

Report of the

**68th session of
the WHO Regional
Committee for the
Eastern Mediterranean**

WHO Regional Office, Cairo, Egypt
11–14 October 2021



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Report of the

68th session of the
WHO Regional Committee
for the Eastern Mediterranean

WHO Regional Office, Cairo, Egypt
11–14 October 2021

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Report of the 68th session of the WHO Regional Committee for the Eastern Mediterranean, WHO Regional Office, Cairo, Egypt, 11–14 October 2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Contents

1. Introduction	1
2. Opening session and procedures.....	2
2.1 Opening of the Session	2
2.2 Formal opening of the session by the Chair of the 67th session	2
2.3 Address by Dr Ahmed Salim Al-Mandhari, the Regional Director	2
2.4 Address by Dr Tedros Adhanom Ghebreyesus, WHO Director-General.....	3
2.5 Election of officers	3
2.6 Adoption of special procedures.....	3
2.7 Adoption of the agenda.....	4
2.8 Decision on establishment of the Drafting Committee.....	4
3. Reports and statements	5
3.1 The work of the World Health Organization in the Eastern Mediterranean Region – Annual Report of the Regional Director for 2020	5
Progress reports on eradication of poliomyelitis; mid-term review of progress in implementing the regional tobacco control strategy; scaling up mental health care: a framework for action; regional framework for action on climate change; regional framework on ending preventable newborn, child and adolescent deaths and improving health and development; framework for action for the hospital sector in the Eastern Mediterranean Region; developing national institutional capacity for evidence-informed policy-making for health; accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018; regional framework for action to strengthen the public health response to substance use; COVID-19 preparedness and response activities in the Region; accreditation of regional non-State actors to the Regional Committee; health issues facing populations affected by disasters and emergencies including IHR [special update].....	5
3.2 Special update on emergencies in the Eastern Mediterranean Region	7
3.3 Special update on polio eradication in the Eastern Mediterranean Region.....	8
4. Technical matters	10
4.1 Accelerating health emergency preparedness and response – a plan of action	10
4.2 Working Group on Strengthening WHO Preparedness and Response to Health Emergencies; way forward (resolution WHA74.7).....	11
4.3 A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region	12
4.4 Building resilient communities for better health and well-being	13
4.5 Addressing diabetes as a public health challenge in the Eastern Mediterranean Region	14

5. World Health Assembly and Executive Board: Programme, budget and governance matters	16
5.1 Revision of Proposed Programme Budget 2022	16
Sustainable financing.....	16
5.2 Resolutions and decisions of regional interest adopted by the Seventy-fourth World Health Assembly and the Executive Board at its 148th and 149th sessions.....	18
Review of the draft provisional agenda of the 150th session of the WHO Executive Board.....	18
Transformation update.....	18
5.3 Membership of WHO bodies and committees	18
6. Other matters	19
6.1 Report of the fifth meeting of the Technical Advisory Committee to the Regional Director	19
6.2 Report of the tenth and eleventh meetings of the Programme Subcommittee of the Regional Committee.....	19
6.3 Report of the first and second meetings of the Regional Subcommittee for Polio Eradication and Outbreaks.....	19
6.4 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region	20
6.5 Award of the Down Syndrome Research Prize	20
6.6 Place and date of future sessions of the Regional Committee	20
7. Closing session	21
7.1 Review of draft resolutions, decisions and report.....	21
7.2 Adoption of resolutions	21
7.3 Closing of the session.....	21
8. Resolutions and Decisions	22
8.1 Resolutions.....	22
8.2 Decisions.....	32
Annexes	
1. Agenda	37
2. List of representatives, alternates and advisers of Member States and observers	39
3. Final list of documents, resolutions and decisions.....	62
4. Plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies in the Eastern Mediterranean Region	64
5. Roadmap on building resilient communities for better health and well-being in the Eastern Mediterranean Region	74
6. Framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region.....	77
7. Is the Eastern Mediterranean Region ready for digitalizing health? Implications from the Global Strategy on Digital Health (2020–2025).....	80
8. Strategy to promote the health of refugees and migrants in the Eastern Mediterranean Region.....	83

1. Introduction

The 68th session of the Regional Committee for the Eastern Mediterranean was held remotely via a secure web platform from the WHO Regional Office in Cairo, Egypt, from 11 to 14 October 2021. This was the second time a Regional Committee session had been held remotely. Special arrangements for the virtual session were developed under the oversight of the Programme Subcommittee of the Regional Committee to take account of the risks posed and the disruption caused by the COVID-19 pandemic.

The agenda is set out in Annex 1 of this report. The special procedures for the Regional Committee session are set out in Decision 2 of the Regional Committee.

The following Members were represented during the virtual session:

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

In addition, the session was attended by:

- Observers from WHO Member States outside the Eastern Mediterranean Region: Turkey, Republic of Cyprus.
- Observers representing United Nations organizations: Food and Agriculture Organization of the United Nations (FAO), International Atomic Energy Agency (IAEA), International Civil Aviation Organization (ICAO), International Organization for Migration (IOM), UNAIDS, United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).
- Observers representing intergovernmental, international and national organizations: Arab Organization of Red Crescent and Red Cross Societies, Centers for Disease Control and Prevention (CDC), GAVI, the Vaccine Alliance, Hamdard Foundation, Gulf Health Council, IMPACT-EMR, King Salman Humanitarian and Relief Center (KSRELIEF), League of Arab States, Organization of Islamic Cooperation, Saudi Red Crescent Authority, and The Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Non-State Actors in official relations with WHO: Alzheimer’s Disease International (ADI), Bill & Melinda Gates Foundation, EMPHNET, International Agency for the Prevention of Blindness (IAPB), International Alliance of Patients Organizations, International Diabetes Federation (IDF), International Federation for Medical Students’ Associations (IFMSA), International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), International League Against Epilepsy (ILAE), International Pediatric Association, NCD Alliance, Rotary Foundation, The Arab Board of Health Specializations, Union for International Cancer Control, World Heart Federation, World Medical Association (WMA), World Obesity Federation (WOF), and World Organization of Family Doctors (WONCA),
- Members of the *Vision 2023* Midterm Push Forward Taskforce, Officers of the Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies, and Officers of the Working Group on Sustainable Financing.

2. Opening session and procedures

2.1 Opening of the Session

Agenda item 1

The 68th session of the Regional Committee for the Eastern Mediterranean was opened at the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt on 11 October 2021.

2.2 Formal opening of the session by the Chair of the 67th session

The opening session of the 68th session of the Regional Committee for the Eastern Mediterranean was held on Monday 11 October 2021 in the Kuwait Hall of the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt. The session was opened by H.E. Dr Hala Zayed, Minister of Health and Population, Egypt, the outgoing Chair. In her opening remarks, Dr Zayed noted that although the COVID-19 pandemic was still ongoing, the world was now better equipped to respond to and control it, especially through vaccination. She observed that the pandemic had served to place health first on government agendas, and that health leaders therefore had a golden opportunity to maintain the momentum and focus on health. The Minister noted that this year's Regional Committee agenda addressed the public health priorities for the Region, including ensuring the continuous provision of basic health services in countries during the pandemic, but also in conflict and emergency situations. She recalled the strong spirit of cooperation at last year's Regional Committee session, and said that this year's gathering of Member States, representatives of United Nations, intergovernmental and international organizations, and non-State actors, was a statement of solidarity in difficult times. Finally, Dr Zayed expressed her gratitude to the WHO Director-General and Regional Director for their outstanding commitment and support to the countries of the Region.

