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REGIONAL OFFICE FOR THE **Eastern Mediterranean**

Regional Committee for the Eastern Mediterranean
Sixty-eighth session
Provisional agenda item 6

EM/RC68/15
September 2021

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

Opening of the session

1.   The Programme Subcommittee of the Regional Committee for the Eastern Mediterranean held its eleventh meeting on 29 June 2021 as a virtual meeting through videoconferencing technology. The meeting was attended by experts nominated by Member States to serve as members of the Programme Subcommittee for a duration of two years, and by WHO staff. The agenda and list of participants are included as Annexes 1 and 2, respectively.

2.   The objectives of the meeting were introduced. The main objective was to review the provisional agenda and modalities for the 68th session of the Regional Committee. Subcommittee members also received briefings on the COVID-19 pandemic in the Region and on the work of the WHO Working Group on Sustainable Financing.

Outline of the 68th session of the Regional Committee

3.   An updated outline of the proposed provisional agenda and timetable for the 68th session of the Regional Committee was presented to the Programme Subcommittee. The agenda remained very similar to the provisional agenda that had been considered and supported by the Subcommittee at its tenth meeting. The 68th session would be based on the agreed overarching theme "Rebuilding better and fairer: stronger systems, resilient communities, health for all by all", and the agenda would thus focus heavily on improving health systems and outcomes in the Region in light of experience dealing with the pandemic. In addition to the normal statutory items of regional business – including the election of officers and the Drafting Committee, the presentation of the Regional Director's annual report for 2020, reports on progress implementing resolutions as requested by previous sessions of the Regional Committee, and other business – there would be four technical papers on issues that had been identified as crucial to advancing health in the Region in the post-COVID context. These four issues had been supported by the Subcommittee at its previous meeting, and the proposed agenda also included all three previously suggested panel discussions.

4.   However, the proposed provisional agenda and timetable had been revised to include several new items of business that had been referred to all WHO's regional committees by its global governing bodies, the World Health Assembly and the Executive Board. These items of business included several new or updated draft global strategies or frameworks on which regional committee input was being sought. These issues would be highlighted in an upcoming briefing for ministers and their senior technical staff scheduled for 13 July, and relevant documentation would be shared with Member States in early September in the run-up to the Regional Committee session. Furthermore, Subcommittee members received a briefing on one important item of business: proposals being considered by the Working Group on Sustainable Financing. It was explained that the Working Group had been established by the Executive Board to develop one or more proposals to ensure that WHO received adequate funding to cover its essential functions. This was a perennial challenge for the Organization since most of its funding currently came from voluntary contributions which were often tied to specific programmes or projects, restricting the scope of WHO senior management to allocate funds across all core functions. This had been identified as a fundamental problem by many observers, including the Independent Panel for Pandemic Preparedness and Response, which had recommended that WHO's independence be guaranteed based on fully unearmarked resources. Accordingly, the Working Group was developing proposals to make WHO's funding more predictable, and was now seeking regional committees' responses to five key questions to guide its work. Subcommittee members were encouraged to promote strong engagement with these proposals among decision-makers in the Region.

5.   While the core technical agenda reviewed by the Subcommittee at its tenth meeting would be maintained, some items had been removed from or merged within the pre-Regional Committee technical sessions, side events and "marketplace" of advocacy and information products. As the RC68 agenda was already very rich and full, the Secretariat was proposing to drop/merge these items to allow Regional Committee participants more time to focus on core business and to keep the production of documentation and information products manageable so that Regional Committee Member States could receive them in good time before the 68th session. It was also felt that many of the items proposed for removal would effectively be covered or partially covered through other items which remained on the updated agenda and timetable.

Discussion

6.   The Subcommittee members discussed and recommended the proposed updated agenda and timetable. The updated list of agreed topics for the 68th session appears at Annex 3 of this report. A list of "deleted" topics that were included in the previously agreed list but have been removed from the updated version is included at Annex 4.

Update on the COVID-19 pandemic in the Eastern Mediterranean Region

7.   The Subcommittee received an update on the COVID-19 pandemic in the Eastern Mediterranean Region. While overall case numbers in the Region had declined in recent weeks, the epidemiological picture varied widely among different countries and the situation remained gravely concerning. Vaccination coverage remained low in most countries; many health systems were struggling to cope with limited resources, including shortages of essential medical supplies such as oxygen in some countries; compliance with physical distancing and other social measures was low in many countries; and the potential spread of new variants such as the Delta variant raised the risk of another peak of infections. It was noted that the low vaccination coverage and occurrence of variants of concern made it difficult to predict what the situation would be by the time of the Regional Committee session in October. It was also noted that some countries were facing new transmission pressures despite advanced vaccination programmes, while others had put in place new quarantine requirements for travellers regardless of their vaccination status to address the increased risk of variants of concern.

