health Regulations (IHR) (2005) in the Eastern Mediterranean Region;⁸

Noting with alarm the impact of the pandemic in the Region, including both mortality and morbidity caused by COVID-19 and the huge disruption caused to health services and economic and social life, and mindful that millions of people remain at risk from these direct and indirect effects of the pandemic;

Recognizing that efforts to tackle the pandemic include many examples of innovation and significant achievements by governments, public and private sector actors, and civil society;

Welcoming the strong display of solidarity both within and between communities and countries that has been observed in the pandemic response in the Region and beyond, and noting the critical importance of partnerships in pandemic preparedness and response efforts;

Appreciating the global and regional leadership role played by WHO in pandemic preparedness and response efforts;

Acknowledging the support, dedication and sacrifice of the health care workforce and other key workers;

Keenly aware, however, that the pandemic has exposed serious gaps and weaknesses in countries' core capacities for emergency preparedness and response under the IHR, and in health policies, systems and services more generally;

Recalling the temporary recommendations of the IHR Emergency Committee and resolution WHA73.1 of the Seventy-third World Health Assembly;

1. **CALLS FOR ACTION** and
2. **URGES** Member States, in the context of the COVID-19 pandemic, to:
 - 2.1 Implement and regularly update national multisectoral COVID-19 action plans based on the specific context, priorities and epidemiological situation, while taking into account the needs and vulnerabilities of all population groups, including critical dimensions such as age and gender;
 - 2.2 Ensure regular, timely and accurate reporting of data to WHO through the dedicated regional platform, as required by the IHR 2005, including the retrospective reporting of data as necessary, and disaggregating data by age and sex where possible;
 - 2.3 Provide timely, culturally sensitive and evidence-based information to the community, including on relevant risks and measures that they can take to protect themselves; engage

⁷ EM/RC67/7.

⁸ EM/RC67/8.

communities in all aspects of preparedness and response; and actively address rumours, misinformation and stigmatization;

- 2.4 Develop and maintain national capacities for the early identification, testing, isolation and care of all cases, and for the tracing and quarantining of all contacts, including at points of entry and in the event that public health and social measures are lifted or reinstated;
- 2.5 Establish a multisectoral monitoring and evaluation mechanism for the response to inform the adjustment of public health and social measures, taking into consideration the outcomes of risk assessments;
- 2.6 Support national infection prevention and control (IPC) programmes, including through ensuring access to safe water, sanitation and hygiene, and ensure adherence to IPC measures in all health facilities (inpatient and outpatient), including in remote and underserved areas, camps for refugees and internally displaced persons (IDPs), and other humanitarian settings;
- 2.7 Ensure the implementation of IHR requirements at points of entry in accordance with Parts IV, V and VI and Annex 1-B of the IHR (2005), to limit disease transmission associated with international travel, including through initiatives to strengthen public health collaboration across borders;
- 2.8 Maintain the functionality and resilience of health systems to effectively respond to the pandemic and other outbreaks, particularly during complex emergencies, and to ensure delivery of essential health services, which is critical to advance towards universal health coverage;
- 2.9 Ensure the continuity of essential health services, including by: strengthening health systems and functions, with a special focus on primary health care including mental health and psychosocial support services, and building integrated delivery platforms; investing in innovative delivery methods such as e-health and telemedicine; ensuring health care workers are adequately trained and protected, and health care facilities are well equipped and prepared; allocating adequate human and financial resources to essential health services; and implementing effective information systems to monitor the delivery of services;
- 2.10 Promote the incorporation and appropriate consideration of IDPs, refugees, migrants and returnees in all public health actions, ensuring respect for human rights and fundamental freedoms;
- 2.11 Facilitate the movement of people, equipment, supplies and essential goods needed for response operations, particularly by humanitarian organizations;
- 2.12 Update national action plans for health security (NAPHS), taking into consideration all lessons learned from the response to COVID-19 and as an integral part of health system strengthening for building resilient health systems towards achieving universal health coverage, ensuring that NAPHS align with national health strategic plans;
- 2.13 Comply with the articles and procedures of the IHR (2005), particularly those related to IHR national focal points, travel, trade and additional health measures; and ensure information sharing with WHO in relation to additional health measures in accordance with article 43 of the IHR (2005);
- 2.14 Promote both private and government-funded research and development, aligned with the WHO R&D Blueprint, including biomedical, social science and epidemiological studies, and share relevant information with WHO;

- 2.15 Prepare for the introduction of a safe and efficacious vaccine, and for its timely and equitable distribution;
- 2.16 Conduct and document an after-action review of the national response to the COVID-19 pandemic as per the IHR monitoring and evaluation framework, share the findings with WHO as necessary, and consider undertaking an intra-action review to guide the ongoing response;

3. REQUESTS the Regional Director to:

- 3.1 Facilitate technical cooperation with Member States in planning and implementing public health actions in line with WHO recommendations and the regional COVID-19 strategic preparedness and response plan, including to ensure the continuity of essential health services;
- 3.2 Continue to strengthen the capacity of the Organization to respond to the pandemic and to other emergencies while fulfilling the functions entrusted to it under the IHR (2005);
- 3.3 Continue to provide technical support to Member States to strengthen IHR (2005) capacities related to epidemiological surveillance, laboratory testing and all other aspects of the national response;
- 3.4 Advocate for and facilitate transparent, equitable and timely access to, and distribution of, quality, safe, affordable and efficacious COVID-19 diagnostics, therapeutics and vaccines, taking into account existing mechanisms and tools;
- 3.5 Promote and support intra-action reviews conducted by Member States, in addition to participating in the independent and comprehensive evaluation of the WHO-coordinated international health response as set out in resolution WHA73.1, and support national intra-action reviews as appropriate;
- 3.6 Collate and disseminate lessons learned and examples of good practice in tackling the pandemic and maintaining essential health services;
- 3.7 Share the report of the Ministerial Group on COVID-19 in the Eastern Mediterranean Region once it is available;
- 3.8 Continue to support relevant research activities in the field of COVID-19 and related subjects;
- 3.9 Report to the 68th session of the Regional Committee on progress made in COVID-19 preparedness and response activities in the Region.

EM/RC67/R.4 Galvanizing efforts to eradicate polio in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the report on eradication of poliomyelitis⁹ and the proposal document on establishment of a Regional Subcommittee for Polio Eradication and Outbreaks;¹⁰

Recalling World Health Assembly resolution WHA65.5 (2012) on intensification of the global poliomyelitis eradication initiative; Executive Board decision EB146(11) on intensified efforts to address circulating vaccine-derived poliovirus type 2; the declaration of the international spread of poliovirus in 2014 as a public health emergency of international concern under the International Health Regulations (2005); and Regional Committee resolution EM/RC60/R.3 on the escalating poliomyelitis emergency in the Eastern Mediterranean Region;

Welcoming the certification of wild poliovirus eradication in the African Region and recognizing that the Eastern Mediterranean Region is now the only remaining region of WHO with endemic wild poliovirus type 1 transmission;

Noting with grave concern the marked increase of wild poliovirus in Afghanistan and Pakistan and significant emergence and importation of circulating vaccine-derived poliovirus type 2 in the Region;

Concerned about the severe disruption to polio eradication efforts in the Region caused by the global COVID-19 pandemic, including a four-month pause on all house-to-house polio campaigns and outbreak response campaigns, and recognizing the challenges posed by the pandemic to maintaining quality surveillance for acute flaccid paralysis in many countries and to implementing environmental surveillance for polioviruses;

Acknowledging the critical support that polio personnel, with their extensive experience of responding to outbreaks and other humanitarian emergencies and with trusted outreach networks in the most underserved communities, are providing to the national public health response to the COVID-19 pandemic in countries across the Region;

Acknowledging the extremely strong national and subnational political engagement in both Afghanistan and Pakistan in addressing COVID-19 while maintaining essential polio eradication functions as far as possible, and in planning to restructure and transform their respective national polio programmes as a key component of the broader health and economic COVID-19 recovery process;

Welcoming the Global Polio Eradication Initiative (GPEI) strategy to establish a GPEI hub at the WHO Regional Centre for Polio Eradication in Amman, Jordan, to be comprised of senior experts from GPEI partner organizations¹¹ who will provide well-coordinated and consolidated GPEI support for the implementation of national emergency action plans for polio eradication in Afghanistan and Pakistan, and of the Polio Endgame Strategy 2019–2023;¹²

Noting the urgent need to resume and sustain polio vaccination activities safely and with appropriate infection prevention and control measures in the context of COVID-19 transmission, amid expanding poliovirus transmission in Afghanistan and Pakistan and outbreaks of vaccine-derived poliovirus in

⁹ EM/RC67/INF.DOC.1.