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

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, opened his address by noting that it had been a year of great momentum in health and that, despite the difficulties the Region faced, new prospects for action had opened up for collective efforts to achieve WHO's regional vision of health for all by all. He highlighted three significant challenges facing the Region. First, the COVID-19 pandemic, had continued to disrupt health systems, economies and societies despite the development of vaccines. Although the pandemic had accelerated work to protect people from health emergencies, the Region's progress was still slow on the "triple billion" targets for universal health coverage and health and well-being. Second, ongoing conflicts and humanitarian emergencies in the Region were causing increased migration and displacement, placing great pressure on the health systems of both origin and host countries. Third, poliomyelitis remained a persistent threat to local, regional and global health. The Regional Director explained that, as the regional *Vision 2023* was at its midway point, a taskforce of experts had conducted a systematic review of achievements and gaps in its implementation. A Midterm Push Forward Plan would be presented to the Regional Committee, which would provide priority recommendations and actions for WHO and Member States for the coming two-year period. He made special mention of the medical personnel who had worked heroically to save lives during the COVID-19 pandemic, sharing his experience of visiting Afghanistan and Lebanon with the Director-General and witnessing the huge challenges facing the health systems and the difficulties experienced by communities in accessing basic health services. He also extended sincere thanks to health workers, volunteers and partners for their tireless efforts in countries and reiterated WHO's willingness to strengthen partnerships to ensure ongoing support to countries, especially those suffering from resource shortages and weak health systems. He underlined that WHO's presence on the ground was steadily being strengthened through its offices and staff in all countries of the Region and reaffirmed the Regional Office's commitment to continuous development and review of the performance of its programmes and country offices. The Regional Director concluded by noting WHO's reliance on the active support of its Member States, highlighting the important proposals from the Working Group on Sustainable Financing. He assured Member States that they would receive the maximum possible technical support from the three levels of WHO to achieve common goals in the Region, in cooperation with governments and nongovernmental organizations and in partnership with United Nations agencies and community-based organizations.

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

Speaking remotely, Dr Tedros Adhanom Ghebreyesus, WHO Director-General, referred to his visit Lebanon and Afghanistan with Dr Al-Mandhari in September 2021. He emphasized the health challenges that both countries faced and that WHO was working to support their health systems and the delivery of essential services and supplies, including for the Sehatmandi project, the backbone of the health system in Afghanistan, which provides care for millions of people but was currently only 17% functional due to a funding pause by major donors. He noted that WHO and partners were ready to begin a countrywide house-to-house integrated vaccination campaign for polio, measles and COVID-19.

He observed that while cases and deaths from COVID-19 in the Region were at their lowest levels for a year, the pandemic was far from over and inequitable access to vaccines was leaving millions of people in the Region at risk. WHO's global targets were to support every country to vaccinate at least 40% of its population by the end of 2021, and 70% by the middle of 2022. Together with its partners, WHO was doing everything possible to find ways of scaling up the production and distribution of vaccines, and it was therefore crucial that all countries were prepared for roll-out. Dr Tedros referred to the lessons of the pandemic and the four key areas for action identified from global reviews and reports. First, inclusive, equitable and accountable global governance was needed, and he highlighted the proposed international agreement on pandemic preparedness and response, which would provide an overarching framework for global cooperation and enhance solidarity among nations. Second, increased and better financing for national and global preparedness and response was required, entailing a substantial increase in domestic investment, including in primary health care, and in international financing to support low-income and lower middle-income countries. Third, better systems and tools were needed across the One Health spectrum; the new Hub for Epidemic and Pandemic Intelligence in Berlin provided a good example of progress in this area. And fourth, a strengthened, empowered and sustainably financed WHO was essential, at the centre of the global health architecture. WHO's unique global mandate, reach and legitimacy had been progressively weakened by the imbalance between assessed and voluntary, earmarked contributions that distorted the budget and constrained WHO's ability to deliver what Member States expect; redressing this imbalance was critical. He urged all Member States to support and invest in strengthening WHO, rather than creating new structures that could lead to more fragmentation.

The Director-General noted that the wide range of challenges faced by the Eastern Mediterranean Region was reflected in the Committee's Agenda, including diabetes, emergency preparedness, integrated disease surveillance, building resilient health systems and more. WHO remained committed to supporting countries to respond to the pandemic and to build forward better. In closing, Dr Tedros made three specific requests: for continued commitment from Member States of the Region to proven public health and social measures, in combination with vaccination; support from Member States for the international agreement on pandemic preparedness and response at the Special Session of the World Health Assembly in November 2021; and support from Member States to build a stronger WHO that is empowered and sustainably financed.

2.5 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair: H.E. Dr Ali Muhammad Miftah Al-Zinati, Minister of Health of Libya

Vice Chair: H.E. Dr Ahmed Robleh Abdilleh, Minister of Health of Djibouti

Vice Chair: H.E. Dr Hala Zayed, Minister of Health and Population of Egypt

2.6 Adoption of special procedures

Agenda item 1(b), Decision 2

The Regional Committee decided to introduce special procedures for its 68th session regulating the conduct of the virtual meeting.

2.7 Adoption of the agenda

Agenda item 1(b), Document EM/RC68/1, Decision 3

The Regional Committee adopted the provisional agenda and provisional daily timetable.

2.8 Decision on establishment of the Drafting Committee

Based on the suggestion of the Chair of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

- Dr Ahmed El-Sobky (Egypt)
- Dr Rana Muhammad Safdar (Pakistan)
- Dr Shaker Abdulaziz Alomary (Saudi Arabia)
- Dr Mohamed Abdi Jama (Somalia)
- Dr Amel Alfatih (Sudan)
- Dr Fâÿçal Ben Salah (Tunisia)
- Dr Hussain Alrand (United Arab Emirates)
- Dr Mohammed Mustafa Rajamanar (Yemen)
- Dr Rana Hajjeh (World Health Organization)
- Dr Rick Brennan (World Health Organization)
- Dr Asmus Hammerich (World Health Organization)
- Dr Awad Mataria (World Health Organization)
- Mr Tobias Boyd (Secretary) (World Health Organization)

3. Reports and statements

3.1 The work of the World Health Organization in the Eastern Mediterranean Region – Annual Report of the Regional Director for 2020

Agenda item 2(a), Document EM/RC68/3, Resolution EM/RC68/R.1

Progress reports on eradication of poliomyelitis; mid-term review of progress in implementing the regional tobacco control strategy; scaling up mental health care: a framework for action; regional framework for action on climate change; regional framework on ending preventable newborn, child and adolescent deaths and improving health and development; framework for action for the hospital sector in the Eastern Mediterranean Region; developing national institutional capacity for evidence-informed policy-making for health; accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018; regional framework for action to strengthen the public health response to substance use; COVID-19 preparedness and response activities in the Region; accreditation of regional non-State actors to the Regional Committee; health issues facing populations affected by disasters and emergencies including IHR [special update]
Agenda items 2(b–m), Documents EM/RC68/INF.DOC.1–12

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2020. While the written annual report concentrated on 2020, his verbal statement also addressed more recent experiences and put the focus on rebuilding better and fairer. The Regional Director highlighted that the response to the COVID-19 pandemic had put health at the top of the global policy agenda, strengthened solidarity, encouraged innovation and shown that progress was possible even under the most difficult circumstances. Many achievements had been accomplished at national and regional levels, but numerous challenges remained. Equitable distribution and production of vaccines must be accelerated. Poliovirus was still endemic in the Region. Conflict, climate change, communicable diseases, antimicrobial resistance and noncommunicable diseases (NCDs) were all urgent issues and needed to be tackled with the same high-level leadership, commitment and innovation as the pandemic. A comprehensive review of the implementation of the regional vision, *Vision 2023*, had found that progress so far was insufficient, and a regional report on progress towards the health-related Sustainable Development Goals (SDGs) had reached a similar conclusion. The Region was not on track to meet its ambitious health goals.