Proposed modalities for the 68th session of the Regional Committee

8.   Ongoing concerns about the COVID-19 pandemic led the Secretariat to propose changing the modalities by which the 68th session of the Regional Committee would be conducted. While it had originally been proposed to hold the session as an in-person meeting at the WHO Regional Office in Cairo, Egypt, it had been recognized at that time that arrangements might later prove necessary to adopt alternative arrangements. In the event, after a careful risk assessment the Secretariat had concluded that the original proposal was no longer viable. Two alternative arrangements were therefore presented for the Subcommittee's consideration: (i) a hybrid modality, with some participants joining online and some coming to the WHO Regional Office in person; or (ii) a fully virtual session with all participants joining online via a secure platform.

9.   The Secretariat's in-depth comparison of these two possible alternatives was set out in a briefing paper which is included at Annex 5 of this report. Its analysis indicated that the hybrid option would entail significant extra risks and costs. International travellers might well face quarantine and testing requirements and other restrictions. Infection prevention and control protocols would severely limit the number of possible attendees and would require extra resources for transportation, standby medical capacities and other essential services; and even with extra resources, in-person contacts during meetings and catering breaks would raise an infection risk. Furthermore, running a hybrid session might well oblige WHO to compromise its own protocols by requiring the presence of more staff than was permitted under its internal COVID-19 plan, especially since such a session would necessitate double work to support parallel virtual and in-person participation. Added to all this there was a serious reputational risk that the WHO Secretariat and Member States might be seen as not adhering to best practice in opting for a lower-risk virtual alternative; and uncertainties around possible epidemiological developments, particularly the spread of new variants, meant that there was also a risk of last-minute changes to a hybrid session.

10.   By contrast, a fully virtual Regional Committee session offered the chance to cover the same four-day programme at greatly reduced cost and risk, and with a high degree of certainty that arrangements could be successfully delivered as planned. The virtual modality had been successfully used for other WHO governing bodies sessions, including the sixty-seventh session of the Regional Committee in October 2020, and was set to be used for all other upcoming governing bodies sessions during 2021. Furthermore, an innovative digital platform might be used to facilitate interaction among online participants; the Secretariat was investigating alternative platforms and demonstrated several of them to the Subcommittee.

11.   The Secretariat therefore strongly recommended holding a fully virtual session. The normal Regional Committee rules of procedure would be retained as far as possible, but with some special procedures to facilitate the conduct of business online. Every effort would be made to publish core technical documents in early September, to allow plenty of time for stakeholders to study them before the session opening and so facilitate the preparation of concise statements, and it was also proposed to circulate tentative "zero draft" resolution texts for Member States' consideration several weeks before the session.

Discussion

12.   While Subcommittee members regretted the loss of an opportunity to meet in person with their counterparts from other Member States as well as WHO staff and other key stakeholders, the Secretariat's proposal for a fully virtual Regional Committee session was supported by the Subcommittee as the best option under the prevailing conditions. It was noted that prompt production of documentation would be crucial in facilitating engagement by participants. Circulation of draft resolutions among Member States would be an important part of this process. Furthermore, the Secretariat was requested to investigate whether it would be possible to provide cost/budget estimates for recommendations in resolutions; while this might be challenging, it was noted that World Health Assembly resolutions provided information about the budget implications for WHO. Similarly, it would be useful if progress reports could distinguish clearly between WHO Secretariat and Member State responsibilities for implementing different actions. In this regard, it was noted that a new digital tool had been developed to help monitor the implementation of Regional Committee resolutions, and this would be introduced during the 68th session.

