

## Resolutions and decisions of regional interest adopted by the Seventy-fourth World Health Assembly and the Executive Board at its 148th and 149th sessions

RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-FOURTH WORLD HEALTH ASSEMBLY			
Decision/ resolution no.	Title/ subject	Regional implications	Action/comments
<b>WHA74.1 WHA74(28)</b>	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Situation in respect of 2020	<ul style="list-style-type: none"> <li>The voting rights of Afghanistan and Iraq were automatically suspended as of the opening of the 74th World Health Assembly due to non-payment of their rescheduled assessments due in 2020 (and, in the case of Iraq, the 2020 regular assessment). The voting rights of Somalia remained suspended from the opening of the 73rd World Health Assembly.</li> <li>The World Health Assembly approved a resolution suspending the voting rights of Sudan and Yemen as of the opening of the 74th World Health Assembly due to arrears in payment of their regular assessments.</li> <li>The World Health Assembly deferred decision on the resolution to suspend the voting rights of Islamic Republic of Iran, Kuwait, and Libya as of the opening of the 75th World Health Assembly due to arrears in payment of their regular assessments. The World Health Assembly referred the matter to the 150th session of the Executive Board to be held in January 2022, during which an updated report and resolution will be presented and delegated to it the power to suspend voting privileges.</li> </ul>	<ul style="list-style-type: none"> <li>Member States are encouraged to settle arrears of contributions as early as possible to avoid inclusion in the resolution and ultimately loss of voting rights. Statements of Account may be obtained from the WHO website at <a href="https://www.who.int/about/funding/assessed-contributions">https://www.who.int/about/funding/assessed-contributions</a>. These statements provide a complete picture of each Member State's assessments, receipts, and balance outstanding.</li> <li>Where Member States are encountering difficulties in settling arrears of regular contributions, they are encouraged to submit a proposal for special arrangements to reschedule payment well in advance of the 75th World Health Assembly to permit consideration by the Programme, Budget and Administration Committee of the Executive Board (PBAC) for recommendation to the Health Assembly.</li> <li>Member States with rescheduled assessments are reminded that these must be settled in full every year along with the regular assessment to avoid the automatic loss of voting rights.</li> </ul>
<b>WHA74.3</b>	Programme budget 2022–2023	<ul style="list-style-type: none"> <li>The Eastern Mediterranean Region base budget 2022–2023 has been increased by 20% from 2020–2021 to 2022–2023, jumping from US\$ 336 million in 2018 to US\$ 391.2 million in 2020, and a proposed US\$ 469.6 million in 2022. This will respond to the needs of the Region's Member States and requirements for a better response to the COVID-19 pandemic, and potential future pandemics and health emergencies.</li> <li>The Eastern Mediterranean Region total proposed budget for 2022–2023 is US\$ 995 million, including the base, polio, special programmes and emergencies budgets, noting that the emergencies budget has no ceiling as it is an event-driven budget.</li> </ul>	<ul style="list-style-type: none"> <li>Member States are reminded of the importance of the mid-term revision of the programme budget 2022–2023, which will be presented for approval by the Health Assembly in May 2022</li> </ul>
<b>WHA74.4</b>	Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes	<ul style="list-style-type: none"> <li>The resolution noted the increasing prevalence of people living with diabetes and premature mortality due to diabetes, which mainly relates to risk factors such as overweight and obesity, unhealthy diet, physical inactivity and tobacco use.</li> <li>It also acknowledged that one in two adults living with diabetes type 2 are undiagnosed and that four out of five adults living with diabetes live in low- and middle-income countries.</li> <li>It highlighted that people living with diabetes have a higher risk of becoming severely ill or dying from COVID-19 and noted that while insulin is an essential life-saving medicine, it is deeply concerning that despite being discovered 100 years ago, about half the people in need of insulin globally have no or irregular access, with unacceptable inequities between and within countries.</li> <li>It appreciated WHO Global Diabetes Compact initiative, launched on 14 April 2021 during the Global Diabetes Summit.</li> <li>It urged Member States to: <ul style="list-style-type: none"> <li>– Apply whole-of-government and whole-of-society approaches that place achievement of the five diabetes- and obesity-related global voluntary targets at the centre of the response.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>In line with the resolution, and to address the urgent needs of diabetes prevention and control in the Region, a draft framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region and a draft resolution on addressing diabetes as a public health challenge have been developed with the leadership of Member States in the Region. These will be discussed and submitted for formal adoption at the 68th session of the Regional Committee.</li> <li>A regional consultative meeting to review the framework for action on diabetes prevention and control in the Region was held on 28 and 29 June 2021.</li> </ul>

		<ul style="list-style-type: none"> <li>– Raise within national noncommunicable disease (NCD) responses, the priority given to the prevention and control of diabetes.</li> <li>– Strengthen policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for diabetes and promoting healthy diets and lifestyles.</li> <li>– Raise awareness about the national public health burden caused by diabetes, through a life course perspective.</li> <li>– Ensure a continued focus on maintaining a high level of treatment and care for all people, regardless of the COVID-19 pandemic, including for people living with diabetes.</li> <li>– Ensure that national strategies for the prevention and control of NCDs contain the necessary provisions to cover persons living with diabetes with quality essential health services and promote access to diagnostics and quality, safe, effective, affordable and essential medicines and health technologies,</li> <li>– Strengthen health systems and high-quality, integrated and people-centred primary health services for all, health management information systems, and an adequate and well-trained and equipped health workforce.</li> <li>– Improve prevention and control of diabetes throughout the life course.</li> <li>– Strengthen health promotion and improve health literacy.</li> <li>– Strengthen monitoring and evaluation of diabetes responses.</li> <li>– Continue working collaboratively, in accordance with national and regional legal frameworks and contexts, to improve the reporting of information by suppliers on registered diabetes medicines, and other related health products.</li> <li>• It requested the Director-General to: <ul style="list-style-type: none"> <li>– Develop recommendations to strengthen and monitor diabetes responses within national NCD programmes and recommendations for the prevention and management of obesity over the life course together in collaboration with Member States and non-State actors and people living with or affected by diabetes, and to submit these recommendations to the Seventy-fifth World Health Assembly for its consideration in 2022, through the Executive Board at its 150th session.</li> <li>– Develop pathways of how to achieve the targets for the prevention and control of diabetes, including access to insulin, throughout the life course within national NCD responses to achieve Sustainable Development Goal target 3.4, and including providing support for strengthening diabetes monitoring and surveillance.</li> <li>– Provide concrete guidance to Member States, on strengthening design and implementation of policies for diabetes prevention and control across all relevant sectors.</li> <li>– Provide concrete guidance to Member States for uninterrupted treatment of people living with diabetes in humanitarian emergencies.</li> <li>– Promote convergence and harmonization of regulatory requirements for diabetes medicines that facilitate availability and access to safe and effective and quality-assured products, meeting standards set by WHO and competent authorities.</li> <li>– Continue to analyse the availability of data on inputs throughout the value chain, including data on clinical trials and price information, with a view to assessing the feasibility and potential value of establishing a web-based tool to share information relevant to the transparency of markets for diabetes medicines, including insulin, oral hypoglycaemic agents and related health products, including information on investments, incentives and subsidies.</li> <li>– Develop recommendations for adequate, predictable and sustained financing of diabetes prevention and control.</li> </ul> </li> <li>• Report on progress made in the implementation of the resolution to the Health Assembly as part of the consolidated reporting on the progress achieved in the prevention and control of NCDs, with an annual report to be submitted to the Health Assembly through the Executive Board from 2022 to 2031.</li> </ul>	