WHO was therefore working hard with Member States and partners to use the momentum of the pandemic response to achieve lasting gains in health security and advance progress towards universal health coverage, strengthen health systems and develop resilient communities. To reinforce support for the Region's courageous and dedicated health professionals, WHO had created a new Eastern Mediterranean Region Health Workers Recognition Award, and the Regional Director announced the first awardees. The technical agenda of the 68th session of the Regional Committee proposed a range of measures and actions to take work forward. In addition, the landmark report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region would help countries to address health inequities, ensuring no one was left behind. While progress had been made in this area, conflict remained a major problem in the Region and it was crucial to make health a bridge for peace and let the Region heal. Meanwhile, WHO Transformation had been enhanced through investment in communications, resource mobilization, partnerships, and research and development. The Regional Director noted the important proposals of the global Working Group on Sustainable Financing to ensure that WHO had a predictable, adequate level of resources and the flexibility it needed in using them to respond to dynamic challenges. Sustainable financing was a prerequisite for WHO to tackle global and regional health challenges and support Member States. He thanked his staff, Member States and partners, and called for solidarity beyond borders to achieve the shared vision of health for all by all.

Professor Dr Maha El Rabbat gave an overview of the *Vision 2023* Midterm Review and Push Forward Plan for the Eastern Mediterranean Region. She explained that, as the half-way point for implementation of *Vision 2023* and its strategy approached, the WHO Regional Director had established a taskforce composed of WHO staff and external experts to conduct a comprehensive review to identify successes, gaps and challenges in implementation so far. The review had identified numerous achievements by Member States and WHO across the four regional strategic priorities: expanding universal health coverage, addressing health emergencies, promoting healthier populations and making transformative changes in WHO. However, assessment was hampered by the absence of a clear monitoring framework to assess the vision at midterm. Furthermore, the review found serious gaps where concerted effort was required to reach targets within the set timeframe. The review taskforce identified six priority recommendations with associated actions to accelerate implementation of *Vision 2023*. A Midterm Push Forward Plan had been developed to respond to the recommendations of the review, building on identified strengths, opportunities, novel approaches and lessons learned. Strategic accelerators were proposed to facilitate implementation, allowing innovative approaches by Member States based on their needs and priorities. A short-term plan for 2021 and deliverables for a longer-term plan for 2022–2023 had also been finalized and would be monitored using a new monitoring and evaluation framework.

Discussion

The Director-General thanked the Regional Director and all his team for their detailed annual report. He said that the Eastern Mediterranean Region faced many challenges but could also celebrate numerous achievements, innovations and reasons for optimism. The Region had made impressive efforts in dealing with the COVID-19 pandemic and getting health services back on track. There were many urgent health challenges, but the COVID response had shown what was possible with high-level leadership. As the Regional Director had said, ending conflict was a key concern, and the Director-General enjoined all participants to work together towards a healthier, safer and fairer world.

Representatives commended the report of the Regional Director, which they said had captured the health situation and priorities of the Region well. Ongoing conflict and the COVID-19 pandemic had had devastating consequences for public health systems and economies in all countries, especially in those with fragmented health care and insufficient primary health care, hindering progress in achieving the health-related SDGs, including target 3.4 on NCDs which might need revising. But the consequences of the pandemic had also presented opportunities to prioritize national health strategies and health systems, helping countries to focus not only on strengthening national responses to the pandemic but on safeguarding progress toward universal health coverage, and creating a new sense of solidarity and potential to generate sustainable pathways towards peace and development. Health systems in all countries needed strengthening and this also presented opportunities for greater cooperation and dialogue and to cultivate change towards greater equity and improvements in primary health care to achieve regional and global public health goals.

Representatives acknowledged the importance of improving the conditions and opportunities for professional development of health care workers to ensure a sustainable health workforce to promote resilient health systems. Representatives also commended the framework for action to scale up mental health care in the Region, especially in light of the pandemic and the heavy toll it had taken on the mental health of many people, and in particular on people, especially the most vulnerable, in countries in conflict. Countries needed greater WHO technical support in this area and to integrate mental health into primary health care and strengthen referral pathways. Representatives also expressed appreciation for the agenda items selected for this year's meeting, noting that a strategy was needed to prioritize public health policy and legislation instruments and tools to attain the health-related SDGs and develop health systems. They expressed support for strengthening regional tobacco control efforts, promoting local vaccine production, ensuring equitable COVID-19 vaccine distribution, eradicating polio, strengthening emergency preparedness and response efforts, and implementing the regional framework on ending preventable newborn, child and adolescent deaths and improving health and development. Representatives also said that they looked forward to the full plans from the Midterm Review and Push Forward, to accelerate progress towards *Vision 2023*.

Statements were made on behalf of the following observers: International Alliance of Patients' Organizations; International Federation of Medical Students' Associations; International Pharmaceutical Students' Federation (IPSF); and the International Pediatric Association.

The Regional Director thanked representatives for their remarks and expressed his appreciation for Member States' trust in WHO and its support in strengthening national health programmes in the Region to achieve regional and global public health goals. He talked about the resilience of its people and the spirit of solidarity; although the Region was beset by challenges, there was much room for optimism as it had demonstrated its ability to optimize opportunities through energy, knowledge, skills and spirit. He said a great deal of support was needed to strengthen health systems, especially in light of ongoing conflict and the COVID-19 pandemic, but also in terms of natural disasters that took a toll on the mental health of people in the Region. He thanked countries for their support for the proposal to establish a High-level Ministerial Group on Tobacco Control in the Region to galvanize action in this crucial policy area. Tough action needed to be taken against the tobacco industry, whose unethical tactics were harming the health of many in the Region. WHO was fully committed to implementing the recommendations of the Midterm Push Forward Plan to accelerate implementation of *Vision 2023*. The Regional Director said that he had learned a great deal during his visit to Lebanon which had inspired him to re-evaluate the opportunities that could be exploited. He wished to further strengthen vaccine production in the Region, noting that countries such as Egypt, the Islamic Republic of Iran, Morocco, Pakistan, Saudi Arabia, Tunisia and the United Arab Emirates had a good record in the local production of vaccines.

3.2 Special update on emergencies in the Eastern Mediterranean Region

The Regional Emergency Director, WHO Health Emergencies Programme, presented an update on emergencies in the Region. He observed that the Eastern Mediterranean Region had the heaviest burden of emergencies among WHO regions, with humanitarian crises in 10 out of the 22 countries and territories, and 43% of the global total of people in need of humanitarian assistance. He noted that WHO had adopted a comprehensive emergency risk management approach and progress had been made across all phases; however, much more needed to be done. Work was being undertaken to strengthen early detection and timely response, including in the areas of surveillance, laboratory diagnosis and clinical management. Strengthening preparedness required a rethink of monitoring and building International Health Regulations (IHR) (2005) core capacities; therefore, a review of tools was ongoing. WHO was working with countries to develop appropriate emergency response plans based on risk profiling, and all-hazards risk profiling had been undertaken in 14 Member States. Data collection, analysis and sharing had improved through the use of new tools that were being rolled out at the country level. WHO was also working collaboratively with Member States to advance work on public health intelligence. The incident management system and the logistics hub in Dubai were game-changers in emergency response, but conflict and instability were presenting enormous demands. It would be necessary to further professionalize the approach to emergency management at all levels so that progress could continue across the emergency response cycle.