¹⁰ EM/RC67/17.

¹¹ The GPEI partners include the World Health Organization, UNICEF, the US Centers for Disease Control and Prevention, the Bill and Melinda Gates Foundation, Rotary International and Gavi the Vaccine Alliance.

¹² Polio Endgame Strategy 2019–2023: eradication, integration, certification and containment. Geneva: World Health Organization; 2019 (WHO/Polio/19.04; <http://polioeradication.org/wp-content/uploads/2019/06/english-polio-endgame-strategy.pdf>, accessed 2 September 2020). The strategy was presented to and noted by the Seventy-second World Health Assembly: A72/9. Polio eradication. Report by the Director-General. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019. Geneva: World Health Organization; 2019 (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_9-en.pdf, accessed 2 September 2020).

Somalia, Sudan and Yemen, and the increased risk of importation or re-emergence of polioviruses in other countries in the Region;

Recognizing that supplementary immunization activities for polio eradication have strong potential to act as vital delivery mechanisms for other health services, including through integration with other health programmes, particularly the Expanded Programme on Immunization and the WHO Health Emergencies Programme;

Reiterating the urgent need to restore and strengthen critical functions related to acute flaccid paralysis and environmental surveillance, and to facilitate the movement of samples within and across countries in the Region, while continuing with existing commitments to establish environmental surveillance;

Noting the significant financial constraints facing the Global Polio Eradication Initiative, exacerbated by COVID-19, the additional investments needed to protect health workers and the anticipated increase in new polio cases, which is currently forcing a prioritization of activities to highest-risk areas and leaving children in other areas even more vulnerable to diseases such as polio;

Acknowledging the opportunities presented by the anticipated introduction of novel oral polio vaccine type 2 under the WHO Emergency Use Listing procedure, as per Executive Board decision EB146(11);

1. **REQUESTS** the Regional Committee to:

- 1.1 Endorse the establishment of a Subcommittee for Polio Eradication and Outbreaks to support intensified polio eradication efforts in the Region and: provide critical support to the remaining wild poliovirus endemic countries in the Region in their intensified polio eradication efforts; promote the establishment of essential health services in the multiple deprived communities where polio remains entrenched; facilitate access to vaccination of children in all areas; and report on status, progress and challenges on a yearly basis to the Regional Committee, Executive Board and World Health Assembly until regional certification of polio eradication has been successfully achieved (see terms of reference);
- 1.2 Encourage all Member States, particularly those affected by confirmed poliovirus transmission and those deemed at highest risk for polio re-infection and/or re-emergence, to identify health ministers to join the Subcommittee and act as advocates for and champions of polio eradication efforts.

2. **CALLS** on Afghanistan and Pakistan to:

- 2.1 Fully and urgently implement transformation and restructuring to ensure a functioning, fit-for-purpose polio programme to achieve rapid success, characterized by high-level national, provincial- and district-level engagement, with full support from the coordination and emergency management capacities established at all levels in response to the COVID-19 pandemic, and adapting vaccination campaign operations to the COVID-19 reality; ensure strong community and caregiver engagement; and integrate vaccination and surveillance operations within broader public health sectors, notably response to other vaccine-preventable disease outbreaks, by delivering multi-antigen interventions where possible;
- 2.2 Commit national and development partner resources to establish and strengthen sustainable essential health, nutrition and water, sanitation and hygiene services in the multiple deprived communities where polio remains entrenched.

3. **URGES** all Member States to:

- 3.1 Express solidarity with Afghanistan and Pakistan in their efforts to eradicate poliomyelitis, through political support for the Regional Subcommittee for Polio Eradication and Outbreaks;

- 3.2 Based on prevailing epidemiology or risk status as regards circulating vaccine-derived poliovirus type 2, fully implement the Strategy for control of cVDPV2 2020–2021, including urgent deployment of novel oral polio vaccine type 2, as appropriate, under the WHO Emergency Use Listing procedure, as per Executive Board decision EB146(11);
 - 3.3 Strengthen disease surveillance and outbreak response planning to support integration of essential polio functions towards polio transition;
 - 3.4 Support the planned regional expansion of environmental surveillance in strategically selected high-risk locations to supplement acute flaccid paralysis surveillance for prompt detection of polioviruses;
 - 3.5 Mobilize and allocate adequate human and domestic financial resources towards interrupting transmission of all polioviruses, preventative immunization activities and polio outbreak preparedness and response, as per Executive Board decision EB146(11);
 - 3.6 Prepare for a polio-free Region by implementing polio transition activities, in order to sustain a polio-free world after eradication of all polioviruses; strengthen immunization systems including surveillance for vaccine-preventable diseases; and strengthen emergency preparedness, detection and response capacity at country level, as per World Health Assembly document A71.9;¹³
4. **REQUESTS** the Regional Director to:
- 4.1 Continue his efforts to accelerate eradication efforts in the Region, including the mobilization of necessary financial and technical support, and to convene the inaugural meeting of the Regional Subcommittee for Polio Eradication and Outbreaks to support Afghanistan and Pakistan and other outbreak-affected Member States in their intensified polio eradication efforts, and inform Member States of the further action required;
 - 4.2 Ensure the successful establishment of the GPEI Hub by providing all possible support to host senior expert staff from GPEI partner organizations at the WHO Regional Polio Eradication Centre in Amman, Jordan, and facilitating well-coordinated and consolidated GPEI support for the implementation of national emergency action plans for polio eradication in Afghanistan and Pakistan and of the Polio Endgame Strategy 2019–23;
 - 4.3 Ensure that polio transition is a key priority for the Organization at all its levels; and mainstream best practices from polio eradication into all relevant health interventions and build capacity and responsibility for ongoing polio eradication functions and assets in national programmes, as per World Health Assembly decision WHA70(9).¹⁴

¹³ A71.9. Polio transition and post-certification: draft strategic action plan on polio transition. Report by the Director-General. In: Seventy-first World Health Assembly, Geneva, 21–26 May 2018. Geneva: World Health Organization; 2018 (https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_9-en.pdf, accessed 2 September 2020).

¹⁴ Decision WHA70(9). Poliomyelitis: polio transition planning. In: Seventieth World Health Assembly, Geneva, 22–31 May 2017. Geneva: World Health Organization; 2017 ([https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70(9)-en.pdf), accessed 2 September 2020).