Closing of the session

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

Annex 1. Agenda

1. Opening session

2. Adoption of the provisional programme

3. Updated outline of the 68th session of the Regional Committee, including proposals for pre-RC sessions, technical papers, side events and other events/exhibitions

4. Briefing on the COVID-19 pandemic in the Region

5. Proposed changes to modalities for the 68th session of the Regional Committee

6. Closing session

Annex 2. List of participants

Members of the Programme Subcommittee

*Egypt	Dr Ahmed ElSobky
Pakistan	Dr Rana Muhammad Safdar
Saudi Arabia	Dr Shaker Abdulaziz Alomary
Somalia	Dr Mohamed Abdi Jama
Sudan	Dr Amel Alfatih
*Tunisia	Dr Fâyçal Ben Salah
United Arab Emirates	Dr Hussain Alrand
*Yemen	Dr Mohammed Mustafa Rajamanar

WHO Secretariat

Dr Ahmed Al-Mandhari	Regional Director
Dr Rana Hajjeh	Director of Programme Management
Dr Christoph Hamelmann	Chef de Cabinet
Dr Sussan Bassiri	Director of Business Operations
Dr Nima Saeed Abid	WHO Representative in Sudan
Dr Maha El-Adawy	Director, Healthier Populations (DHP)
Dr Amir Hassan	Director, Communication, Resource Mobilization and Partnership (CRP)
Dr Asmus Hammerich	Director, UHC/Noncommunicable Diseases and Mental Health (NMH)
Dr Arash Rashidian	Director, Science, Information and Dissemination (SID)
Dr Hamid Syed Jafari	Director, Polio Eradication
Dr Abdinasir Abubakar	Manager, Infectious Hazard Prevention and Preparedness, Department of Health Emergencies (WHE)
Dr Hoda Atta	Coordinator, HIV, TB, Malaria and Tropical Diseases, Department of UHC/Communicable Disease Control (DCD)
Dr Rayana Ahmed Bou Haka	Manager, Country Cooperation and Collaboration
Mr Maroun Karam	Administrative Services Officer
Mr Omid Mohit	Senior Technical Manager, Strategic Media & Communication
Dr Hassan Salah	Regional Adviser, Primary Health Care, Department of UHC/Health System Development (UHS)

Dr Dalia Samhouri	Programme Area Manager, Country Health Emergency Preparedness and IHR
Mr Jaafar Jaffal	Regional Adviser, Planning, Budget, Monitoring and Evaluation
Mr Driss Aboulhoucine	Coordinator, Translation and Interpretation Services
Mr Toby Boyd	Manager, Publishing, Editorial and Graphic Design
Dr Jamal Nasher	Technical Officer, Chef de Cabinet's Office
Dr Thamer Al-Hilfi	Technical Officer, Chef de Cabinet's Office
Ms Hala Khudari	Technical Officer, Director of Programme Management's Office
Ms Emma Sykes	Communication Officer, Polio Eradication
Ms Hala El Shazly	Administration Officer, Regional Director's Office
Ms Samah Abdel Aziz	Senior Administrative Assistant, Governing Bodies
Ms May El Sayed	Administrative Assistant, Business Operations

*did not attend

Annex 3. Updated list of topics agreed for the 68th session of the Regional Committee

	Lead WHO department	Proposed item
	Technical papers	
1	WHE/UHS	Accelerating health emergency preparedness and response – a plan of action
2	DCD/WHE/SID	A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region
3	DHP/WHE	Building resilient communities for better health and well-being
4	NMH	Addressing diabetes as a public health challenge in the Eastern Mediterranean Region
	Panel discussions	
1	UHS/WHE	Shaping the future of health systems in the Eastern Mediterranean Region: advancing the dual goals of universal health coverage and health security
2	CdC	A decade of action on the Sustainable Development Goals in the Eastern Mediterranean Region: progress, challenges and way forward
3	DHP	Build back fairer: achieving health equity in the Eastern Mediterranean Region (the report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region)
	Pre-RC technical sessions	
1	SID	Global Strategy on Digital health (GSDH) 2020–2024: a framework for action in the Eastern Mediterranean Region
2	UHS	Strategy to promote the health of refugees and migrants in the Eastern Mediterranean Region
	Side events	
1	DCD	The Global Fund to Fight AIDS, Tuberculosis and Malaria: special focus on strategic directions to accelerate ending tuberculosis in countries of the Eastern Mediterranean Region; and Gavi, the Vaccine Alliance and immunization
2	SID	Measuring and verifying excess mortality during a pandemic
	Marketplace: exhibitions, booths, press releases and other innovative ways to showcase important issues and developments	
	Strategic priority 1: advancing universal health coverage	
1	DCD	Strengthening infection prevention and control (IPC) in the Eastern Mediterranean Region: an urgent need
2	UHS	The role of the private health sector in maintaining essential health services during the COVID-19 pandemic in the Eastern Mediterranean Region: lessons learned
3	UHS	2021 – International Year of Health and Care Workers: investing in health workforce
	Strategic priority 2: addressing health emergencies	
4	WHE	Improved information management for health emergencies (EOC)
5	WHE	Complex trauma and mass casualty management in humanitarian settings
	Strategic priority 3: promoting health and well-being	
6	NMH	Celebrating and recognizing the 16th anniversary of the WHO Framework Convention on Tobacco Control
	Strategic priority 4: transforming WHO	
7	CdC	The Regional Health Alliance
8	CRP	Communications showcase: highlighting the importance of effective communication during the COVID-19 pandemic