Discussion

Representatives welcomed the presentation and reaffirmed that ensuring robust emergency preparedness and response was a top priority in the Region due to the scale of health and humanitarian emergencies as well as the impact of the pandemic. A number of recent country-level initiatives were shared and several ongoing challenges noted. Technical guidance was needed in several areas, including strengthening surveillance and electronic systems, vaccine technology transfer and tools for implementing national plans and strategies. Member States discussed how COVID-19 had exposed weaknesses in emergency preparedness and response and highlighted the need for better detection and planning to prevent future pandemics and health emergencies. The need for a review of the IHR (2005) and their implementation was noted, including review of the traditional tools used for cooperation and information-sharing, to ensure that effective early detection and response capacities were in place for future health emergencies.

Statements were made by the following observers (in order): Eastern Mediterranean Public Health Network (EMPHNET); the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

The WHO Assistant Director-General, Emergency Preparedness and International Health Regulations, noted that WHO global and regional efforts were underway to adapt tools, guidance and strategies to reflect the lessons learned from the COVID-19 pandemic. Tools for assessing IHR core capacities were being revised, and a voluntary external peer review process to address IHR monitoring was being piloted. These initiatives would encourage solidarity between countries and help to prepare better for future health emergencies.

The Regional Emergency Director acknowledged the effective work being done in countries and the good examples of multisectoral collaboration, comprehensive all-hazards management, expansion of emergency operations centres and use of risk assessments in the Region. WHO would provide support to countries in technology transfer for the local production of vaccines. Health system resilience was a priority and WHO recognized the need to accelerate integration of health emergency preparedness into broader health systems strengthening. He welcomed the peer review process and hoped that Member States of the Region would all support the initiative. He thanked WHO's regional and international partners for their vital cooperation.

The Regional Director thanked participants for their inputs. He emphasized the importance of moving beyond the health sector, through open dialogue and multisectoral discussions, to prevent and respond to emergencies. Although there were enormous and varied challenges in the Eastern Mediterranean Region, there was also an opportunity to document successes and share knowledge with other regions. He looked to the future in a spirit of solidarity and cooperation with Member States, United Nations agencies and other partners.

3.3 Special update on polio eradication in the Eastern Mediterranean Region

The Director of Polio Eradication presented an update on the status of polio eradication in the Region. He noted there had been an unprecedented decline in wild poliovirus type 1 (WPV1) transmission in 2021, with Afghanistan and Pakistan reporting only one case each in January. Environmental sampling indicated declining transmission of WPV1 in Pakistan, while the last environmental detection in Afghanistan had been in February. There had also been a decline in detection of circulating vaccine-derived polioviruses (cVDPVs) in both countries. Despite declining transmission, there was a risk of resurgence of polio due to threats to the health system in Afghanistan and missed children in Pakistan. However, he welcomed the news that authorities in Afghanistan would support nationwide house-to-house vaccination campaigns. A number of countries had controlled outbreaks of cVDPVs in 2021, while others were undertaking vaccination campaigns in response to outbreaks. Countries had made excellent progress in preparing for use of the novel type 2 oral polio vaccine (nOPV2); however, there had been an unexpected interruption in supply since the sole manufacturer had shifted to production of COVID-19 vaccines. Countries were advised to respond rapidly to cVDPV events and to use the available monovalent or trivalent vaccine to control outbreaks.

In 2021, the Regional Subcommittee for Polio Eradication and Outbreaks had been established to support the implementation of resolution EM/RC67/R.4 on polio eradication, adopted by the Regional Committee in October 2020. Polio transition was being overseen by the Regional Steering Committee on Polio Transition, chaired by the Regional Director, in six priority countries, with the focus on immunization, surveillance, emergency response capacities and sustaining essential polio functions. Integrated public health teams would commence implementation of polio transition in 2022 and national ownership and support for polio transition was essential for success. He asked Member States, the Polio Oversight Board and the Regional Director for their continued strong leadership in securing a polio-free future for the Region.

Discussion

Representatives gave an update on polio eradication efforts in their countries, noting that vaccination campaigns had continued even in conflict-affected settings. While collaboration with WHO, partners and neighbouring countries had been instrumental in efforts to eradicate cVDPV outbreaks, human and financial resource challenges, increased movement of refugees and migrants, and weak surveillance capacities meant that some countries remained at risk. WHO guidance and technical support in planning nOPV2 roll-out in endemic and threatened countries was requested. The strong oversight of and commitment to the programme at the very highest level in Pakistan was highlighted. Although Pakistan had maintained sensitive surveillance, in light of the low rates of transmission this year, investigation was underway to ensure that environmental surveillance was working appropriately. Countries recognized this was a key moment in the Region as transmission of WPV1 was at a historic low and polio eradication was within reach; however, it was not a time for complacency and efforts needed to be intensified.

Statements were made by the following observers (in order): Bill & Melinda Gates Foundation; Centers for Disease Control and Prevention (CDC); Gavi, the Vaccine Alliance; WHO Regional Director for Africa; Rotary International; UNICEF South Asia.

The Director of Polio Eradication appreciated the unwavering support received from United Nations agencies, international partners and donors for achieving polio eradication in the Region, as well as the support of members of the Regional Subcommittee and Polio Oversight Board. He welcomed the news from Afghanistan that house-to-house polio vaccination campaigns would be resumed next month and expressed his hope that funding support to maintain essential health services in the country through the Sehetmandi project would be continued. He acknowledged the targeted efforts and commitment of Pakistan and noted that WHO would review the status of surveillance in polio-endemic countries.

The Regional Director commended the efforts of Member States and highlighted that the ownership of polio eradication by governments and communities, with the support of United Nations organizations and partners, was crucial for success. The high-level membership of the Regional Subcommittee on Polio Eradication and Outbreaks was a testament to this commitment. He reassured Member States that the polio transition plan would ensure that polio assets would be used to strengthen the health systems in countries. He called for greater efforts to reach those whom vaccination campaigns had missed, including communities in hard-to-access areas, in order to finally eradicate polio in the Region.

4. Technical matters

4.1 Accelerating health emergency preparedness and response – a plan of action

Agenda item 3(a), Document EM/RC68/4, Resolution EM/RC68/R.2

The Regional Emergency Director gave a presentation on ending the COVID-19 pandemic and preventing future health emergencies. The lessons of COVID-19 had shown the need to revise approaches to health emergency preparedness and reconceptualize thinking on health system resilience. Independent reviews of the global response to the pandemic, the 2020 report of the Global Preparedness Monitoring Board and other global documents had provided useful guidance. Despite complex emergency situations and wide income disparities in the Region, countries had made good efforts during their pandemic response. However, the prevention and control of future pandemics and other health emergencies would require a range of commitments from all sectors of society. Political leadership, sustained investment in health emergency preparedness and key health system functions, and acceleration of national and regional production of vaccines were crucial. Epidemiological and laboratory data and information had to be shared with WHO in a timely manner, compliance with the International Health Regulations (2005) assured, multisectoral collaboration expanded, including for One Health, and communities fully engaged in preparedness and response efforts. To support Member States, WHO had developed a plan of action on health emergency preparedness for the Eastern Mediterranean Region, including short-term and medium- to longer-term priorities. It was necessary to accelerate efforts to end the COVID-19 pandemic, enhance health security preparedness as an integral part of health system strengthening, and build resilient systems capable of predicting and preventing future health emergencies.