<b>WHA74.5 EB148.R1</b>	Oral health	<ul style="list-style-type: none"> <li>• A regional framework for action has been developed to address challenges to integration of oral health in the universal health coverage (UHC).</li> <li>• The Regional Office has developed an online course on oral health on the OpenWHO.org platform entitled “Promoting oral health in primary health care settings”. This short course supports</li> </ul>	<ul style="list-style-type: none"> <li>• Member States can replicate or customize the regional framework for action to suit their country-specific needs and objectives for integrating oral health into their UHC strategy.</li> <li>• Given the importance of oral health, including within UHC, Member States are urged to</li> </ul>

		<p>efforts to promote oral health in country settings where the prioritization of oral health is inadequate. The course was launched in February 2021 and has had over 4800 enrollments so far.</p> <ul style="list-style-type: none"> <li>The Regional Office is currently developing an oral health promotion toolkit adapted from the WHO <i>Promoting oral health in Africa</i> (2016) manual. The toolkit is designed to be easily adaptable to different national contexts and will benefit practitioners, public health specialists and governments, as well as health sector partners, across the Region.</li> </ul>	prioritize the development of policies, strategies and plans for the promotion of oral health.
<b>WHA74.6</b>	Strengthening local production of medicines and other health technologies to improve access	<ul style="list-style-type: none"> <li>The Regional Committee for the Eastern Mediterranean, at its 67th session in 2020, endorsed resolution EM/RC67/R.2 on a regional strategy to improve access to medicines and vaccines, that aims, among other things, to upgrade local production of quality medicines and vaccines to meet public health needs.</li> <li>Although local production of pharmaceuticals in the Region is growing, regional self-sufficiency in the production of essential medicines and vaccines remains a challenge. More than 90% of the raw materials needed for local production are imported and only few countries have multiple active pharmaceutical ingredient (API) producers.</li> <li>Research, development and local production of medicines and health technologies, where feasible, needs to be strengthened to first meet national requirements and then, as a priority, the needs of other Member States in the Region. Effective and feasible regional and other cooperative mechanisms need to be established to foster this vision.</li> <li>There has been growing interest in this by Member States, who have requested support in promoting and strengthening local production as a key pillar in improving access to medicines and health technologies.</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable local production of quality-assured medicines requires effective multisectoral collaboration to promote an enabling investment, regulatory and technical environment that fosters good manufacturing practices and provides the necessary market incentives.</li> <li>There is a need to develop and/or implement national and regional evidence-based policies and comprehensive strategies and plans of action and to ensure policy coherence for sustainable local production of essential medicines.</li> <li>The implementation of intellectual property policies that benefit from the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), including those affirmed by the Doha Declaration on the TRIPS Agreement and Public Health, is needed to promote access to medicines and other health technologies for all.</li> <li>There is a need to foster strategic and collaborative partnerships, and to 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 with its flexibilities.</li> </ul>
<b>WHA74.7 EB148(2)</b>	Strengthening WHO preparedness for and response to health emergencies/ Strengthening WHO's global health emergency preparedness and response	<ul style="list-style-type: none"> <li>In the resolution, the World Health Assembly decided to establish a Member States Working Group on Strengthening WHO preparedness and response to health emergencies.</li> <li>The resolution requested the Working Group to consider the findings and recommendations of the IPPPR, IHR Review Committee and IOAC, as well as the work of other relevant bodies, organizations, non-State actors and any other relevant information.</li> <li>It also requested the Working Group to submit a report with proposed actions for WHO, Member States and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.</li> <li>The resolution urged Member States to take all necessary steps to end the current pandemic and to prevent/prepare for future pandemics and health emergencies (17 actions requested).</li> <li>The resolution called on the Director-General to strengthen the global, regional, national and subnational pandemic preparedness system. There were 32 specific actions requested of the Director-General, including submission of a report on the implementation of the resolution to the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.</li> </ul>	<ul style="list-style-type: none"> <li>Member States are encouraged to participate actively in the Working Group, which is open to all Member States.</li> <li>Member States are encouraged to take action on all relevant requests related to end the current pandemic and prevent/prepare for future pandemics.</li> <li>The resolution has a strong emphasis on strengthening International Health Regulations (IHR) (2005) core capacities, essential public health functions, and resilient and agile health systems to deliver universal health coverage.</li> </ul>
<b>WHA74.8 EB148.R6</b>	The highest attainable standard of health for persons with disabilities	<ul style="list-style-type: none"> <li>The WHO global disability action plan 2014–2021 comes to an end this year. Many efforts have been undertaken in the Region towards better health for persons with disabilities (PWD) by implementing the global plan: <ul style="list-style-type: none"> <li>Egypt, Morocco, Oman, Pakistan, Sudan and Syrian Arab Republic were supported to develop national disability action plans. Jordan was supported to develop a national rehabilitation strategic plan. Oman was supported to develop a rehabilitation plan for stroke.</li> <li>In 2016, the Regional Committee adopted resolution EM/RC63/R.3 on improving access to assistive technology. In 2017, a report on assistive technology in the Eastern</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The new landmark resolution WHA74.8 adds to existing disability-related mandates. Almost all Member States in the Region have ratified the Convention on the Rights of Persons with Disabilities (UNCPRD) and committed to ensuring that PWDs enjoy the right to the highest attainable standard of health. Through the 2030 Sustainable Development Agenda, Member States and the United Nations have an obligation to leave no one behind with an explicit emphasis on the importance of including PWD in sustainable development</li> </ul>