Annex 4. List of topics previously agreed for the 68th session of the Regional Committee, but now removed from the provisional agenda and timetable

Department	Proposed item
Pre-RC technical sessions	
DCD	Integrated strategies for multi-disease elimination
WHE	Strengthening trauma care in humanitarian settings in the Eastern Mediterranean Region
Side events	
DHP	The Decade of Healthy Ageing (2020–2030) – an opportunity to improve the lives of older people, families and communities
DPM	Polio transition: integrated public health teams
Marketplace: exhibitions, booths, press releases and other innovative ways to showcase important issues and developments	
SID/NMH	Digital innovations in response to the COVID-19 pandemic, with special emphasis on ensuring the continuity of disease prevention and control in the Eastern Mediterranean Region
SID	Implementing the eleventh revision of the International Classification of Diseases (ICD-11) in countries of the Eastern Mediterranean Region
UHS	Strengthening hospital resilience: hospitals' experiences combating COVID-19 in the Eastern Mediterranean Region
WHE	Deployment of Epidemic Intelligence from Open Sources (EIOS) in countries of the Eastern Mediterranean Region
WHE	Early detection of, confirmation of and response to high-threat pathogens
CRP	Country success stories in responding to COVID-19

Annex 5. Summary brief on the proposed virtual modality for the 68th session of the Regional Committee

Background and rationale

The COVID-19 pandemic has significantly affected modalities of work at WHO and all other governmental and nongovernmental organizations around the world due to measures taken by countries, including travel restrictions, physical distancing, teleworking, closure of offices and institutions, and restrictions and regulations for mass gatherings as well outdoor and indoor events. Together with its Member States, WHO has mounted an active response to the pandemic. In addition, considering its global mandate, WHO has a high responsibility to demonstrate best-practice and be a role model in its operations with a high reputational risk in case of any shortfall in this regard.

Proceedings of WHO governing bodies continue to be held in a virtual format in 2021. The Seventy-fourth World Health Assembly and the 149th session of the Executive Board in May 2021 were conducted virtually, and other WHO regions are also so far opting for virtual modalities to conduct their respective regional committees this year.

For the 68th session of the Regional Committee for the Eastern Mediterranean (RC68), the Secretariat has undertaken an in-depth analysis of the requirements for a hybrid and for a fully virtual RC68 modality. In addition, we have reached out to the governing bodies focal points of all countries of the Region to solicit their opinion. The purpose of this paper is to provide the findings of this analysis and the recommended conclusion for consideration by the Chair of the 67th session of the Committee and Member States in the Region, and for a final well-informed decision on how to hold RC68.

Please note that the Regional Committee Rules of Procedure shall continue to apply in full, except to the extent that they are inconsistent with any proposed special procedures, in which case the Regional Committee decision to adopt those special procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary.

1. Definitions

Virtual RC68

A virtual modality entails delegates of the Member States and other invited participants connecting to the Secretariat virtually online. The virtual meeting would fully accommodate the planned 4-day programme for RC68.

Hybrid RC68

This modality entails the physical presence for a face-to-face meeting at the WHO Regional Office in Cairo of the head of delegation, accompanied by a maximum of one other person from the delegation, while the rest of the delegation members and other observers join virtually. A hybrid meeting would fully accommodate the planned 4-day RC68 programme; however, it would require a doubling of many aspects of the preparations and operations as it would involve a combination of a physical and virtual meetings.