EM/RC67/R.5 Accreditation of regional non-State actors to the Regional Committee

The Regional Committee,

Having reviewed the background document on the procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean;¹⁵

Recalling resolution WHA69.10 on the Framework of Engagement with Non-State Actors;¹⁶

Noting that the engagement of the WHO Regional Office for the Eastern Mediterranean with non-State actors can bring important benefits to public health in the Region and to the Organization itself in fulfilment of its constitutional principles and objectives;

Recognizing the significant progress made in strengthening strategic engagement and collaboration with non-State actors;

Acknowledging the renewed focus on transformative engagement and alignment with WHO's Thirteenth General Programme of Work (GPW 13) and programme budget;

Underscoring the political commitment of Member States towards the consistent and coherent implementation of the Framework of Engagement with Non-State Actors across the three levels of the Organization,

1. **DECIDES**, in accordance with paragraph 57 of the Framework of Engagement with Non-State Actors, **to** establish a procedure to grant accreditation to international and regional non-State actors not in official relations with WHO to participate in meetings of the Regional Committee;
2. **REPLACES** the following sentence of Rule 2 of the Rules of Procedure of the Regional Committee for the Eastern Mediterranean:¹⁷

The Regional Director, in consultation with the Regional Committee, may also invite nongovernmental organizations to participate in the deliberations of the Committee as provided in section 5 of the "Principles governing relations between the World Health Organization and nongovernmental organizations".

with the following text:

Non-State actors admitted into official relations with the World Health Organization pursuant to the Framework of Engagement with Non-State Actors are invited to participate in the sessions of the Regional Committee, as provided for in paragraph 55 of the Framework. The Regional Committee may also adopt a procedure granting accreditation to other international, regional and national non-State actors not in official relations with the World Health Organization to participate in its meetings, provided that the procedure is managed in accordance with the relevant provisions of the Framework of Engagement;

3. **ADOPTS** to that end the procedure laid out in document EM/RC67/16, Annex 1;
4. **AGREES** that the above amendment to Rule 2 of the Rules of Procedure of the Regional Committee for Eastern Mediterranean shall come into immediate effect following its approval by

¹⁵ EM/RC67/16.

¹⁶ [Resolution WHA69.10 Framework of engagement with non-State actors.](#)

¹⁷ [Rules of procedure of the WHO Regional Committee for the Eastern Mediterranean.](#) Cairo: WHO Regional Office for the Eastern Mediterranean; 2017.

the Members of the Committee through the established silence procedure adopted specially for the 67th session of the WHO Regional Committee for the Eastern Mediterranean;

5. **REQUESTS** the Regional Director to report, for information purposes, to the Regional Committee at its 68th session in 2021 on the implementation of operative paragraph 1 of this resolution.

7.2 Decisions

DECISION NO. 1 ELECTION OF OFFICERS

Chair: H.E. Dr Hala Zayed (Egypt)

Vice-Chair: H.E. Dr Hani Jokhdar (Saudi Arabia)

Vice-Chair: H.E. Dr Hassan Mohammad Al-Ghabbash (Syrian Arab Republic)

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

Dr Malik Muhammad Safi (Pakistan), Ms Hilda Harb (Vice-Chair) (Lebanon), Dr Mohamed Hédi Loueslati (Tunisia).

Secretariat: Dr Rana Hajjeh, Dr Rick Brennan, Dr Asmus Hammerich, Dr Awad Mataria, Dr Ruth Mabry, Mr Tobias Boyd.

DECISION NO. 2 SPECIAL PROCEDURES FOR THE VIRTUAL 67TH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Preamble

1. The Programme Subcommittee of the Regional Committee for the Eastern Mediterranean held two special virtual meetings, on 1 June 2020 and 21 July 2020. The meetings were convened to discuss and propose new arrangements for the 67th session of the Regional Committee (RC67).
2. 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 made it appear 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.
3. Modalities for the format and agenda of RC67 were therefore developed by the Secretariat and presented for the Subcommittee's consideration.
4. Members of the Subcommittee discussed the various options. As regards the modality of the Regional Committee session, there was broad agreement that a fully virtual session should be held.
5. Special procedures need to be put in place so that the Regional Committee can pursue its work in such virtual *de minimis* session. The special procedures to regulate the conduct of the virtual *de minimis* session of the Regional Committee are set out in Annex 1 to the draft decision below. The said special procedures shall apply to the meetings of the Regional Committee opening on 12 October and closing not later than 13 October 2020.
6. Both the text of the draft decision and the special procedures annexed hereto follow closely the arrangements adopted by the Seventy-third World Health Assembly.

Therefore, in view of the foregoing, the Regional Committee,

- Recalling its decision to hold its 67th session virtually if the COVID-19 pandemic did not allow for an effective in-person meeting;
- Taking note of the assessment reached by the Subcommittee members that the conditions for an effective in-person meeting could not be ensured and that the Regional Committee should therefore meet in a virtual *de minimis* session;
- DECIDES to adopt the special procedures to regulate the conduct of its virtual *de minimis* session set out in the Annex to this decision.

Annex 1

Special procedures to regulate the conduct of virtual *de minimis* meetings of the Regional Committee for the Eastern Mediterranean

Rules of procedure

1. The Rules of Procedure of the Regional Committee for the Eastern Mediterranean shall continue to apply in full, except to the extent that they are inconsistent with these special procedures, in which case the Regional Committee's decision to adopt these special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary, in accordance with Rule 52 of the Rules of Procedure of the Regional Committee.

Attendance and quorum

2. Attendance by Members, States not Members of the Committee, invited representatives of the United Nations, specialized agencies and other international and regional organizations shall be through secure access to videoconference or other electronic means allowing representatives to hear other participants and to address the meeting remotely.
3. Attendance by non-State actors in official relations with WHO shall be through electronic means allowing representatives to hear other participants.
4. For the avoidance of doubt, virtual attendance by Members shall be taken into account when calculating the presence of a quorum.

Addressing the Regional Committee for the Eastern Mediterranean

5. Members, States not Members of the Committee, invited representatives of the United Nations, specialized agencies, international and regional organizations, and non-State actors in official relations with WHO are invited to submit written statements of no more than 600 words in one of the working languages of the Regional Committee for posting on the website for the Regional Committee under the related agenda item. Written statements should be sent in advance of the opening of the 67th session of the Regional Committee. They may be submitted in lieu of a live intervention or to complement a live intervention and will be reflected in the report of the Regional Committee session.
6. Members, States not Members of the Committee, invited representatives of the United Nations, specialized agencies and other international and regional organizations shall have the opportunity, if they so wish, to submit pre-recorded video statements in advance of the opening of the session, to be broadcasted during the virtual session, with an indication of the agenda item to which they refer. Members' statements will be limited to three minutes, and other entities for two minutes.
7. Written and video statements, in the language of submission, shall remain posted on the website of the Regional Committee until the adoption of the report of the 67th session of the Regional Committee. The content of the written and video statements will be summarised in accordance with the usual practice in the report of the 67th session of the WHO Regional Committee for the Eastern Mediterranean.
8. During the virtual session, Members may address the Committee with the Chair's permission. States not Members of the Committee, invited representatives of the United Nations, specialized agencies and other international and regional organizations may be provided with the opportunity to take the floor upon the submission of a prior request, in the case that no pre-recorded statement is submitted in advance.
9. Any Member wishing to raise a point of order or exercise a right of reply in relation to a statement made at the virtual session of the Regional Committee should signal their intention to do so. The right of reply shall be exercised at the end of the relevant virtual meeting. Any Member wishing to exercise a right of reply in relation to a written statement or pre-recorded video statement not broadcasted at the virtual meeting should do so in writing as soon as possible and, in any case, no later than 10 working days following closure of the Regional Committee Session. A Member wishing to respond to such a reply should do so in writing as soon as possible and, in any case, no later than 10 working days following the posting of the reply.

Registration and credentials

10. Online registration will follow the normal practice. Additional information is provided in Information Bulletin No. 1.
11. In accordance with Rule 3, the names of representative, which in the case of Members shall take the form of credentials, shall be communicated electronically to the Regional Director, if possible no later than 15 September 2020. Given the need to facilitate virtual access to the meeting, all credentials and lists of representatives should be submitted electronically.
12. The Officers of the 66th session of the Regional Committee, having assessed before the opening of the 67th session of the Regional Committee whether the credentials of Members are in conformity with the requirements of the Rules of Procedure, shall report to the Regional Committee accordingly during the opening with a view to the Committee making a decision thereon.

Meetings

13. All meetings of the Regional Committee shall be held in public. The virtual Regional Committee shall be broadcast on the website for the Regional Committee, in line with usual practice.

Decision-making

14. All decisions of the Regional Committee taken in virtual meeting should as far as possible be taken by consensus. In any event, given the virtual nature of the meeting, no decision shall be taken by show of hands vote or by secret ballot. In the event of a roll call vote, and in line with normal practice, should any delegate fail to cast a vote for any reason during the roll call, that delegate shall be called upon a second time after the conclusion of the initial roll call. Should the delegate fail to cast a vote on the second roll call, the delegation shall be recorded as absent.