		<p>Mediterranean was developed based on a rapid assessment in 17 Member States. The results informed the development of a regional strategic action framework to improve access to assistive technology in 2018. Bahrain and Iraq conducted in-depth assessments of assistive technology systems and developed national and subnational action plans based on the regional framework. The framework was endorsed by the 67th session of the Regional Committee in 2020.</p> <ul style="list-style-type: none"> <li>– The Model Disability Survey was undertaken in Afghanistan, Oman and Qatar and at the local level in Pakistan and United Arab Emirates. Piloting the integration of a rehabilitation module in DHIS-2 is ongoing in Jordan, Palestine and Pakistan.</li> <li>– Djibouti, Iran (Islamic Republic of), Iraq, Jordan and Qatar are participating in the development of a WHO global assistive technology report by implementing rapid assistive technology assessments through household surveys.</li> <li>• A rapid assessment of disability-inclusive COVID-19 health responses has been done by 18 Member States. An aggregate analysis of the findings will inform further action towards disability-inclusive health services and systems. Rehabilitation has been included in other health service and system COVID-19 assessments as relevant, and rehabilitation (in the management of COVID-19) and disability were integrated into the Eastern Mediterranean Region online training for primary health care (PHC) providers. Regional guidance on protecting PWD during the pandemic has been developed and WHO disability and rehabilitation guidance translated into local languages to maximize their benefit.</li> </ul>	<p>efforts. GPW 13 and the regional vision for public health, Vision 2023, set UHC as a major priority, and ensuring that it fully responds to all population needs, including PWD.</p> <ul style="list-style-type: none"> <li>• Inclusion of disability in health systems is imperative in mainstream health services, and in relation to rehabilitation and assistive technology services, in both development, and emergency contexts, based on appropriately disability disaggregated data. This becomes more doable with the provision of clear and practical guidance from WHO on disability-inclusive health systems.</li> <li>• Consultation with Member States and with PWDs, their families and representatives is essential in developing any global or regional guidance to ensure that it is feasible for implementation at country level and that it responds to the actual needs of PWD towards realizing the aspirations of the UNCRPD.</li> <li>• While COVID-19 has been challenging, it has also been revealing and instructive. The learning from this experience will be key in informing collective efforts and country action to ensure that health services and UHC are systematically inclusive of PWD.</li> <li>• Strengthening data and research on disability-inclusive health and well-being at country level is very important. There is need to strengthen national capacities for collecting (as part of existing health information systems), analysing and making use of data on disability, drawing on global targets and indicators. This is key for monitoring and evaluating progress towards making health systems truly inclusive of PWD.</li> </ul>
<b>WHA74.9</b>	Recommitting to accelerate progress towards malaria elimination	<ul style="list-style-type: none"> <li>• In 2019, the Eastern Mediterranean Region was estimated to have more than 5 million malaria cases. The malaria burden reduced between 2000 and 2010, but progress stalled after that, and since 2015 numbers have been rising again due to the challenging circumstances in the Region.</li> <li>• Islamic Republic of Iran and Saudi Arabia are among countries aiming for elimination. Islamic Republic of Iran has already achieved three years of no indigenous cases. WHO will work with the country on the certification process.</li> <li>• A regional action plan is being developed in consultation with all Member States in the Region.</li> </ul>	<ul style="list-style-type: none"> <li>• Member States are invited to update their strategies for burden reduction, elimination and prevention of re-establishment of local malaria transmission using the updated global technical strategy 2016–2030 and updated regional action plan 2021–2025.</li> <li>• All malaria-endemic countries in the Region can accelerate efforts towards elimination through country ownership and leadership, expanding community participation through a multisectoral approach, investing in a resilient health system, improving impact through data use to stratify and tailor malaria interventions, with equity in access to quality health services.</li> <li>• Malaria control in the Region heavily depends on external donor support. Investment by regional donors and finding innovative solutions for increasing national investment for an integrated approach to malaria and other vector-borne diseases is critical.</li> </ul>
<b>WHA74.13</b>	Scale of assessments 2022–2023	<ul style="list-style-type: none"> <li>• The World Health Assembly adopted the scale of assessments proposed for 2022–2023.</li> </ul>	<ul style="list-style-type: none"> <li>• 2022–2023 Notices of Assessment are available now on the WHO website at <a href="https://www.who.int/about/funding/assessed-contributions">https://www.who.int/about/funding/assessed-contributions</a>. Assessments are due on 1 January of the year to which they relate. Payments may be made in advance.</li> </ul>
<b>WHA74.14</b>	Protecting, safeguarding and investing in the health and care workforce	<ul style="list-style-type: none"> <li>• Health and care workers are key to building resilient health systems and advancing UHC and health security.</li> <li>• The Region faces an overall shortage and distribution imbalances of health workforce with varying magnitude from country to country. At the same time, some countries face constraints in employment capacities. Investment in health professionals' education and job creation is therefore important in the Region.</li> <li>• The resolution should accelerate regional efforts to support evidence-based national workforce planning, implementation and monitoring for protecting, safeguarding and investing in the health and care workforce at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Member States should: <ul style="list-style-type: none"> <li>– develop and implement national health workforce strategic plans in line with the regional framework for action.</li> <li>– undertake the fourth round of reporting on the Global Code of Practice.</li> <li>– strengthen health workforce information and evidence to ensure availability of information on number, distribution, competency, utilization and employment, in accordance with National Health Workforce Accounts.</li> </ul> </li> </ul>

<b>WHA74.15</b>	Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery	<ul style="list-style-type: none"> <li>• Almost all Member States of the Region face challenges with nursing and midwifery workforce, including in shortages, quality, scope of practice, education capacities and attractiveness of profession.</li> <li>• The global strategic directions aim to boost actions to address these challenges building on the 2020 International Year of the Nurse and the Midwife and 2012 Year of Health and Care Workers.</li> <li>• The global strategic directions provide Member States with current "best practices" to ensure that planning for and investment in nursing and midwifery are integrated into broader health systems and health workforce planning at the regional level.</li> </ul>	<ul style="list-style-type: none"> <li>• Accelerated implementation is needed of the regional call for action for strengthening nursing and midwifery in accordance with the global strategic directions for nursing and midwifery 2021–2025.</li> <li>• Member States need to develop and implement national strategies and action plans to strengthen the nursing and midwifery workforce through multisectoral platforms, policy dialogue and partnership to mobilize resources and facilitate harmonized actions.</li> </ul>
<b>WHA74.16 EB148.R2</b>	Social determinants of health	<ul style="list-style-type: none"> <li>• The resolution calls on Member States to act on addressing social determinants of health to reduce health inequities and support the 2030 Agenda for Sustainable Development.</li> <li>• The report by the Commission on Social Determinants of Health in the Eastern Mediterranean Region was launched in March 2021 to analyse and document inequities in the Region and provide recommendations on action to address a range of determinants.</li> <li>• The recommendations of the Commission highlight the need for strong multisectoral action informed by the needs of populations and in consultation with civil society and a range of stakeholders to address health inequities.</li> </ul>	<ul style="list-style-type: none"> <li>• The resolution complements the ongoing work on social determinants of health in the Region and will help support future action to reduce health inequities.</li> <li>• The resolution calls for the development of an updated global report on social determinants of health and an operational framework for action on reducing health inequities in consultation with Member States, to be submitted to the Seventy-sixth World Health Assembly.</li> </ul>