Discussion

Representatives welcomed the technical paper, highlighting that the COVID-19 pandemic had revealed many weaknesses in emergency preparedness and response in the Region, including in IHR (2005) implementation, surveillance, information-sharing, laboratories, leadership and planning, and health system capacities. However, the regional response had also demonstrated many successes, such as the repurposing of polio assets, enhancing of laboratory networks, integration of surveillance systems, involvement of communities, including religious leaders and civil society organizations, and implementation of vaccination campaigns. There was a need to enhance health emergency preparedness and response through political commitment, multisectoral collaboration, mobilizing resources, enacting legislation, building health workforce capacity, and integrating emergency preparedness and response with general health system strengthening. Also highlighted were the challenges in obtaining vaccine supplies and the need for international support through the COVAX Facility and other mechanisms, as well as for regional vaccine production, to be able to meet targets for the vaccination of populations and achieve vaccine equity. It was pointed out that future emergency preparedness and response efforts could learn many lessons from the response to the COVID-19 pandemic.

Statements were made by the following observers (in order): International Federation of Medical Students' Associations; World Heart Federation; Global Health Development; and Alzheimer's Disease International.

In his response, the Regional Emergency Director noted that many of the points raised illustrated elements of the action plan, including the need for high-level ownership, multisectoral cooperation, using existing health infrastructure such as that for polio, and moving towards integrated disease surveillance. He noted success stories from the Region, including Djibouti's campaign to combat vaccine hesitancy, and acknowledged the concerns raised over the need for equity (including in vaccine supply), working at the subnational level and building resilient health systems.

The Director of Programme Management responded to questions about the local production of vaccines for COVID-19, an area receiving particular attention from WHO. She reported that there had been several recent meetings with major partners and manufacturers and that six Member States in the Region currently had the capacity to produce the vaccines (Egypt, the Islamic Republic of Iran,

Lebanon, Morocco, Pakistan and the United Arab Emirates). She emphasized that it was important for the Region to develop its manufacturing and regulatory capacities. Many Member States from the Region were participating in phase 3 clinical trials and there was an initiative underway to develop a hub for technology transfer in the Region similar to the global hub that already existed in South Africa.

The WHO Assistant Director-General, Emergency Preparedness and International Health Regulations, said there needed to be progress in four key areas: governance (at global, regional and national levels); sustainable financing (domestic and international); systems and tools (including for the supply chain and virus-sharing); and equity and access (including technology transfer). He highlighted the work of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies which was leading discussions in these areas.

The Regional Director said that there were a number of key pillars for enhancing preparedness for future emergencies, based on lessons learned from the response to the COVID-19 pandemic. These included: a whole-of-government and whole-of-society approach; health system strengthening; strong engagement and empowerment of communities; and building health workforce capacity through increased production and training. Vaccine production was critical for health security, as was maintaining essential health services. He concluded by saying that innovation, solidarity and dynamism were needed to face future pandemics and other emergencies in the Region.

4.2 Working Group on Strengthening WHO Preparedness and Response to Health Emergencies; way forward (resolution WHA74.7)

Dr Ala Alwan, Vice-Chair of the Bureau of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, presented an overview of the Group's activities from its first meeting in May 2021, outlining its remit to consider the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, in preparation for a special session of the World Health Assembly (29 November–1 December 2021) to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. The Eastern Mediterranean Region has the highest global burden of crises, and addressing the gaps in the IHR was a priority for all its Member States. He urged Member States in the Region to provide their input through "deep dive" sessions; three such sessions had already been held and a fourth was scheduled to occur before the special session of the World Health Assembly in November.

Discussion

A concern was raised about variation among countries in adhering to Articles 2 and 43 of the IHR (2005) in relation to travel restrictions, the effective role played by joint external evaluations (JEEs) and national action plans for health security in addressing the COVID-19 pandemic, and the challenges countries faced in obtaining accurate information from IHR national focal points.

Dr Alwan responded that, based on the recommendations of the Independent Panel, IHR Review Committee and Oversight and Advisory Committee, countries should focus on key IHR amendments. He noted that while more than 100 countries had conducted JEEs, the resulting plans had often not been implemented or resourced.

The Regional Director expressed WHO's commitment to working with Member States to ensure that the Region's voice was heard and said that the Working Group was one of the main pillars in ensuring that countries were well prepared for future emergencies.

4.3 A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region

Agenda item 3(b), Document EM/RC68/5, Resolution EM/RC68/R.3

The Programme Area Manager, Health Emergency Information and Risk Assessment, noted that the COVID-19 pandemic had highlighted the urgent need for effective public health surveillance to detect potential health threats, monitor disease mortality and morbidity, and guide prevention and control measures. Although most countries of the Region had systems in place for disease-specific surveillance, these were generally not coordinated, which led to redundancies and gaps and made them less effective in early detection of threats. Integrated disease surveillance (IDS) would improve both the efficiency of health information systems and their effectiveness in the use of data to guide decision-making. There had already been successful efforts made towards IDS from which lessons could be learned. He outlined that effective integrated surveillance required: governance and multisectoral coordination; technical guidance; progressive convergence of data systems to generate a single master digital platform for the collection, management and dissemination of data; sufficient financial, infrastructure and human resources; consolidation of data collection tools; timely analysis and the use of information in decision-making; a national public health laboratory policy for reliable laboratory diagnosis with real-time electronic sharing of results; and a monitoring and evaluation framework that included key performance indicators. WHO proposed that Member States of the Region committed to implementing IDS systems by the end of 2025. A regional strategy to guide Member States in strengthening and integrating their national surveillance systems with the support of WHO was presented, which would feed into regional and global efforts to strengthen collective public health intelligence.

Discussion

Representatives welcomed the IDS strategy and described successful examples of establishing national IDS systems, including in response to the COVID-19 pandemic. The establishment of unified digital platforms in some countries had allowed the comprehensive, integrated, rapid and flexible reporting of data, and sometimes included health risk factor and One Health surveillance. However, challenges were also mentioned, including in integrating fragmented vertical systems and achieving the required coverage and timely reporting of data. The need for adequate and sustainable financing was pointed out, as was the important role of good governance, including the establishment of departments, legislation, policies, procedures and guidelines for integrated surveillance. Countries requested support from WHO for their transition to IDS.

The Programme Area Manager, Health Emergency Information and Risk Assessment, thanked Member States for their support for the IDS strategy and said that WHO had the expertise needed to support them in its implementation in countries. He pointed out that Member States could also learn from and support each other in this process.

The Director of Programme Management said the COVID-19 pandemic had revealed the value of surveillance systems and the urgent need for timely data to inform decision-making, monitor interventions and adjust strategies accordingly. She pointed out that IDS should be part of a comprehensive health information system, which could also include information on NCDs and their risk factors. Many countries in the Region still had fragmented vertical surveillance systems, and Member States needed to tailor the regional strategy to their national context and could learn lessons from other countries in the Region. WHO was looking forward to working with Member States on implementing IDS in the Region, which was a critical part of health emergency preparedness and response as well as other public health priorities.