Languages

15. For the avoidance of doubt, Rule 22 shall continue to apply, whereby speeches made in an official language shall be interpreted into the other official languages.

DECISION NO. 3 WRITTEN SILENCE PROCEDURE FOR THE VIRTUAL 67TH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

The Regional Committee in its 67th session decided:

- (1) to adopt the written silence procedure set out in Annex 1 to this decision.

Annex 1

Written Silence Procedure

1. Following the closure of the 67th session of the WHO Regional Committee for the Eastern Mediterranean, the following written silence procedure will apply in respect of any proposal relating to items on the agenda of the 67th session of the Regional Committee, including proposals relating to items on the abridged agenda, and with the exception of those proposals that have been considered and adopted during the 67th session itself.
2. The Regional Director will transmit to the Member States of the Eastern Mediterranean Region any such proposal for consideration under this written silence procedure.
3. The communication will contain the text of the proposal(s) to be considered under this written silence procedure and will set a date for the receipt of any objection. Any such objection is to be conveyed in writing and addressed to the Regional Director. The date for receipt of any objection will be 14 days from the date of dispatch of the communication.
4. In the absence of the receipt by the set date of any written objection from a Member State, the proposal concerned will be considered as having been validly adopted by the Regional Committee. The adopted proposal will be further posted on the Regional Committee website as part of the official documentation pertaining to the 67th session.

5. In the event of the receipt of one or more written objections from a Member State by the set date, the proposal concerned will be considered as having not been adopted by the Regional Committee. The proposal concerned will be referred to the Programme Subcommittee for consideration at its scheduled meeting in February 2021. The Subcommittee will make recommendations thereon to the Regional Committee at its following session.
6. The Regional Director will communicate the outcome of the written silence procedure to all Members of the Eastern Mediterranean Region as soon as possible after the set date referred to in paragraph 3. In the case of a proposal that is adopted pursuant to the written silence procedure, the date of the Regional Director's communication to that effect will be the date of adoption of the proposal.
7. Without prejudice to the above, any Member State of the Eastern Mediterranean Region may explain its position in respect of a proposal that is subject to the written silence procedure by submitting a written statement relating thereto, for posting on the website of the WHO Regional Office for the Eastern Mediterranean. Written statements should be received by the Regional Director by the date set for receipt of objections under paragraph 3. Written statements of no more than 600 words will be made available on the website of the WHO Regional Office for the Eastern Mediterranean for information purposes only. They will appear as submitted and in the language(s) of submission. Submission of a written statement in accordance with this paragraph will not be considered as an objection for the purposes of paragraphs 3 through 5.

DECISION NO. 4 ADOPTION OF THE AGENDA

The Regional Committee adopted a full agenda of all items of business for its 67th session, and also adopted an abridged agenda of items to be presented during the virtual session.

DECISION NO. 5 PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its 68th session at the WHO Regional Office in Cairo, Egypt, from 12 to 15 October 2021.

DECISION NO. 6 VERIFICATION OF CREDENTIALS

In accordance with the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean and Decision No. 2 on special procedures for the virtual 67th session of the WHO Regional Committee for the Eastern Mediterranean, the officers of the Regional Committee convened virtually in advance of the 67th session to review the credentials submitted by members attending that session. 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.

DECISION NO. 7 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

In view of the disruption caused by the COVID-19 pandemic, it was decided to postpone the meeting of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region. Accordingly, no prize was awarded.

DECISION NO. 8 NOMINATION OF A MEMBER STATE TO THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

The Regional Committee decided to nominate Qatar to become a member for category 2 of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, to serve for a three-year period commencing 1 January 2021.

Annex 1**Agenda**

- | | | |
|----|--|---|
| 1. | Opening of the session
(a) Election of Officers
(b) Adoption of the Agenda ¹ | EM/RC67/1-Rev.2
EM/RC67/1-Abridged-Rev.2
EM/RC67/2
EM/RC67/3-Rev.2 |
| 2. | Programme and Budget matters
Programme Budget 2022–2023 | EM/RC67/4 |
| 3. | (a) Annual Report of the Regional Director 2019
Progress reports on:
(b) Eradication of poliomyelitis
(c) Scaling up family practice: progressing towards universal health coverage
(d) Framework for action on strengthening health laboratory services 2016–2020
(e) Regional strategic framework for blood safety and availability 2016–2025
(f) Private sector engagement for advancing universal health coverage
(g) Regional approach to implementing the Thirteenth General Programme of Work, 2019–2023 | EM/RC67/5

EM/RC67/INF.DOC.1
EM/RC67/INF.DOC.2
EM/RC67/INF.DOC.3

EM/RC67/INF.DOC.4
EM/RC67/INF.DOC.5
EM/RC67/INF.DOC.6 |
| 4. | Technical papers
(a) Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic
(b) The COVID-19 pandemic in the Eastern Mediterranean Region
(c) The International Health Regulations (2005) in the Eastern Mediterranean Region | EM/RC67/6

EM/RC67/7
EM/RC67/8 |
| 5. | World Health Assembly and Executive Board
(a) Resolutions and decisions of regional interest adopted by the Seventy-third World Health Assembly and the Executive Board at its 146th and 147th sessions ²
(b) Review of the draft provisional agenda of the 148th session of the WHO Executive Board
(c) Transforming for enhanced country impact

(d) Development of a draft global patient safety action plan | EM/RC67/9

EM/RC67/9-Annex 1

EM/RC67/10
EM/RC67/11
EM/RC67/12 |
| 6. | Reports of the seventh, eighth, and ninth meetings of the Programme Subcommittee of the Regional Committee | EM/RC67/13
EM/RC67/14
EM/RC67/15 |
| 7. | Procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean | EM/RC67/16 |
| 8. | Establishment of a Subcommittee for Polio Eradication and Outbreaks | EM/RC67/17 |

¹ The Regional Committee will be requested to adopt special procedures for the virtual 67th session of the WHO Regional Committee for the Eastern Mediterranean and a written silence procedure for decisions on items not included in the abridged agenda.

² This document will be prepared and circulated to Member States after the closure of the relevant World Health Assembly and Executive Board sessions.

9. Awards
 - (a) Award of the Dr A.T. Shousha Foundation Prize EM/RC67/INF.DOC.7
 - (b) Award of the State of Kuwait Prize for the Control of Cancer,
Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region EM/RC67/INF.DOC.8
 - (c) Award of the Down Syndrome Research Prize EM/RC67/INF.DOC.9
10. Nominations
Nomination of a Member State to the Policy and Coordination Committee of
the Special Programme of Research, Development and Research Training in
Human Reproduction EM/RC67/18
11. Place and date of future sessions of the Regional Committee EM/RC67/INF.DOC.10
12. Other business
13. Closing session