<b>WHA74.17</b>	Ending violence against children through health systems strengthening and multisectoral approaches	<ul style="list-style-type: none"> <li>• The <i>Global status report on preventing violence against children 2020</i>, shows that an estimated 10% of global child homicides occurred in Eastern Mediterranean Region in 2017, which has the third highest estimated child homicide rates in the world.</li> <li>• Besides re-enforcing the commitments of the SDGs and GPW 13, the regional Vision 2023 calls for taking action to prevent and respond to violence against children as part UHC and the promotion of the health and well-being of the population in both development and emergency contexts.</li> <li>• The emergency and humanitarian situations affecting many Member States of the Region, exacerbate the risk factors for violence against children and create unique challenges for prevention and response efforts.</li> <li>• The COVID-19 pandemic has compounded the risks relating to violence against children. Isolation, restricted movement and stay-at-home measures to contain the spread of the infection have had a particularly acute impact on children, with an increased risk of exposure to domestic violence. Despite the scarcity of data on such violence in the context of COVID-19, a review of media reporting of violence against children in the Region, during the first half of 2020 in comparison with the same period in 2019, points to a notable increase in unverified media reports of such violence during the pandemic.</li> <li>• In response, Member States have been endeavouring to address the issue drawing on WHO normative guidance and based on local contexts. For example, 18 Member States from the Region were supported to participate in the global status report 2020, with the development of country profiles that present the progress made in strengthening action on: changing norms and values; making environments safe; parent and caregiver support; income and economic strengthening; response and support services; and education and life skills. These findings are used as a basis for country multi-stakeholder dialogues to agree on practical integrated road maps to address violence against children and adolescents.</li> <li>• Work is also ongoing in the Region towards the systematic integration of violence against children in child and adolescent health initiatives.</li> <li>• Besides GPW 13, the regional Vision 2023 emphasizes inclusiveness and respect for diversity and equity, positioning UHC as a platform for the elimination of violence and inequalities as major priorities.</li> </ul>	<ul style="list-style-type: none"> <li>• It is important to translate recognition of violence and its consequences as a public health concern into action by establishing health sector protocols for addressing violence, at all levels of the health system, in alignment with WHO's latest evidence and guidelines.</li> <li>• Strengthening health system responses to violence against children, entails investing in capacity-building of health providers and health managers and equipping health facilities to provide timely life-saving services.</li> <li>• Investment also needs to be enhanced in the areas of data on magnitude, risk factors and consequences and research on effective prevention and control interventions. One important possible step is to include violence in demographic and health surveys and integrate violence in other population-based surveys and the health management information system.</li> <li>• Action to protect the more vulnerable, including children, women and the elderly, is crucial in emergency and conflict situations, while ensuring a comprehensive health response to the different issues emerging in such situations.</li> <li>• Prevention of violence against children is a pre-condition for equitable and inclusive sustainable development.</li> <li>• The integration of violence against children in relevant health platforms and initiatives including integrating required services in essential health services, ensures systematic response to existing needs.</li> </ul>

## DECISIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

<b>WHA74(9)</b>	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	<ul style="list-style-type: none"> <li>• The decision makes 11 requests of the Director-General, taking note of the report submitted by the Director-General to the Seventy-fourth Health Assembly.</li> <li>• The requests are generally consistent with those made in previous decisions and include (among others): support the Palestinian health sector through a health systems strengthening approach; ensure access to WHO prequalified medicines and medical products; ensure equitable access to COVID-19 vaccines; ensure respect for and protection of wounded individuals and the Palestinian health system; assess the extent and nature of psychiatric morbidity among the population; continue strengthening partnership with other UN agencies and partners to enhance humanitarian health response capacities.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a specific request regarding the COVID-19 response, including non-discriminatory, affordable and equitable access to vaccines.</li> </ul>
<b>WHA74(10) EB148(7)</b>	Follow-up of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases	<ul style="list-style-type: none"> <li>• Resolution WHA66.10 in 2013 endorsed the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD GAP). In accordance with paragraph 60, the Secretariat convened a representative group of stakeholders to conduct a mid-point evaluation of progress on the implementation of the NCD GAP.</li> <li>• The Evaluation Office submitted the executive summary of the mid-point evaluation to the Health Assembly through the Executive Board, which noted this report and adopted decision EB148(7).</li> <li>• The report presents the purpose, methodology and results of the mid-point evaluation that assessed the level of implementation of the NCD GAP and progress made across the 6 objectives of the action plan and outlined a set of 12 recommendations for Member States and WHO Secretariat on scaling up implementation of the action plan.</li> <li>• Some of the key challenges and issues impeding progress are relevant to the Eastern Mediterranean Region. These include the following: <ul style="list-style-type: none"> <li>– NCD GAP contributed to raising the profile of NCDs in many countries and contributed to an increase in the number of countries that have adopted a national NCD policy, strategy or action plan. However, the persistent lack of international and domestic funding for NCDs hampers implementation.</li> <li>– The menu of evidence-based policy options (including NCD “best buys”) identified by WHO was useful to countries but the full implementation of these interventions is still suboptimal and uneven across risk factors/conditions.</li> <li>– The decision to include mental health and air pollution in the global NCD agenda, and to move from a “4 x 4” to “5 x 5” approach, has not yet been widely operationalized.</li> <li>– The integrated early detection and management of NCDs through primary care remains slow, including the availability and affordability of essential NCD medicines and supplies.</li> <li>– WHO technical support is acknowledged, but WHO lacks adequate financial and human resources to provide technical support for the implementation of the NCD agenda in all countries.</li> <li>– Countries lack capacity and guidance for multisectoral and multi-stakeholder engagement (private sector, civil society). Furthermore, people with lived experiences of NCDs are often absent from decision-making processes.</li> <li>– The specific needs and barriers encountered by vulnerable groups such as migrants and refugees have not been addressed enough by Member States and WHO in the implementation of NCD GAP.</li> <li>– Investment in and support for research on NCDs has been weak regarding implementation of NCD GAP objectives.</li> <li>– Member States may wish to present a regional statement on the overall progress made in implementing the NCD GAP, reflecting on the highlighted challenges and proposed actions for the WHO Secretariat and Member States to scale up national responses and NCD GAP implementation.</li> <li>– This regional statement could be complemented by country-specific statements reflecting on the specific progress made in implementing the NCD GAP.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The decision requests the Director-General to present, in response to the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the recommendations of the mid-term evaluation of the global action plan, an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030, through the Executive Board at its 150th session, and through subsequent consultations with Member States and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly.</li> </ul>