4.4 Building resilient communities for better health and well-being

Agenda item 3(c), Document EM/RC68/6, Resolution EM/RC68/R.4

A presentation was made by the Director, Healthier Populations Department, on building resilient communities for better health and well-being in the Eastern Mediterranean Region. The importance of community engagement had been recognized in global and regional plans as well as in the Sustainable Development Agenda, and the COVID-19 pandemic had further highlighted the critical role of civil society and communities in effective health emergency response. Adherence to public health and social measures and vaccine acceptance, for example, would have benefited from the early engagement and involvement of community leaders and members. Good examples of community engagement had been seen in countries of the Region, some of which had established networks of volunteers, community health workers or community-based organizations who also played a vital part in the COVID-19 response. Community engagement should involve working collaboratively with communities, from the design of interventions to their implementation, through active participation and two-way communication. Community actors were trusted, credible and accountable to the community, which could result in a higher uptake of health interventions and health emergency prevention and protection measures. A landscape analysis of community engagement was conducted in the Region in 2021, and drivers, enablers and barriers had been identified that were relevant in many different country contexts. To build empowered and resilient communities would require political commitment, partnership with civil society and a clear governance structure to better guide and coordinate community engagement using a multisectoral approach. A regional roadmap for building resilient communities for better health and well-being was therefore being proposed. The roadmap included strategic directions and actions to enhance community and civil society engagement, and could be adapted to the specific needs and context of each country in the Region.

Discussion

Representatives reiterated their strong support for community engagement and welcomed the regional roadmap. They emphasized the need for political commitment and a clear governance framework to institutionalize the engagement of communities. Other prerequisites for effective community engagement identified included the establishment of a dedicated structure at national level and the involvement of all sectors and stakeholders. Partnership with civil society organizations, inclusion in national strategies and plans, adopting a One Health approach, mobilizing the required resources and ensuring inclusivity were also highlighted by Member States. Member States shared experiences of effective community engagement in several areas including NCDs and tobacco control, delivery of primary health care, climate change initiatives, digital inclusion and maternal and child health projects, noting the involvement of youth, women and religious leaders and the inclusion of vulnerable groups such as refugees and migrants. During the COVID-19 pandemic, countries had been able to mobilize community workers and volunteers to distribute personal protective equipment, raise awareness of protective measures, monitor compliance and undertake contact tracing. Active Healthy Cities and Healthy Villages networks in countries had also proved instrumental in the COVID-19 response. It was noted that even in conflict-affected and fragile settings, community-based initiatives could make a vital contribution on the ground, and it was possible to harness the support of communities for humanitarian efforts. WHO was requested to continue to facilitate the documentation and sharing of experiences, strengthen global and regional coordination and promote a tailored approach to community engagement.

Statements were made by the following observers (in order): International Federation of Medical Students' Associations; International Federation of Red Cross and Red Crescent Societies.

The Director, Healthier Populations Department, thanked representatives for their excellent interventions and for highlighting the need for greater political commitment and governance in community engagement. She appreciated that some countries already had dedicated departments in their ministries of health or had integrated community engagement within national strategies, and noted that small-scale community-based initiatives could grow into strong networks that could save and empower lives and sustain health services. Member States had demonstrated experience in

multisectoral interventions, undertaken innovations for digital inclusion and made community engagement a central component of Healthy Cities and Healthy Villages programmes. Documenting and sharing these important learning experiences would show how to operationalize and institutionalize engagement with communities as part of health service delivery. She thanked Member States for their contributions. WHO looked forward to turning the concept of community engagement into action.

The Director of Programme Management thanked the representatives for sharing successful examples of community engagement in their countries. She noted that harnessing the power of communities had been of great value in many areas, including maternal and child health, HIV and tuberculosis. However, the COVID-19 pandemic had revealed that community engagement was one of the weaker areas of the health emergency response, and therefore WHO had recognized the need to include communities as an integral part of preparedness and response. The aim now was to operationalize and institutionalize community engagement in a systematic way using a multisectoral approach that recognized that building community resilience was not the responsibility of health ministries alone but required the participation of other sectors.

The Regional Director thanked Member States for their active participation in the discussions. He stated that the goal of a strong and resilient health system was to keep people in good health and that individuals, families and communities had to be empowered to play a more active role in their own health. Successful community engagement from within and outside the Region had led to huge positive changes and communities represented an untapped resource that could heavily influence health outcomes. Through building on this experience and using WHO tools, strategies and guidance, the Region was ready to take concrete steps to engage and empower communities.

4.5 Addressing diabetes as a public health challenge in the Eastern Mediterranean Region

Agenda item 3(d), Document EM/RC68/7, Resolution EM/RC68/R.5

The Director of UHC/Noncommunicable Diseases and Mental Health noted that diabetes was a complex clinical and public health challenge that had reached epidemic proportions globally, and the socioeconomic burden of the disease was growing. In the Eastern Mediterranean Region, diabetes affected 55 million adults aged 20–79 years, and prevalence of the disease rose dramatically after the age of 40. Diabetes was a leading cause of cardiovascular disease, blindness, kidney failure and lower-limb amputation, causing premature death and disability, increasing health care costs and hampering development. Many countries in the Region had introduced national plans to address diabetes or included diabetes as part of broader NCD health policies, strategies and plans and universal health coverage benefit packages. However, action to develop comprehensive and integrated responses to reduce, halt and reverse diabetes, obesity and other related NCD risk factors had been uneven across the Region. Moreover, disruption to diabetes health services during the COVID-19 pandemic had underlined the need to restore, maintain and strengthen diabetes care as part of the range of essential health services included within the scope of national COVID-19 strategic preparedness and response plans. This was particularly true in countries with ongoing humanitarian crises, where access to diabetes care was already limited. Building on the momentum created by the centenary of the discovery of insulin, the launch of the WHO Global Diabetes Compact and the adoption at the Seventy-fourth World Health Assembly of a resolution on diabetes in 2021, countries were urged to take a series of actions to prevent diabetes and improve its clinical management. A draft regional framework for action was proposed, including a set of prioritized interventions and indicators that all governments should consider when scaling up national responses for diabetes prevention and control.

Discussion

Representatives acknowledged that diabetes had reached epidemic proportions in WHO's Eastern Mediterranean Region, driven by the demographic transition along with increasing consumption of unhealthy diets, tobacco use, increasing prevalence of obesity and declining levels of physical activity. They discussed the need to better address it as a public health priority and develop more multisectoral responses within various policies, initiatives and programmes. Based on the nine WHO global NCD

targets, some countries had set time-bound targets for NCDs, including targets to halt the rise of diabetes and/or obesity. Maintaining a healthy weight was an important factor in preventing diabetes, and halting diabetes and obesity was closely linked with policies, strategies and plans that addressed unhealthy diets and/or physical inactivity, along with broader NCD risk prevention policies addressing tobacco consumption. Representatives talked about the importance of engaging civil society in national programmes to reduce the prevalence of diabetes and also people living with diabetes who could influence the design of people-centred health services to enhance self-care and treatment adherence and outcomes. Representatives agreed that the early detection and proper management of diabetes were needed to complement population-level preventive and cost-effective interventions, such as reducing intakes of salt, sugar and saturated fats and implementing taxes on sugar-sweetened beverages and other taxes and subsidies to promote healthy diets. Monitoring and evaluation of the diabetes burden should be part of the NCD surveillance system that monitors NCD outcomes, exposure to risk factors, social determinants and national responses. They also discussed the importance of digital health technology and mobile clinics to prevent and manage diabetes, especially in light of the COVID-19 pandemic which had only increased the demand for digital health and services that could deliver medications to people's doorsteps. It was also noted that there were urban/rural differences in the prevalence of diabetes, with prevalence higher in urban areas. Representatives expressed strong support for the proposed draft framework for action.

