

قرار

Resolution

**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

**EM/RC67/R.3
October 2020**

**Sixty-seventh session
Agenda item 4(b)**

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 Region¹ and the International Health Regulations (IHR) (2005) in the Eastern Mediterranean Region;²

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:

¹ EM/RC67/7.

² EM/RC67/8.

- 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 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.