<b>WHA74(11)</b>	The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's	<ul style="list-style-type: none"> <li>• Having considered the consolidated report by the Director-General, the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030, the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases: executive summary, and the options paper on the WHO</li> </ul>	

	work on multistakeholder engagement for the prevention and control of noncommunicable diseases	<p>global coordination mechanism on the prevention and control of noncommunicable diseases; recalling resolution WHA66.10 (2013) on the endorsement of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, and decision WHA72(11) (2019) which extended the global action plan until 2030; and the political declaration of the High-level meeting of the General Assembly on the prevention and control of noncommunicable Diseases (United Nations General Assembly resolution 66/2), which recognizes the primary role and responsibility of governments in responding to the challenge of NCDs by developing adequate national multisectoral responses for their prevention and control, it has been decided to:</p> <ul style="list-style-type: none"> <li>– extend the current terms of reference of the WHO global coordination mechanism on the prevention and control of NCDs until 2030 with a mid-term evaluation in 2025.</li> <li>– request the Director-General to: <ul style="list-style-type: none"> <li>a) ensure the continued performance of the WHO global coordination mechanism on the prevention and control of NCDs and its functions, in line with WHO's Framework of Engagement with Non-State Actors, with a more focused approach to the delivery of its functions, and with clearly defined objectives and measurable and practical milestones that ensure that the work of the global coordination mechanism contributes to the achievement of the objectives set in the WHO global action plan on noncommunicable diseases 2013–2030, taking into consideration in a balanced manner the prevention, diagnosis and treatment of NCDs;</li> <li>b) develop, in consultation with Member States and non-State actors, a workplan for the WHO global coordination mechanism on the prevention and control of NCDs, to be submitted to the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, and to present the work undertaken and results achieved so far to Member States and non-State actors in 2022 in order to receive their further guidance on the implementation of the workplan;</li> <li>c) ensure that the WHO global coordination mechanism on the prevention and control of NCDs carries out its functions in a way that is integrated with the Organization's ongoing work on NCDs.</li> </ul> </li> </ul>	
<b>WHA74(12)</b>	Integrated people-centred eye care, including preventable vision impairment and blindness	<ul style="list-style-type: none"> <li>• The decision is in line with two Regional Committee resolutions from 2003 and 2005 on the prevention of avoidable blindness and regional impairment.</li> <li>• Practical guidance on the application of integrated people-centred eye care, including preventable vision impairment and blindness, is required in the Region.</li> <li>• About 86 million people in the Region are estimated to need glasses and low-vision aids. The proportion of the ageing population (60 years and older) in the overall regional population is projected to increase from about 6.6% in 2015 to almost 15.0% in 2050. With this increase, the number of people with visual impairment in the Region is expected to increase, given that a substantial proportion of people with visual impairment are above 50 years of age. The Region is also home to 43 million people with diabetes and has the highest prevalence of diabetes worldwide. The impact on the magnitude of visual impairment caused by diabetic retinopathy, which is the result of long-lasting (and poorly managed) diabetes will be substantial. All these factors have major implications for the demand for eye care health services.</li> <li>• GPW 13 and the regional Vision 2023 establishes UHC as a major priority; it is therefore key to ensure that UHC fully responds to all population needs, including eye care, which should be an inherent component of essential health care services at all levels of the health system in both development and emergency contexts.</li> </ul>	<ul style="list-style-type: none"> <li>• The development of the 2030 global targets for integrated people-centred eye care, focusing on effective coverage of refractive error and cataract surgery, is an important step that should be followed by the development of practical guidance on actions and interventions to achieve them in consultation with Member States to ensure their feasibility and relevance at country level.</li> <li>• Member States need to develop national targets and indicators based on global targets and local contexts to ensure structured contribution and the monitoring of progress towards their achievement.</li> <li>• Strengthening national capacities for collecting (as part of health information systems), analysing and making use of data on eye care and on eye conditions and visual impairments is essential for monitoring and evaluating progress towards implementation of integrated people-centred eye care and achieving related targets at both the global and national levels.</li> </ul>
<b>WHA74(13) EB148(5)</b>	Global action on patient safety	<ul style="list-style-type: none"> <li>• The decision adopted the global patient safety action plan 2021–2030 (GAPS) and request the Director-General to report back on progress in the implementation of the global patient safety action plan 2021–2030 to the Seventy-sixth World Health Assembly in 2023 and thereafter every two years until 2031.</li> <li>• The Eastern Mediterranean Region has a heavy burden of avoidable harm.</li> <li>• Ensuring safer care is foundational for efforts to achieve UHC.</li> <li>• Member States are invited to use the GAPS as a framework for the planning and delivery of safer care across the care continuum.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy and community awareness/participation are important to promote a supportive culture for safer care. Member States are invited to celebrate World Patient Safety Day on 17 September every year.</li> <li>• Member States can build on their ongoing interventions and use the GAPS as a framework for addressing safety gaps at the national level.</li> </ul>

		<ul style="list-style-type: none"> <li>Ensuring the availability of basic resources and minimum requirements, such as access to water, sanitation and hygiene facilities, has a positive impact on the safety of care.</li> <li>Reducing avoidable harm is particularly needed in fragile, conflict-affected and vulnerable country settings.</li> </ul>	<ul style="list-style-type: none"> <li>WHO will document all patient safety-related activities implemented by Member States for reporting on progress in implementing the GAPS until 2031.</li> </ul>
<b>WHA74(14) EB148(3)</b>	Mental health preparedness for and response to the COVID-19 pandemic Promoting mental health preparedness and response for public health emergencies	<ul style="list-style-type: none"> <li>The World Health Assembly adopted the updated mental health action plan with implementation options and targets/indicators.</li> <li>The action plan will be in operation until 2030 to bring it in line with the SDG 2030 agenda.</li> <li>The Executive Board recommended that the Health Assembly endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, and strengthen preparedness, response capacity and resilience for future public health emergencies.</li> <li>The Executive Board urged Member States to: <ul style="list-style-type: none"> <li>develop and strengthen, as appropriate, as part of a broader whole-of-society approach, the timely and quality provision of the whole range of comprehensive and integrated mental health services and psychosocial supports which are essential components to achieving universal health coverage; and</li> <li>allocate adequate funding for mental health, take action to mainstream knowledge of mental health among other health professionals, and study the impact of COVID-19 on mental, neurological and substance use conditions.</li> </ul> </li> <li>The Executive Board requested the Director-General to: <ul style="list-style-type: none"> <li>provide technical support to Member States to monitor changes and disruptions in services, and to promote and expand access to inclusive, integrated, evidence-based primary and community mental health services and psychosocial support; strengthen WHO's capacity in respect of work on mental health at global, regional and country levels and to systematically integrate mental health into all aspects of the work of the Secretariat on UHC;</li> <li>report on implementation of this decision as part of the progress report on the implementation of the comprehensive mental health action plan 2013–2030.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The report and the decision highlight the need to strengthen access to mental health services as essential components of both universal health coverage and of the response to health emergencies, including the COVID-19 response.</li> </ul>