Annex 2

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

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* Apology

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

1. Regional Committee documents

EM/RC67/1-Rev.2	Agenda
EM/RC67/1-Abridged-Rev.2	Abridged agenda
EM/RC67/2	Special procedures for the virtual 67th Session of the WHO Regional Committee for the Eastern Mediterranean
EM/RC67/3	Draft decision on written silence procedure
EM/RC67/4	Programme Budget 2022–2023
EM/RC67/5	Annual Report of the Regional Director 2019
EM/RC67/6	Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic
EM/RC67/7	The COVID-19 pandemic in the Eastern Mediterranean Region
EM/RC67/8	The International Health Regulations (2005) in the Eastern Mediterranean Region
EM/RC67/9	Resolutions and decisions of regional interest adopted by the Seventy-third World Health Assembly and the Executive Board at its 146th and 147th sessions
EM/RC67/9-Annex 1	Review of the draft provisional agenda of the 148th session of the WHO Executive Board
EM/RC67/10	Transforming for enhanced country impact
EM/RC67/11	Transforming for enhanced country impact: progress in the Eastern Mediterranean Region
EM/RC67/12	Development of a draft global patient safety action plan
EM/RC67/13	Reports of the seventh, eighth, and ninth meetings of the Programme Subcommittee of the Regional Committee
EM/RC67/14	
EM/RC67/15	
EM/RC67/16	Procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean
EM/RC67/17	Establishment of a Subcommittee for Polio Eradication and Outbreaks
EM/RC67/18	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction
EM/RC67/INF.DOC.1	Eradication of poliomyelitis
EM/RC67/INF.DOC.2	Scaling up family practice: progressing towards universal health coverage
EM/RC67/INF.DOC.3	Framework for action on strengthening health laboratory services 2016–2020
EM/RC67/INF.DOC.4	Regional strategic framework for blood safety and availability 2016–2025
EM/RC67/INF.DOC.5	Private sector engagement for advancing universal health coverage
EM/RC67/INF.DOC.6	Regional approach to implementing the Thirteenth General Programme of Work, 2019–2023
EM/RC67/INF.DOC.7	Award of the Dr A.T. Shousha Foundation Prize

EM/RC67/INF.DOC.8	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC67/INF.DOC.9	Award of the Down Syndrome Research Prize
EM/RC67/INF.DOC.10	Place and date of future sessions of the Regional Committee
2. Resolutions	
EM/RC67/R.1	Annual report of the Regional Director for 2019
EM/RC67/R.2	Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic
EM/RC67/R.3	The COVID-19 pandemic in the Eastern Mediterranean Region
EM/RC67/R.4	Galvanizing efforts to eradicate polio in the Eastern Mediterranean Region
EM/RC67/R.5	Accreditation of regional non-state actors to the Regional Committee
3. Decisions	
Decision 1	Election of officers
Decision 2	Special procedures for the virtual 67th session of the WHO Regional Committee for the Eastern Mediterranean
Decision 3	Written silence procedure for the virtual 67th session of the Regional Committee for the Eastern Mediterranean
Decision 4	Adoption of the agenda
Decision 5	Place and date of future sessions of the Regional Committee
Decision 6	Verification of credentials
Decision 7	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
Decision 8	Award of the Down Syndrome Research Prize
Decision 9	Award of the Dr A.T. Shousha Foundation Prize and Statutes of the Dr A.T. Shousha Foundation
Decision 10	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

Annex 4

Regional strategy to improve access to medicines and vaccine in the Eastern Mediterranean, 2020–2030: objectives, actions and expected outcomes

Annex to resolution EM/RC67/R.2

Annex

Regional strategy to improve access to medicines and vaccine in the Eastern Mediterranean, 2020–2030: objectives, actions and expected outcomes

Strategic objectives	Actions by Member States	Actions by WHO and development partners	Expected outcomes (deliverables)
<p>Strategic objective 1: Formulate, update, implement and monitor comprehensive national policies for medicines and vaccines, while ensuring all stakeholders' commitment to implementation</p>	<p>Immediate actions</p> <p>1.1.1. Develop and implement a comprehensive national medicines and vaccines policy, with provisions on regulatory procedures and supply chain management including in cases of emergency, within the framework of the health system and national health policy.</p> <p>1.1.2. Review and update the national essential medicines list through a multisectoral participatory process and link with standard treatment guidelines, as a basis for procurement at different levels of the health system and for reimbursement.</p> <p>1.1.3. Maintain and ensure availability of and access to a priority list of medicines and health products as a basic human right, including during emergency situations (for example, medicines against COVID-19), and ensure that medicines and health products for priority health conditions are not abruptly halted.</p> <p>1.1.4. Establish a national immunization technical advisory group (NITAG), including independent national experts and meeting WHO guidelines; strengthen NITAG capacities in independent evidence-based decision-making, by providing administrative, logistical and financial support.</p> <p>1.1.5. Develop/update national immunization policy, including vaccination schedule, based on available evidence on vaccines and local disease epidemiology with guidance from the NITAG.</p> <p>1.1.6. Provide necessary incentives for the production, registration, procurement and distribution of essential medicines and vaccines (for example, fast-track registration, tax exemption, financing mechanisms).</p> <p>1.1.7. Establish a national technical committee to follow up implementation of the identified priority actions and to monitor progress in access to medicines and vaccines.</p> <p>Medium-term actions</p> <p>1.1.8. Establish and adopt a national good governance for medicines programme by formulating and implementing appropriate policies and procedures that ensure the effective, efficient and ethical management of pharmaceutical systems in a manner that is transparent and accountable, follows the rule of law and minimizes corruption.</p>	<p>1.2.1. Advocate for and provide technical support to the development, adoption and implementation of comprehensive national medicines and vaccines policies and essential medicines lists, and associated implementation plans including plans for continuous monitoring.</p> <p>1.2.2. Support evidence-based selection of medicines and health products, and raise awareness on the value of health technology assessment among policy-makers and provide guidance on best practices, by coordinating and facilitating collaboration between established organizations, networks and Member States.</p> <p>1.2.3. Support the implementation of multisectoral national action plans and health system strengthening to respond to emergency situations, including COVID-19, while ensuring access to other priority medicines and vaccines.</p> <p>1.2.4. Support capacity-building in the essential medicines concept, evidence-based selection and priority-setting, using various tools including health technology assessment.</p> <p>1.2.5. Provide technical support to establish/strengthen NITAGs and to develop/update national immunization policies, based on WHO guidelines.</p> <p>1.2.6. Facilitate and support capacity-building activities for NITAG members and chairs at national, regional and global levels including training programmes, twinning and participation in global and regional events; facilitate access of NITAG members to latest evidence and global recommendations on vaccines and new technologies.</p> <p>1.2.7. Advocate for establishing national good governance for medicines programmes to improve the transparency, accountability, quality and integrity of the pharmaceutical sector.</p> <p>1.2.8. Identify a core set of indicators to measure access to medicines and vaccines in consultation with Member States and relevant</p>	<p>1.3.1. National medicines and vaccines policies developed, monitored, impact-evaluated and regularly updated, and aligned with national health development policies and intersectoral plans.</p> <p>1.3.2. Strengthened regulatory procedures and supply chain management, including provisions related to emergency, pandemic and crisis situations.</p> <p>1.3.3. Access to essential medicines recognized as a human right, and the concept of essential medicines integrated into national health programmes and reinforced using an evidence-based approach.</p> <p>1.3.4. NITAGs established and functional in all Member States.</p> <p>1.3.5. All people in the Region benefiting from new innovations in vaccines and technologies, during childhood and throughout the life course.</p> <p>1.3.6. Information exchange between Member States on national medicines policies and other issues related to essential medicines.</p> <p>1.3.7. National essential medicines lists formulated, evaluated and revised through a participatory process involving stakeholders at different levels of the health system.</p> <p>1.3.8. National essential medicines lists used as a basis for procurement, prescribing, monitoring of access, and reimbursement by health financing mechanism (such as insurance scheme) at different levels of the health system.</p> <p>1.3.9. Selection, adoption and use of medicines and other health technologies are based on health priorities and undergo rigorous assessment according to the best available scientific evidence, taking into account social, intercultural, equity, gender and ethical implications as well as the context and sustainability of health systems.</p> <p>1.3.10. Increased access to essential medicines and health products for priority health conditions, including during emergency and pandemic situations.</p>