2. *Implications and challenges of holding the RC68 in a hybrid modality*

Condition	Virtual	Hybrid
1. Travel restrictions and quarantine	No implications	Egypt has been reinforcing restrictions for travellers, particularly from a number of countries. Incoming travellers from those countries would face mandatory quarantine if they tested positive. Furthermore, in principle all travellers would need to self-quarantine for few days after arrival before entering the Regional Office premises, which would require additional hotel nights and extra cost. Travel restrictions and quarantine regulations are still changing rapidly in many countries, which would create uncontrollable uncertainty for the organization of the RC session.
2. Infection and hospitalization	No implications	There is a need to take into consideration potential hospitalization due to COVID-19 or other reasons in Cairo, and the status of hospitals in Egypt at the time of RC, based on the epidemiologic situation in the country. This would entail additional complexity, substantial organizational preparation and commitment of resources for standby medical capacities. In addition, issues related to the designated hospital for WHO for COVID-19 cases in Sharm El Sheikh would need to be factored into planned operations and additional cost.
3. Media and reputation	No implications	The RC will attract national and regional media. In the unfortunate event of any positive case(s), all health protocols and standard procedures and their implementation would be under utmost scrutiny by many stakeholders including the media. In addition, questions would be asked why under the prevailing conditions such a high-level gathering involving international travel had been conducted in the first place when the virtual option was available. Note that so far all other WHO governing bodies including the upcoming regional committee meetings for other regions are being conducted and planned in virtual modality. In addition, COVID-19 cases during the RC68 would trigger major consequences for contact tracing and quarantining for all participants. This would also impact the continuity of the meeting and its proceedings.
4. Transportation	No implications	Individual transportation on the ground would need to be provided to each delegate, to ensure physical distancing inside the vehicles. Additional vehicles, drivers and oversight for compliance with infection prevention and control would be required, which would also require additional resources.
5. Kuwait Conference Hall capacity	No implications	Taking into consideration physical distancing, the capacity of the Kuwait Hall is 50 people. Considering 2 delegates per country in a hybrid setting and 22 countries, the number of participants from the Member States would be 44. Adding the head table participants to that total, there would be no room for any additional Secretariat including any IT and support staff. Any addition of observers, special guests, VIPs and media would not be possible. Similar capacity constraints would apply for any side meeting or secretarial support rooms.
6. Catering and coffee breaks	No implications	With the expected number of participants, it would be difficult to maintain physical distancing during lunches, dinners and coffee breaks, especially since during such events participants tend to socialize and network (without masks), leading to higher chances of possible transmission of the virus. Additional oversight for compliance with infection prevention and control would be required, and additional time would need to be allocated for these breaks, to the detriment of the RC68 programme sessions.
7. Availability of on-premise support	No implications	Currently there is a 15% staff office presence limit at the WHO Regional Office. Although this may increase gradually during the coming months, uncertainties due to epidemiological developments, vaccination roll-out and in particular the unpredictability of the occurrence and impact of variants of concern make it difficult to foresee the permitted total staff presence in the Office. Therefore, and subject to risk assessment by the time of Regional Committee, the number of workforce on site might not be enough to cover the logistics, security and operational support needed for RC68 and any forced increase of staff presence would compromise WHO's responsibility for staff well-being and entail a high reputational risk.
8. RC68 programme	The proposed RC68 programme can be conducted in virtual modality as planned.	The proposed RC68 programme can be conducted in hybrid modality as planned. However, this would require the full parallel implementation of in-person and virtual modalities. In many respects, this would entail a doubling of work for the Secretariat under the above-mentioned staff constraints, and would require substantial additional resources.
9. Uncertainties about epidemiological development	No implications	All restrictions mentioned above (see points 1–7) may still seriously change pending on further epidemiological development, constraints in the vaccination roll-out, and the occurrence and impact of variants of concern. This uncertainty would constitute a major impediment to the smooth preparation and running of RC68; in the most critical situation, developments might even require the last-minute cancellation of the all hybrid preparations.

3. *Conclusion*

Based on the restrictions, serious uncertainties and risks, including high reputational risks, the requirement of substantial additional financial and human resources and the prevailing internal WHO regulations and recommendations, the Secretariat strongly suggests that RC68 should be conducted through fully virtual modalities using advanced technologies that provide room for innovative interaction even in a virtual environment. This proposal is for consideration by the Programme Subcommittee at its eleventh meeting on 29 June 2021.

If the Programme Subcommittee agrees, this proposal will be presented to the Officers of the 67th Regional Committee for their endorsement on behalf of Member States through a silence procedure whereby no disagreement within one week constitutes acceptance. Once approval is received, the Regional Director will indicate the chosen modality in his letter of convocation to Member States.