<b>WHA74(15)</b>	Implementation of the International Health Regulations (2005)	<ul style="list-style-type: none"> <li>Having considered the report by the Director-General, the World Health Assembly decided to endorse the continuation of the management of the public health emergency of international concern through temporary recommendations issued by the Director-General under the IHR (2005), on the advice of the IHR Emergency Committee for COVID-19, in connection with the public health emergency of international concern arising from the international spread of SARS-CoV-2.</li> </ul>	<ul style="list-style-type: none"> <li>The Director-General's report, to which decision WHA74(15) refers, provides a comprehensive update on implementation of the IHR (2005), including sections on event management, strengthening national core capacities, compliance with the requirements of the IHR (2005), and activities of the Secretariat to support State Parties in the implementation of the Regulations.</li> </ul>
<b>WHA74(16)</b>	Special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response	<ul style="list-style-type: none"> <li>The World Health Assembly requested the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to prioritize the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response and to provide a report to be considered at a special session of the Health Assembly.</li> <li>The World Health Assembly requested the Director-General to convene a special session of the World Health Assembly in November 2021 on the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response with a view towards the establishment of an intergovernmental process to draft and negotiate such a convention, agreement or other international instrument on pandemic preparedness and response, taking into account the report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>The special session will have only one item on the agenda: consideration of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.</li> </ul>
<b>WHA74(17) EB148(9)</b>	WHO reform: governance	<ul style="list-style-type: none"> <li>The World Health Assembly decided to sunset reporting on 47 resolutions on the understanding that the mandates had been completed or superseded by a new mandate on the same subject matter (26 resolutions) or the subject matter will be systematically incorporated into future reports on a related subject matter (21 resolutions), and to specify end dates for reporting on 10 resolutions with unspecified reporting requirements.</li> <li>Three criteria were proposed for exceptions to the six-year limitation on reporting, including: (1) ongoing efforts for the eradication or elimination of diseases, such as poliomyelitis, which</li> </ul>	<ul style="list-style-type: none"> <li>It is important to note that the sunset of reporting requirements aims to improve agenda management and does not signify that work pursuant to the relevant resolution has ceased.</li> <li>It will be important to review the regional review and sunset exercise and align the criteria and approach.</li> </ul>



		<p>may be of particular relevance to the Eastern Mediterranean Region; (2) standing items on the agendas because of their strategic relevance to the governing bodies; and (3) alignment of reporting with the duration of an existing strategy or action plan. These may have implications for the Region in relation to regional strategies, action plans and priorities.</p> <ul style="list-style-type: none"> <li>• In terms of consolidation and streamlining of reporting requirements, some resolutions or decisions may be of particular interest to Member States, such as those on neglected tropical diseases, maternal and child nutrition, communicable diseases, women's health, and WHO's work in support of African recovery and development.</li> <li>• The Eastern Mediterranean Region review and sunseting exercise should be aligned with the global one, especially on closed resolutions.</li> </ul>	
<b>WHA74(18) EB148(10)</b>	World Neglected Tropical Diseases Day	<ul style="list-style-type: none"> <li>• All 22 Member States in the Eastern Mediterranean Region are affected by at least one neglected tropical disease (NTD).</li> <li>• In 2019, 77.8 million people required interventions against NTDs in the Region.</li> <li>• The Region accounts for 80% of the global burden of cutaneous leishmaniasis, accounting for 473 496 disability-adjusted life years lost (DALYs) annually; 18 Member States still need to be validated for elimination of one or more NTD amenable to preventive chemotherapy.</li> <li>• Several Member States were instrumental in generating consensus around World NTDs Day.</li> <li>• The decision, proposed by the United Arab Emirates, was adopted unanimously.</li> </ul>	<ul style="list-style-type: none"> <li>• Member States should commemorate World NTDs Day with the engagement of all relevant partners, including public and private sectors, community-based organizations, civil society and the community to raise much-needed attention and visibility for the control, elimination/eradication of these diseases.</li> <li>• Member States can use the opportunity of World NTDs Day to advocate on specific NTDs that they plan to eliminate/eradicate or NTDs with the highest burden to mobilize political commitment and resources.</li> <li>• Member States should work across sectors to implement the new NTDs road map, which aims to free over a billion people from these diseases by 2030.</li> <li>• NTD treatments are considered one of the "best buys" in development, provide a high social return and are cost-effective.</li> </ul>
<b>WHA74(20) EB148(13)</b>	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections	<ul style="list-style-type: none"> <li>• Member States of the Region missed most of the targets of the global health sector strategies (GHSS) 2016–2021. New infections and deaths due to HIV are still increasing, hepatitis B virus (HBV) and hepatitis C virus (HCV) testing and treatment still lag behind (except in Egypt for HCV) and new infections still occur in health care settings. The sexually transmitted infection (STI) response is mostly neglected.</li> <li>• The WHO Regional Office organized a consultation on GHSS 2022–2030 to get Member State input into a new strategy. The need for an integrated approach for the three diseases was acknowledged.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO will develop a regional action plan for the implementation of the GHSS, in consultation with Member States.</li> <li>• Member States need to adapt and update their national strategies to align with the GHSS and to shape their responses to achieve the targets.</li> <li>• Major scaling up is needed to achieve the targets of the upcoming GHSS, which are aligned to SDG, UNAIDS and Global Fund targets.</li> <li>• Member States should build on the synergies between HIV, hepatitis and STIs to ensure a coherent and integrated response towards control and elimination.</li> <li>• Member States need to focus their responses according to the characteristics of their epidemics, mainly targeting key populations at increased risk of HIV, STI and hepatitis.</li> <li>• Member States should exert all efforts to stop transmission of HIV, hepatitis and STIs in health care settings and adopt an integrated approach to eliminating mother-to-child transmission of HIV, hepatitis B and syphilis.</li> </ul>
<b>WHA74(21) EB148(11) EB149(4)</b>	Process for the election of the Director-General of the World Health Organization: candidates' statements and travel support	<ul style="list-style-type: none"> <li>• The World Health Assembly, having considered the recommendations from the Executive Board (which were informed by a note by Legal Counsel) on the process for the election of the Director-General of the World Health Organization, decided that in respect of the present and subsequent elections, candidates nominated by the Executive Board shall address the Health Assembly before the vote for the appointment of the Director-General. This provision will not apply in the event that only one candidate is nominated.</li> </ul>	