Strategic objectives	Actions by Member States	Actions by WHO and development partners	Expected outcomes (deliverables)
	<p>1.1.9. Establish a sustainable and effective national health technology assessment process to provide the basis for decision-making on the use, reimbursement and/or pricing of technologies, to enhance access and ensure value for money.</p> <p>1.1.10. Institute mechanisms for continuous measurement of access to medicines and vaccines, by identifying a core set of indicators to become part of routine data collection and analysis.</p> <p>1.1.11. Facilitate information exchange across national and international stakeholders and between countries on issues related to access to medicines and vaccines.</p>	<p>partners, and advocate for their inclusion in national routine data collection systems.</p>	<p>1.3.11. Strengthened capacity in health technology assessment and health technology management for evidence-based selection, priority-setting and effective management, including in collaboration with relevant partners.</p> <p>1.3.12. Ethical practices promoted and anti-corruption measures identified and implemented in the pharmaceutical sector</p>
<p>Strategic objective 2: Secure adequate and sustainable funding, and effective financing mechanisms with necessary flexibilities, to ensure regular supply of essential medicines and vaccines, with emphasis on priority diseases and vulnerable populations</p>	<p>Immediate actions</p> <p>2.1.1. Secure sufficient public funding for essential medicines and vaccines through improved financial management, especially for the public sector and primary health care, based on properly quantified health care needs.</p> <p>2.1.2. Ensure that essential medicines are covered by financial protection arrangements and create mechanisms for social safety nets.</p> <p>2.1.3. Include pharmaceutical financing policy in the national health and medicines policy and national health financing strategy.</p> <p>2.1.4. Review and evaluate the impact of current national health and medicines financing policies on access to essential medicines and vaccines.</p> <p>2.1.5 Establish a collaboration mechanism between ministries of health and finance to promote increased public funding for essential medicines and vaccines, including better public financial management rules.</p> <p>Medium-term actions</p> <p>2.1.6. Enhance and maintain a coordinated information system on sources of medicines financing and expenditures, as part of national health accounts or other national health financing information systems.</p> <p>2.1.7. Undertake regular financial and economic analysis of medicines expenditures, using cost-effectiveness analysis and other analytical tools for economic evaluation, especially in the public sector.</p> <p>2.1.8. Employ external funding for medicines for priority diseases with high public health impact when national financing is inadequate.</p>	<p>2.2.1. Undertake operational research to document the practice and implications of out-of-pocket payments for medicines; and promote prepayment arrangements to cover the cost of medicines, as part of broader health financing strategies.</p> <p>2.2.2. Support countries to establish or maintain a coordinated information system on sources of medicines financing and expenditures as part of national health accounts.</p> <p>2.2.3. Identify and disseminate policies and practices of Member States in equitable medicines financing and efficient and effective financial management.</p> <p>2.2.4. Develop methods and analytical tools to assess and monitor current medicines financing policies and practices of Member States.</p> <p>2.2.5. Provide support for the analysis of medicines financing and expenditures in order to improve cost-effectiveness, especially in the public sector.</p> <p>2.2.6. Support capacity-building in financial and pharmaco-economic analysis, including budget allocation for pharmaceuticals, and strengthen planning and management of human and financial resources involving both the ministries of health and finance.</p>	<p>2.3.1. Equitable and sustainable national medicines and vaccines financing strategies developed, as standalone strategies or part of the national financing strategy, to enhance access and ensure financial protection for all, including poor and vulnerable populations.</p> <p>2.3.2. Increased public funding for essential medicines and promotion of cost containment mechanisms.</p> <p>2.3.3. Sustainable methods of equitable financing of medicines and vaccines instituted as part of national financial protection arrangements.</p> <p>2.3.4. Improved financial planning skills in ministries of health, and increased awareness of medicines and vaccines financing in ministries of finance.</p> <p>2.3.5. Increased collaboration between ministries of health and finance in financial planning, and improved analysis of medicines and vaccines financing.</p> <p>2.3.6. Information systems on sources of medicines and vaccines financing and expenditures established or maintained.</p> <p>2.3.7. Financial and economic analysis of medicines expenditures conducted to identify areas for potential efficiency gains.</p> <p>2.3.8. Effective public subsidy mechanisms established to cover poor and vulnerable populations.</p> <p>2.3.9. Human resources development enhanced to improve financial analysis of medicines financing.</p>

Strategic objectives	Actions by Member States	Actions by WHO and development partners	Expected outcomes (deliverables)
<p>Strategic objective 3: Ensure the availability of medicines and vaccines at fair and affordable prices in both the public and private sectors</p>	<p>2.1.9. Investigate innovative funding options to expand coverage and reach poor and vulnerable populations.</p> <p>Immediate actions</p> <p>3.1.1. Establish and promote mechanisms that improve collaboration and information exchange on the price of medicines and vaccines with other countries of the Region.</p> <p>3.1.2. Share vaccine procurement information with other countries through WHO's Market Information for Access (MI4A) initiative and annual Joint Reporting Form; use MI4A information and analysis to benefit from best prices and global availability of vaccines.</p> <p>3.1.3. Conduct periodic surveys of medicine prices and availability; establish a routine monitoring system for medicine prices and availability; and investigate the underlying determinants of any issues encountered.</p> <p>3.1.4. Improve transparency in pharmaceutical and medicine pricing by disclosing the prices in the public and private sectors.</p> <p>3.1.5. Encourage collaboration among stakeholders involved in medicines pricing and reimbursement schemes.</p> <p>Medium-term actions</p> <p>3.1.6. Formulate and update pricing policies, including pricing informed by health technology assessment; promote the use of quality-assured generics and biosimilar medicines, tax exemptions or tax reductions, regressive mark-ups and reference pricing.</p>	<p>3.2.1. Identify and disseminate existing pricing policies, practices and feasible pricing options.</p> <p>3.2.2. Support efforts towards transparency in pharmaceutical pricing and monitor the impact of transparency on the affordability and availability of medicines and vaccines.</p> <p>3.2.3. Support the development of local price monitoring systems for selected essential medicines and information exchange on medicine prices between countries.</p> <p>3.2.4. Encourage Member States to participate in regional and global price monitoring systems and provide Member States with pricing information.</p> <p>3.2.5. Support countries to implement and improve policies that promote the use of quality-assured generic medicines.</p>	<p>3.3.1. Information exchange on medicine pricing policies, net prices and price components of medicines and vaccines between countries of the Region.</p> <p>3.3.2. Access to affordable vaccines and technologies improved in Member States.</p> <p>3.3.3. Best practices for pharmaceutical pricing policies disseminated.</p> <p>3.3.4. Generic medicines policies implemented to facilitate stronger competition and reduce prices.</p> <p>3.3.5. Reductions in taxes, duties and fees on essential medicines.</p> <p>3.3.6. Provision of comparative price information to health providers and consumers.</p> <p>3.3.7. Increased availability and affordability of essential medicines in the public and private sectors.</p>
<p>Strategic objective 4: Establish efficient supply systems to ensure the flow of quality essential medicines and vaccines on a regular basis and in sufficient quantities to all levels of the distribution chain</p>	<p>Immediate actions</p> <p>4.1.1. Develop comprehensive mechanisms to ensure effective procurement systems for medicines and vaccines.</p> <p>4.1.2. Establish a regional pooled procurement/joint purchasing mechanism for pharmaceuticals and vaccines.</p> <p>4.1.3. Procure medicines and vaccines for the public sector based on good procurement practices and the national essential medicines list.</p> <p>4.1.4. Develop and update national guidelines on good distribution practice and good storage practice for warehouses and pharmacies.</p> <p>4.1.5. Create a mechanism to communicate information to professional societies, health care providers and the public notifying of anticipated shortages and the substitutes that should be used.</p> <p>4.1.6. In case of emergency or pandemic situations, establish an effective procurement system that includes</p>	<p>4.2.1. Support countries to develop procurement policies/strategies for running public sector pharmaceutical supply systems to ensure availability of essential medicines and vaccines at all levels of the distribution chain.</p> <p>4.2.2. Support countries to improve coordination in medicine procurement by different programmes.</p> <p>4.2.3. Continue to collaborate with UNICEF Supply Division to facilitate pooled vaccine procurement.</p> <p>4.2.4. Advocate for development of regional policy and operational plans for pooled procurement/joint purchase of medicines and vaccines.</p> <p>4.2.5. Provide technical support and training in supply chain management to Member States.</p> <p>4.2.6. Monitor prices of selected essential medicines and facilitate information exchange</p>	<p>4.3.1. Supply systems assessed, and procurement policies/strategies developed and implemented.</p> <p>4.3.2. Adoption and implementation of good procurement practices in countries.</p> <p>4.3.3. Pooled vaccine procurement system established in the Region.</p> <p>4.3.4. Collective price negotiations for procurement of essential medicines and vaccines promoted.</p> <p>4.3.5. Capacity built in procurement management of medicines and vaccines.</p> <p>4.3.6. Information exchange on medicine and vaccine prices and procurement sources among countries.</p> <p>4.3.7. Good and ethical pharmaceutical practices in public and private sectors identified and promoted.</p> <p>4.3.8. Supply management systems strengthened and human resources capacity built in pharmaceutical supply management.</p>