Statements were made during the session on behalf of the following observers (in order): Secretariat of the WHO Framework Convention on Tobacco Control; International Federation of Medical Students' Associations; World Heart Foundation; Eastern Mediterranean NCD Alliance; and the International Pharmaceutical Students Federation.

The Director of UHC/Noncommunicable Diseases and Mental Health thanked representatives for their contributions and their enthusiastic support for the proposed framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region. Elements of various national policies, initiatives and programmes – establishing monitoring and evaluation systems to assess effectiveness of diabetes management and control, documenting best practices and raising public awareness – were all echoed in the framework and indicators were part of the framework. He stressed that NCDs should be addressed as an integral part of pandemic preparedness and response plans.

The Director of Programme Management stressed that greater urgency was needed in addressing the silent pandemic of diabetes as a public health problem, as complications from diabetes were the major contributor to increased mortality and morbidity in patients with diseases like COVID-19 and Middle East respiratory syndrome. The prevention of risk factors was critical and quality indicators for the care and management of patients with diabetes should be integrated at primary health care level to promote better patient outcomes.

The Regional Director said that reducing the prevalence of diabetes was an important target for the Sustainable Development Goals, GPW 13 and *Vision 2023*. The increasing prevalence of the disease was alarming. He also stressed the importance of preventing common risk factors for the disease and its complications which led to conditions such as blindness, amputation and renal diseases. There were huge direct and indirect costs not only for health systems but to patients and families. The Regional Director also noted the bidirectional relationship between mental disorders and diabetes.

5. World Health Assembly and Executive Board: Programme, budget and governance matters

5.1 Revision of Proposed Programme Budget 2022

Sustainable financing

Agenda item 4(a), Documents EMRO/R68/8, EMRO/R68/9

WHO's Director of Planning, Resource Coordination and Performance Monitoring noted that the Programme Budget for 2022–2023, approved at the Seventy-fourth World Health Assembly in May 2021, had included a 16% increase in the base segment of the Budget (US\$ 435 million for the biennium 2022–2023), with the expectation of a mid-term revision in May 2022. The scope of the revision would depend upon the resolutions passed by the Seventy-fourth Health Assembly, the implementation of new initiatives designed to respond to lessons learned during the COVID-19 pandemic, such as the new Berlin Hub for Pandemic and Epidemic Intelligence, and the implications of emerging information and recommendations from a range of bodies, including the Independent Panel for Pandemic Preparedness and Response (IPPPR), the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for WHO Health Emergencies. Analysis of more than 215 recommendations had found an emerging consensus on the need for: global health architecture and governance; a stronger WHO supported by sustainable financing; IHR (2005) implementation and compliance; global financing for public common goods; research and development regulations, manufacturing medical countermeasures and equitable access; and One Health. The key areas of strategic focus would remain the same and included bolstering emergency preparedness and response, building resilience through primary health care-oriented health system strengthening and health security, accelerating progress on the SDGs, and advancing WHO leadership on science and data. A consultation process was underway with regional offices, technical divisions and Member States to prepare a draft revised Programme Budget for review by the Executive Board in January 2022.

Björn Kümmel, Chair of the Working Group on Sustainable Financing, noted that the COVID-19 pandemic had underlined the need for a strong WHO with the capacity to meet the challenges of the future and the expectations of Member States. However, according to all expert assessments, WHO's current funding model was not fit for purpose, with only 16% of the budget coming from Assessed Contributions, leading to a dependence on donor funding. This meant that, in effect, donors and not Member States set the agenda, resulting in major inefficiencies, a lack of predictability and chronic underfunding of priority programme areas, such as NCDs, health system strengthening and health emergency preparedness. In recognition of this situation, Member States had called for a more sustainable funding model, leading to the establishment of the Working Group on Sustainable Financing. The Working Group's sessions were open to all Member States, and the Chair of the Working Group encouraged them to attend. The Working Group had examined the underlying issues, different innovative models of sustainable funding and the recommendations of the IPPPR and others, concluding that the best option would be to increase Assessed Contributions from Member States, along with the adoption of a replenishment model. The Working Group had sent five questions to Member States, and three Regional Committees so far had supported the option that WHO's base segment of the Programme Budget should be at least 50% funded by Assessed Contributions in order to ensure integrity and safeguard the independence of WHO (the fourth Regional Committee already follows this model) and agreed that the entire base budget should be fully funded by unearmarked flexible contributions. He called on Member States to be "part of the solution" and noted that proposals could be submitted up until the end of October 2021. He concluded by saying that this was an historic juncture, noting that the investment needed would be minimal compared to the billions spent on the response to the COVID-19 pandemic, and that if the chance was not taken to establish a sustainable funding model for WHO, other less inclusive and accountable actors might emerge to take its place.

Shafaq Mokwar, a member of the Working Group, presented the five questions the Group had sent to Member States. These were:

1. Do the Member States share the view that WHO's base segment of the Programme Budget should be at least 50% funded by Assessed Contributions in order to ensure integrity and safeguard the independence of WHO?
2. Do the Member States share the view of the IPPPR that the entire base budget should be fully funded by unearmarked flexible contributions?
3. Would Member States support the Seventy-fifth World Health Assembly agreeing on the way forward for Assessed Contributions increase and adopting an incremental implementation schedule?
4. Do the Member States agree to explore the IPPPR recommendation for a replenishment model to cover the remaining part of the base segment of the programme budget by both Member States and non-State actors?
5. What are the best practices and lessons learned for prioritization in the regions?

Twelve Member States had responded to the questionnaire, and she encouraged the remaining Member States to do so before the end of October 2021. For question 1, 10 Member States responded "yes" and one each responded "no" and "no opinion". For question 2, six Member States responded "yes" and three responded "no" and three "yes, with conservative opinion" (reservations). For question 3, five Member States responded "yes", three responded "no", three "yes, with conservative opinion" and one with "no opinion". For question 4, 10 Member States responded "yes" and two had "no opinion". For question 5, most Member States that responded felt that prioritization was a complex exercise due to the diverse and dynamic nature of the Region, and some proposed basing priorities on national strategic priorities within each country and felt that prioritization should be more Region-specific and country-focused. Other Member States stressed that prioritization should be consistent with WHO's Thirteenth General Programme of Work and the regional vision, *Vision 2023*. The presenter urged Member States of the Region to establish a joint position statement on the issues.

Discussion

Representatives welcomed the recommendations of the Working Group on Sustainable Financing, noting the value of the Organization and agreeing that it needed to be sustainably financed, have the needed flexibility and be able to respond to the needs of the Member States. They supported an increase in funding, in particular for emergency preparedness and response and accelerating progress towards the SDGs. Some felt that the increase in Assessed Contributions should be done in a gradual manner with clear timelines and taking into account the financial impact of the COVID-19 pandemic on Member States. There were also calls to consider innovative funding models and the equitable distribution of the Programme Budget across the three levels of WHO.

In response, the Chair of the Working Group on Sustainable Financing said that innovative models were needed but that no concrete proposals had emerged except for the replenishment model, which WHO could learn about from the experience of organizations such as Gavi, the Global Fund and the World Bank and adapt to WHO's governance model. He reiterated that it would be a missed investment opportunity if an increase in funding was not secured, and that the current misalignment between WHO's governance and funding models needed to be rebalanced so that it was "owned" by Member States rather than donors.