<b>WHA74(24)</b>	WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through	<ul style="list-style-type: none"> <li>• The World Health Assembly, having considered the report on the WHO global strategy on health, environment and climate change, decided to request the Director-General to report to the 76th, 78th and 80th World Health Assembly on progress made in the implementation of the WHO global strategy.</li> <li>• The global strategy is in line with Arab strategy on health and environment 2017–2030, developed by WHO, UNEP and the Arab</li> </ul>	<ul style="list-style-type: none"> <li>• Member States are urged to develop national plans of action to lower the burden of environmental risks using the global and Arab strategies.</li> <li>• The COVID-19 pandemic has once more highlighted the close relationship between health and environment and revealed</li> </ul>

	healthy environments	<p>League. Support is being provided to 12 Member States to help develop national plans of action for implementing the strategy at national level.</p> <ul style="list-style-type: none"> <li>A joint ministerial conference of ministers of health and environment is planned for the second half 2021. The meeting will be a good opportunity to boost the implementation of the WHO global strategy in the Region.</li> </ul>	<p>vulnerabilities in systems. It has also provided a unique opportunity for building back better, greener, cleaner and more equitably, as professionals around the world have been urging. WHO has therefore issued a manifesto for a healthy and green recovery from COVID-19, and has listed more than 80 “action-oriented” or practical steps, supporting the manifesto, to prepare for, strengthen resilience to, and avoid future disasters of similar scale. Their application would accelerate implementation of the global strategy.</p>
<b>WHA74(25)</b>	The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	<ul style="list-style-type: none"> <li>The World Health Assembly adopted the report on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, decided to request the Director-General to report to the 76th World Health Assembly in 2023 on progress made in implementing the road map, as well as on actions undertaken by the Secretariat to update the road map in the light of the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020.</li> <li>Adopted by the 1st International Conference on Chemicals Management (ICCM1) on 6 February 2006 in Dubai, United Arab Emirates, the Strategic Approach to International Chemicals Management (SAICM) is a policy framework to promote chemical safety around the world.</li> </ul>	<ul style="list-style-type: none"> <li>The fourth meeting of the intersessional process was to take place in Bucharest, Romania, in March 2020 and was postponed due to COVID-19 pandemic. This and previous meetings aimed to support stakeholders in their efforts to elaborate future arrangements of the Strategic Approach and the sound management of chemicals and waste beyond 2020 for consideration and adoption at the next session of the International Conference on Chemicals Management (ICCM5), also postponed.</li> <li>Member States are urged to participate in and contribute to these two important meetings to reflect the Region's needs in the updated version of the SAICM.</li> </ul>
<b>WHA74(27)</b>	WHO programme and financial reports for 2020–2021, including audited financial statements for 2020	<ul style="list-style-type: none"> <li>The World Health Assembly accepted the WHO Results Report for the Programme Budget 2020–2021: mid-term review, and the audited financial statements for the year ended 31 December 2020 on which the auditors issued an unmodified opinion.</li> </ul>	<ul style="list-style-type: none"> <li>Audits were conducted in country offices in Afghanistan and Iraq as part of the 2020 external audit field work. WHO country offices are encouraged to close all observations before the start of the interim audit in October 2021.</li> </ul>
<b>RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 148TH SESSION</b>			
<b>EB148.R5</b>	Confirmation of amendments to the Staff Rules: payments and deductions, recruitment policies, and abolition of post	<ul style="list-style-type: none"> <li>Revising the base/floor salary scale and the associated pay protection points for the professional and higher categories will contribute to a more stable remuneration package for incoming staff (as the post adjustment component of the salary is regularly reviewed and may change).</li> <li>WHO is in line with other United Nations organizations in excluding the two-year recovery limitation on deductions of pension contributions from staff to recover over-payments.</li> <li>Staff Rule 1050.2. has been amended to clarify that contracts of employment, and particularly those of staff members working for independent entities that are hosted by WHO, may exclude such staff members from the reassignment process within WHO should their posts be abolished.</li> <li>In the case of a post abolition, the Organization must make every reasonable effort to reassign staff members who are on a continuing appointment or fixed-term contract and who have spent a minimum period of time with the Organization. This form of support does not apply to any other contract type.</li> </ul>	<ul style="list-style-type: none"> <li>It is essential that WHO offers competitive remuneration packages to all staff to ensure that the Organization can attract the best people available to support WHO in implementing its mandate in the Eastern Mediterranean Region.</li> </ul>
<b>DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 148TH SESSION</b>			
	Preventing sexual exploitation, abuse and harassment	<ul style="list-style-type: none"> <li>The Executive Board, following a report from the Secretariat, decided to request the Director-General to enhance and implement a value-based ethical and gender-mainstreamed Organizational culture and environment.</li> <li>WHO should ensure that its investigation teams have the requisite specialist skills and experience, and is composed of both female and male investigators.</li> <li>WHO should ensure that policies and procedures are survivor-centred and aligned with United Nations system-wide and Inter-Agency Standing Committee (IASC) initiatives.</li> <li>WHO should ensure that corporate risk and compliance functions are enhanced at all three levels of the Organization.</li> <li>WHO should ensure sufficient service delivery to organizations to which it provides services related to the prevention of sexual exploitation and abuse and sexual harassment, in accordance with relevant service-level or other agreements.</li> </ul>	<ul style="list-style-type: none"> <li>Member States of the Region are invited to fully and proactively support WHO in implementing the report recommendations, and to hold the Organization to account on this critical matter.</li> </ul>

EB148(6)	Addressing diabetes as a public health problem	<ul style="list-style-type: none"> <li>• The Executive board considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease (EB 148/7). It noted that the lack of progress in addressing diabetes as a public health problem and that the effectiveness of efforts to reduce, halt and reverse the main risk factors for diabetes (tobacco use, unhealthy diet, overweight and obesity, and physical inactivity) have been insufficient and not uniform. It also acknowledged that diabetes was among the top 10 causes of death in 2019 and recognized that people living with diabetes are among those most impacted by the pandemic. It was decided to: <ul style="list-style-type: none"> <li>– urge Member States to intensify efforts to address the prevention and control of diabetes as a public health problem as part of universal health coverage, within the framework of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.</li> <li>– encourage Member States and the Secretariat to recognize and celebrate the centenary of the discovery of insulin in 2021, and to update public awareness and education campaigns about diabetes prevention and treatment and about associated risk factors.</li> <li>– request the Director-General to: <ul style="list-style-type: none"> <li>a) update the report to be submitted for consideration to the Seventy-fourth World Health Assembly by adding an annex on major obstacles to achieving the diabetes-related targets in the global action plan;</li> <li>b) ensure the efficient implementation of diabetes-related objectives of the global action plan and report on progress as part of the consolidated reporting on NCDs.</li> </ul> </li> </ul> </li> </ul>	