Strategic objectives	Actions by Member States	Actions by WHO and development partners	Expected outcomes (deliverables)
Strategic objective 5: Strengthen national regulatory authorities to ensure the quality, safety and efficacy of medicines and vaccines	<p>emergency standard operating procedures for logistics/fast-track procurement and distribution of essential medicines and vaccines, aligned with clinical management guidelines, to ensure timely and equitable access to life-saving interventions.</p> <p>Immediate actions</p> <p>5.1.1. Provide needed means, infrastructure and funds to establish an independent, comprehensive and autonomous national regulatory body.</p> <p>5.1.2. Conduct national regulatory authority (NRA) self-assessment and NRA benchmarking exercise, and formulate an institutional development plan to strengthen regulatory capacities and enforcement of legislation.</p> <p>5.1.3. Explore approaches to utilize the concept of reliance and improve collaborative decision-making to increase timely access to safe and effective medicines and vaccines.</p> <p>5.1.4. Establish fast-track mechanisms to ensure timely registration and quicker access to medicines and vaccines, especially in emergency situations.</p> <p>5.1.5. Support capacity-building of regulatory activities including pharmacovigilance, regulation of bioterapeutics, good manufacturing practice, and combating substandard and falsified medical products.</p> <p>5.1.6. Publish a list of medicine shortages, and encourage local manufacturers to produce and wholesalers to import them by providing a fast-track registration scheme.</p> <p>Medium-term actions</p> <p>5.1.7. Establish tracing systems, such as barcodes to identify the manufacturers and batches produced.</p> <p>5.1.8. Enforce regulations to ensure antimicrobials are dispensed only based on prescription.</p> <p>5.1.9. Engage NRAs in national preparedness planning processes for public health emergencies.</p>	<p>on medicine and vaccine prices and procurement sources.</p> <p>4.2.7. Promote the use of WHO prequalified medicines and vaccines.</p> <p>4.2.8. Support operational research to document and evaluate pharmaceutical supply systems and procurement practices in the public and private sectors.</p> <p>4.2.9. Support Member States to develop transparent and efficient procedures for all emergency procurement actions.</p> <p>5.2.1. Support countries to establish and maintain effective medical product regulation and quality assurance systems.</p> <p>5.2.2. Advocate for establishing a regional network or centre of excellence to foster collaboration, exchange information, build capacity, initiate convergence, share work and harmonize regulatory activities.</p> <p>5.2.3. Promote the concept of reliance, where appropriate, and facilitate collaborative decision-making at the regional level.</p> <p>5.2.4. Support countries to implement NRA self-assessment and conduct NRA benchmarking exercise to identify gaps, formulate institutional development plans, and build capacity to reach minimum maturity level 3 (for consideration as WHO Listed Authorities).¹</p> <p>5.2.5. Facilitate access of NRAs and pharmaceutical control authorities to reliable information management systems and mechanisms for exchange of independent information on the quality, safety and efficacy of marketed products, as well as access to safety information from clinical trials and other related activities.</p> <p>5.2.6. Support Member States to strengthen the capacity of NRAs to assess and monitor the quality, safety and efficacy of medicines and vaccines and to detect substandard and falsified medical products.</p>	<p>4.3.9. Mechanism created to communicate information to professional societies, health care providers and the public notifying of anticipated shortages and the substitutes that should be used.</p> <p>4.3.10. Development of procurement procedures, including emergency standard operating procedures for logistics/fast-track procurement, to ensure proper procurement process for medicines and vaccines including in emergency and pandemic situations.</p> <p>5.3.1. Effective implementation and monitoring of medicine regulations.</p> <p>5.3.2. NRA regional network/centre of excellence initiative developed and stakeholders engaged to ensure the added value and strength of the regional network/centre of excellence is promoted and understood.</p> <p>5.3.3. Enhanced regulatory coordination, collaboration and harmonization in the Region; and information exchange between countries on medicine regulatory affairs promoted, particularly for inspection, medicine registration, product evaluation and pricing.</p> <p>5.3.4. NRA self-assessments conducted, facilitated by WHO.</p> <p>5.3.5. Good regulatory and reliance practices in medicine regulation, and quality assurance systems implemented.</p> <p>5.3.6. Post-marketing surveillance of medicine and vaccine safety maintained and strengthened.</p> <p>5.3.7. Use of substandard and falsified medical products reduced, and rapid alert mechanism for falsified medical products promoted and implemented.</p> <p>5.3.8. Development of comprehensive strategies to combat substandard and falsified medical products, involving relevant stakeholders including private manufacturers.</p> <p>5.3.9. Increased number of prequalified pharmaceutical products manufactured in the Region, and increased number of prequalified quality control laboratories.</p>

¹ WHO Global Benchmarking Tool (GBT) for evaluation of national regulatory systems of medicines and vaccines (revision VI, version 1, 2018), https://www.who.int/medicines/regulation/benchmarking_tool_version_vi.

Strategic objectives	Actions by Member States	Actions by WHO and development partners	Expected outcomes (deliverables)
	5.1.10. Express political acceptance of and commitment to regulatory harmonization and collaboration among NRAs in the Region for the convergence of regulatory requirements and sharing results of inspections and product evaluations.	5.2.7. Assist countries to document best practices in improving access to medicines and establishing regulatory mechanisms for essential medicines susceptible to shortage. 5.2.8. Support countries to strengthen local production of quality-assured essential medicines and vaccines at affordable prices. 5.2.9. Provide technical support for national quality control laboratories in the Region to become WHO-prequalified.	5.3.10. Improved medicine and vaccine manufacturing, distribution and inspection practices. 5.3.11. Good manufacturing practices strengthened, and improved collaboration between NRAs and manufacturers on compliance with good manufacturing practices. 5.3.12. Strengthened capacities and skills of NRAs in the areas of good manufacturing practice, pharmacovigilance, marketing surveillance, inspection and product evaluation.
Strategic objective 6: Ensure appropriate use of medicines by health professionals and consumers	<p>Immediate actions</p> <p>6.1.1. Develop and implement a comprehensive strategy on rational use of medicines, including interventions to contain antimicrobial resistance.</p> <p>6.1.2. Develop education programmes and other effective mechanisms to promote rational use of medicines by all health professionals.</p> <p>6.1.3. Develop and implement standard treatment guidelines and formularies linked to the national essential medicines list.</p> <p>6.1.4. Establish pharmacy and therapeutics committees in hospitals, including clear tasks and functions.</p> <p>6.1.5. Evaluate and monitor medicine use practices and interventions in health care facilities.</p> <p>6.1.6. Develop and implement regulations on the ethical promotion of pharmaceuticals.</p> <p>6.1.7. Conduct public awareness campaigns and consumer education programmes to raise awareness on rational use of medicines.</p> <p>Medium-term actions</p> <p>6.1.8. Introduce the concepts of essential medicines, access to medicines and vaccines, national medicines policy, and rational use of medicines into the university curricula of medical students and continuing education programmes for health care providers.</p> <p>6.1.9. Establish effective systems to provide independent and unbiased drug information to improve use of medicines by consumers.</p>	6.2.1. Support Member States to develop, implement and evaluate comprehensive strategies to promote rational use of medicines by health professionals and consumers. 6.2.2. Support countries to develop and implement standard treatment guidelines and formularies linked to national essential medicines lists. 6.2.3. Advocate and support countries to conduct evaluation of medicine use interventions. 6.2.4. Document and share experiences/ success stories with countries on effective interventions for the rational use of medicines. 6.2.5. Advocate for and support countries to establish pharmacy and therapeutics committees in hospitals, including clear tasks and functions. 6.2.6. Provide technical support to countries on controlling pharmaceutical promotion, and advocate the use of ethical criteria for pharmaceutical promotion. 6.2.7. Develop model curricula on national medicines policies, access to medicines and vaccines, and rational use of medicines for introduction into the university curricula of medical students. 6.2.8. Develop advocacy and training materials on the concepts of essential medicines and rational use of medicines targeted towards stakeholders and health care providers, as part of continuing education programmes, in the public and private sectors. 6.2.9. Develop materials for educating and empowering consumers in the area of rational use of medicines.	6.3.1. Rational use of medicines by health professionals and consumers advocated. 6.3.2. Development of national standard treatment guidelines linked to essential medicines lists, and implementation of formulary processes. 6.3.3. Independent and reliable information on medicine use identified, disseminated and promoted. 6.3.4. Implementation of ethical criteria for pharmaceutical promotion, monitoring of pharmaceutical promotion, and restriction of unacceptable promotion through regulation and/or voluntary codes of conduct. 6.3.5. Pharmacy and therapeutics committees established at institutional and national level, and operating effectively. 6.3.6. Strengthened networking and information exchange, and successful strategies for rational use of medicines identified and promoted. 6.3.7. Increased awareness of and guidance on cost-effective and rational use of medicines, with a view to improved medicine use by health professionals and consumers. 6.3.8. Increased support for problem-based and skill-based in-service training programmes. 6.3.9. Increased public education and consumer empowerment on rational use of medicines. 6.3.10. Development and implementation of appropriate strategies to contain antimicrobial resistance. 6.3.11. Development and implementation of a package of interventions for providers and consumers on the rational use of medicines,