EB148(8)	Non-State actors in official relations with WHO	<ul style="list-style-type: none"> <li>• Member States of the Region passed a resolution at 67th session of the Regional Committee to develop and implement a mechanism for accrediting non-State actors not in official relations with WHO to participate in the regional governing bodies and contribute with statements.</li> <li>• An accreditation procedure was established that grants non-State actors the right to attend and speak at Regional Committee sessions, but not to vote; and accreditation would not involve or imply authorization to undertake any particular programmes of work.</li> <li>• In December 2020, the Regional Office launched the Regional Health Alliance, which could be a forum for consultation and technical exchange before and following sessions of the Regional Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Regional events could be held to prepare for global ones, ensure regional specificities are included and facilitate the involvement of a wider network of stakeholders.</li> <li>• A regional engagement strategy with non-State actors as well as a proactive communication and dissemination plan are essential, balancing the competing priorities of increased engagement and safeguarding the reputation and integrity of the Organization and its public health mandate.</li> </ul>
Document 148/39	Engagement with non-state actors. Report on the implementation of the Framework of Engagement with Non-State Actors (FENSA)	<ul style="list-style-type: none"> <li>• The Executive Board was invited to note the report.</li> <li>• The Regional Office has ramped up its capacity to support WHO country offices and technical teams in conducting due diligence, facilitating engagements while raising awareness and conducting training.</li> <li>• In 2021, there was a significant increase in requests for engagement with private sector actors (50%) and there is a growing interest among Member States to increase engagement with private sector entities. There was also a significant increase in requests for engagement with academic institutions and research centres (50%).</li> <li>• Member States approved in a resolution at the 67th session of the Regional Committee providing accreditation to non-State actors to participate in governing bodies meetings.</li> <li>• Resources for the regional implementation of the framework, especially for conducting due diligence activities, documenting best practices and evaluating impact, remain very limited.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a need to <ul style="list-style-type: none"> <li>– develop a regional engagement strategy with non-State actors as well as proactive communication and dissemination plan balancing competing priorities of increased engagement and safeguarding the reputation and integrity of the Organization and its public health mandate;</li> <li>– decentralize and enhance capacities in countries and technical teams at the Regional Office;</li> <li>– conduct further FENSA staff training and refresher sessions on the framework for technical units, country offices, Member States and non-State actors in each country, as relevant;</li> <li>– establish linkages and responsibilities across operations, planning processes, partnerships and compliance and risk teams.</li> </ul> </li> </ul>
Document 148/40	Engagement with non-State Actors. Non-State actors in official relations with WHO	<ul style="list-style-type: none"> <li>• The Board was invited to consider a draft decision after the PBAC review of the new applications of non-State Actors (NSAs) to be in official relations with WHO and the periodic review of NSAs in official relations to decide: (a) to admit into official relations with WHO the following non-State actors: Fondation Botnar and Vital Strategies; (b) to discontinue official relations with Project Orbis International Inc; (c) to note the collaboration with 77 non-State actors; and (d) to note and defer plans for collaboration with Helen Keller International and United States Pharmacopeial Convention.</li> </ul>	<ul style="list-style-type: none"> <li>• In view of the diversity of non-State actors in official relations, it is suggested to adopt a categorization of non-State actors in terms of their organizational status (foundation, nongovernmental organization), geographical scope and location, and technical area in public health.</li> <li>• The use of the register should be strongly promoted to inform, but also to ensure documentation of joint programmes and</li> </ul>

			interventions with non-State actors in official relations with WHO.
<b>EB148(12)</b>	Sustainable financing	<ul style="list-style-type: none"> <li>The Executive Board decided to establish a time-bound and results-oriented Working Group on Sustainable Financing (WGSF), open to all Member States to: (a) develop a high-level, systemic approach to identify the essential functions of WHO that should be funded in a sustainable manner; (b) assess the level of costing of the essential functions identified in (a); (c) to identify and recommend the appropriate sources for their funding and options to improve sustainable financing and alignment in support of the essential functions, including possibilities for cost saving and efficiencies; and (d) undertake any additional work, as appropriate, to enable sustainable financing.</li> <li>It also decided that the Working Group shall submit an interim report on its work to the Seventy-fourth World Health Assembly, through the thirty-fourth meeting of the Programme, Budget and Administration Committee of the Executive Board, as well as to the regional committees in 2021, and shall submit its final report with its recommendations and other findings for consideration by the Executive Board at its 150th session, through the thirty-fifth meeting of the Programme, Budget and Administration Committee.</li> </ul>	<ul style="list-style-type: none"> <li>The WGSF has held three meetings since the Executive Board decision (in March, April, June 2021).</li> <li>Five approaches have been presented and discussed by Member States.</li> <li>Two approaches have been retained for further analysis: <ul style="list-style-type: none"> <li>1: Full finance to the Base Segment (cost = US\$ 4.3 billion); and</li> <li>2: Financing WHO essential functions (cost = US\$ 3.8 billion)</li> </ul> </li> <li>The WGSF is requesting Member States to answer five questions through the 68th session of the Regional Committee.</li> </ul>
<b>DECISIONS OF REGIONAL INTEREST ADOPTED BY THE EXECUTIVE BOARD IN ITS 149TH SESSION</b>			
<b>EB149(2)</b>	Membership of the Independent Expert Oversight Advisory Committee	<ul style="list-style-type: none"> <li>The Executive Board appointed four members to the Independent Expert Oversight Advisory Committee for non-renewable, 4-year terms. Representatives from New Zealand, Spain, Kenya and the Netherlands were appointed.</li> </ul>	
<b>EB149(3)</b>	Written statements: guidelines for Member States	<ul style="list-style-type: none"> <li>A decision was taken to apply guidelines on written statements for Member States for Executive Board sessions and World Health Assembly.</li> <li>Written statements by Member States for information purposes complement oral interventions from delegations.</li> <li>Written statements may be submitted independently from the delivery of an oral intervention during the meeting, provided that they relate to an item on the agenda. Such statements represent a delegation or a group of delegations in addressing specific agenda items.</li> <li>Written statements do not replace or supplement the official records of the relevant meetings of the WHO governing bodies and do not constitute official WHO documents.</li> <li>They may be submitted until the closure of the relevant session of the Health Assembly or Executive Board.</li> <li>Such statements will remain published until the closure of the relevant body's equivalent session two years later.</li> <li>Member States may submit written statements by sending them to the following email address: statements@who.int</li> <li>Statements intended for oral delivery must be submitted separately to the email address: interpret@who.int</li> <li>These guidelines could be reviewed and considered for Regional Committee as well.</li> </ul>	<ul style="list-style-type: none"> <li>A working group can be constituted to revise the guidelines for adoption by the Regional Committee.</li> </ul>