Strategic objectives	Actions by Member States	Actions by WHO and development partners	Expected outcomes (deliverables)
<p>Strategic objective 7: Promote research and development and the local production of quality medicines and vaccines that meet public health needs</p>	<p>Immediate actions</p> <p>7.1.1. Implement intellectual property policies and use flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in cases of national emergency, pandemic or other circumstances of extreme urgency, as determined by each Member State, in a timely and appropriate manner.</p> <p>7.1.2. Review and monitor through a multisectoral approach all national policies, legislation, the TRIPS Agreement and other multilateral, regional and bilateral agreements that affect pharmaceutical manufacturing, distribution, importation and exportation to increase the supply of affordable quality medicines.</p> <p>7.1.3. Develop a national strategy to promote local production of essential medicines, ensuring policy coherence and promoting an enabling business environment to provide incentives for local production and mechanisms for scaling up production in emergency and pandemic situations.</p> <p>7.1.4. Scale up production of safe, effective, quality, affordable medicines and vaccines for the COVID-19 response, using existing mechanisms for voluntary pooling and licensing of patents to facilitate timely and equitable access consistent with the provisions of relevant international treaties including the TRIPS Agreement and its flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health.</p> <p>Medium-term actions</p> <p>7.1.5. Adopt a mechanism to enhance collaboration and information exchange with other countries in the Region to improve access to essential medicines as related to trade globalization, the TRIPS Agreement and other agreements relevant to intellectual property.</p> <p>7.1.6. Amend national intellectual property laws taking into account the public health perspective.</p>	<p>7.2.1. Provide technical assistance to Member States on the use of flexibilities and safeguards in their national legislation, in accordance with the Doha Declaration.</p> <p>7.2.2. Support countries that have insufficient or no manufacturing capacity in the pharmaceutical sector to make effective use of compulsory licensing under the TRIPS Agreement, in cases of national emergency, pandemic or other circumstances of extreme urgency, as determined by the country.</p> <p>7.2.3. Monitor and provide independent data and analysis on the pharmaceutical and public health implications of relevant international trade agreements, including World Trade Organization (WTO) agreements, to assist countries in the effective assessment and development of pharmaceutical and health policies and regulatory measures that maximize the positive and mitigate the negative impacts of such agreements.</p> <p>7.2.4. Support countries to assess national policies on health, trade and intellectual property laws, and to amend legislation to include the public health safeguards of the TRIPS Agreement.</p> <p>7.2.5. Support capacity-building in trade globalization and access to medicines for health and trade policy-makers.</p> <p>7.2.6. Support collaboration among Member States and facilitate exchange of country experiences in dealing with TRIPS and other agreements, especially in protecting public health.</p> <p>7.2.7. Support capacity-building in research and development and clinical trials for medicines and vaccines that meet public health needs in countries.</p>	<p>combining educational, managerial, regulatory, financial and systems interventions.</p> <p>6.3.12. Increased human resources capacity in the pharmaceutical sector.</p> <p>6.3.13. Inclusion of essential medicines, rational use of medicines and national medicines policy in undergraduate curricula of health care professionals and continuing education programmes.</p> <p>7.3.1. Information exchange on the impact of trade agreements on access to essential medicines.</p> <p>7.3.2. Exchange of country experiences in dealing with the TRIPS Agreement and other agreements, especially with regard to securing public health.</p> <p>7.3.3. Strengthened national capacity to deal with trade-related matters that influence access to essential medicines and vaccines.</p> <p>7.3.4. Collaboration between health and other sectors (such as trade, finance and justice) and stakeholders (such as nongovernmental organizations and universities) to ensure that national health objectives are taken into account when there are any changes to WTO agreements, national, regional or multilateral legislation related to regulations.</p> <p>7.3.5. Technical support provided to make use of the provisions of the TRIPS Agreement and other WTO instruments.</p> <p>7.3.6. Access to medicines and vaccines promoted within international trade agreements.</p> <p>7.3.7. Research and development of pharmaceutical products is aligned with global health needs.</p> <p>7.3.8. Promotion of technology transfer and production of medicines and vaccines in the Region.</p> <p>7.3.9. Local pharmaceutical production matched to public health needs.</p>

Strategic objectives	Actions by Member States	Actions by WHO and development partners	Expected outcomes (deliverables)
	7.1.7. Strengthen research and development for medicines and vaccines that meet public health needs.	<p>7.2.8. Support Member States to strengthen local production and technology transfer, especially for biologicals and vaccines, through policy and strategy setting, conducting situation analyses for sustainable quality local production, building capacity of manufacturers, regulators and other stakeholders, and forging strategic partnerships and collaborations.</p> <p>7.2.9. Indicate and provide choices that comply with the provisions of relevant international treaties, including TRIPS, and flexibilities to be used to scale up development, manufacturing and distribution capacities needed for transparent, equitable and timely access to medicines and vaccines for COVID-19 response, taking into account existing mechanisms, tools and initiatives including the Access to COVID-19 Tools (ACT) Accelerator.</p>	
<p>Strategic objective 8: Establish a strong partnership framework with all relevant sectors and stakeholders, leveraging the comparative advantages of each, to promote the regional and national agenda of improving access to medicines and vaccines for all</p>	<p>Immediate actions</p> <p>8.1.1. Organize policy dialogue on access to medicines and vaccines, as part of the national and regional health security agenda, bringing together all stakeholders including industry.</p> <p>8.1.2. Identify roles and responsibilities of various stakeholders, based on the comparative advantages of each, and ensure their commitment to the realization of the strategic objectives of the strategy at both regional and national levels.</p>	<p>8.2.1. Leverage the convening power of WHO to bring together all partners and stakeholders, at regional and national levels, to facilitate dialogue and consensus on roles and responsibilities.</p> <p>8.2.2. Facilitate agreement between partners and stakeholders, at regional and national levels, in relation to various stages of medicines and vaccines life-cycle and value chain.</p>	<p>8.3.1. Strong partnership frameworks developed at regional and national levels.</p> <p>8.3.2. Regional observatory on medicine and vaccine prices established.</p>