The Regional Director highlighted the importance of ensuring that WHO was agile, Member State-owned and independent. He noted that reservations about the presented sustainable financing model were expected and welcomed, but emphasized that the COVID-19 pandemic had revealed the time to act was now and that delays would have huge costs. He called on Member States to support the necessary changes to WHO's funding model to leave it fit for purpose for future generations.

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

Agenda item 4(b), Document EM/RC68/10

Dr Rana Hajjah, Director of Programme Management, gave a presentation on the resolutions and decisions of regional interest adopted by WHA74, EB148 and EB149. These included: oral health (WHA74.5); the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (WHA74(20)); follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs (WHA74(10)); the role of the global coordination mechanism on the prevention and control of NCDs in WHO's work on multistakeholder engagement for the prevention and control of NCDs (WHA74(11)); strengthening efforts on food safety (WHA73.5); global actions on epilepsy and other neurological disorders (WHA73.10); accelerating action to reduce the harmful use of alcohol (EB146(14)); social determinants of health (WHA74.16); and sustainable financing EB148(12)).

A joint statement was made on behalf of the following observers: the International League Against Epilepsy (ILAE) and International Bureau for Epilepsy (IBE).

Review of the draft provisional agenda of the 150th session of the WHO Executive Board

Agenda item 4(b), Documents EM/RC68/10, EM/RC68/10-Annex 1

Dr Christoph Hamelmann, Chef de Cabinet to the Regional Director, gave a presentation on a review of the draft provisional agenda of the 150th session of the WHO Executive Board. The 150th session of the WHO Executive Board would be held in Geneva from 24 to 29 January 2022. A decision had yet to be made on the modality of the meeting but it will comprise 25 agenda items under the four GPW 13 pillars: one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies; one billion more people enjoying better health and well-being; and a more effective and efficient WHO providing better support to countries.

Oman had requested the withdrawal of the item on Universal Health Protection Architecture (UHPAI); Bahrain had requested the addition of an item on the Global Health Diplomacy Framework: to advance the integration of health in all policies; the United Arab Emirates had requested the addition of an item on well-being; and Iraq had requested the addition of an item on the development of rapid response teams (Iraq's proposal was received beyond the deadline).

A final version of the agenda is expected by the end of November.

Transformation update

Agenda item 4(b), Document EM/RC68/12

Tarja Turtia, WHO's Transformation Team Lead in the Region, gave a presentation on updates to implementation of the WHO Transformation Agenda in the Region.

5.3 Membership of WHO bodies and committees

Agenda item 4(b), Document EM/RC68/11

The Chef de Cabinet to the Regional Director gave a presentation on arrangements for establishing which Member States from the Region would serve as Members of different WHO bodies and committees, including the Executive Board, World Health Assembly official posts, World Health Assembly elective posts and the Programme Subcommittee of the Regional Committee. Dr Hamelmann explained that in resolution EM/RC63/R.6 of the Regional Committee, Member States had agreed to grouping countries of the Region into three subregional groups. This approach allocates two seats from each of the larger subregional groups (groups 2 and 3), while the smaller group 1 is allocated one seat.

6. Other matters

6.1 Report of the fifth meeting of the Technical Advisory Committee to the Regional Director

Agenda item 5, Document EM/RC68/13

A document covering this item was shared with Member States as part of the Regional Committee documentation but was not discussed during the virtual session.

6.2 Report of the tenth and eleventh meetings of the Programme Subcommittee of the Regional Committee

Agenda item 6, Documents EM/RC68/14–15

Dr Mohamed Abdi Jama, the Chair of the Programme Subcommittee of the Regional Committee, gave a presentation summarizing its work during the past year. The terms of reference of the Subcommittee included, among other things, supporting preparations for Regional Committee, and this had entailed extensive work for Subcommittee members during 2021. At its first meeting in February, the Subcommittee had considered proposals for the main technical agenda items for the 68th session of the Regional Committee and agreed a provisional list of topics, including topics for main technical papers, panel discussions, pre-Regional Committee technical discussions, side events and an innovative “marketplace” featuring exhibitions, videos and other information products and activities. Arrangements were agreed on the basis that the session would be held in person at the WHO Regional Office in Cairo, Egypt. However, the Subcommittee recognized that the ongoing COVID-19 pandemic might necessitate a change in modalities, and at its eleventh meeting in June it was decided that the continuing risks and disruption from the pandemic made a face-to-face session unviable, and so the 68th session would instead be fully online. It was agreed to have a full four-day programme for the session and retain the previously selected technical paper topics.

At its eleventh meeting the Programme Subcommittee had also received briefings on other issues, including the COVID-19 pandemic in the Region and proposals being considered by the Working Group on Sustainable Financing. At its twelfth meeting, held just before the Regional Committee session, the Subcommittee received a final update on preparations for the session as well as briefings on: an innovative new tool for tracking the implementation of resolutions and decisions of the Regional Committee; a proposed approach to systematically assessing the cost implications for the WHO Secretariat of resolutions; and an overview of implementation to date of resolutions adopted by the Regional Committee at its 67th session in October 2020.

6.3 Report of the first and second meetings of the Regional Subcommittee for Polio Eradication and Outbreaks

Agenda item 7, Documents EM/RC68/16-17

Dr Hala Zayed, Minister of Health and Population, Egypt, and Co-chair of the Regional Subcommittee on Polio Eradication and Outbreaks, gave a presentation on the Report of the Regional Subcommittee. She thanked the WHO Director-General and the Regional Director for their unwavering support for polio eradication in the Region. Ten Member States had participated in the meeting, including endemic and priority countries. She noted that there was broad consensus from all members to concentrate on four key areas: raising the visibility of polio eradication as a regional public health emergency; advocacy to drive high-level political and financial support; forging collective public health action across the Region; and fostering support for polio transition. The Subcommittee had been successful in engaging with the Global Polio Eradication Initiative and Polio Oversight Board and promoting greater regional ownership and solidarity for polio eradication efforts.

Representatives welcomed the report and expressed support for the work of the Regional Subcommittee and the Global Polio Eradication Initiative for polio eradication, noting that by working together and focusing on lessons learned, success could be achieved, including against vaccine-derived poliovirus.

A statement was made on behalf of the following observer: UNICEF.

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

Agenda item 8(a), Document EM/RC68/INF.DOC.13, Decision 7

As noted in document EM/RC68/INF.DOC.13, in view of the COVID-19 pandemic in 2020, which meant that the 67th session of the Regional Committee for the Eastern Mediterranean was conducted virtually with an agenda mostly focused on subjects related to COVID-19, the Regional Committee, based on the recommendation of the Foundation Committee for the Prize, decided to postpone the meeting of the Foundation Committee. Accordingly, no prize was awarded.

6.5 Award of the Down Syndrome Research Prize

Agenda item 8(b), Document EM/RC68/INF.DOC.14, Decision 7

As noted in document EM/RC68/INF.DOC.14, the Down Syndrome Research Prize is awarded every other year. There was no call for nominations in 2020 and no prize was therefore awarded this year.

6.6 Place and date of future sessions of the Regional Committee

Agenda item 9, Document EM/RC68/INF.DOC.15, Decision 4

The Regional Committee decided to hold its 69th session at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, from 10 to 13 October 2022.

7. Closing session

7.1 Review of draft resolutions, decisions and report

In the closing session, the Regional Committee reviewed the draft resolutions, decision and report of the session.

7.2 Adoption of resolutions

The Regional Committee adopted the resolutions and report of the 68th session.

7.3 Closing of the session

Agenda item 11

The virtual session of the Regional Committee was closed by the chair on 14 October 2021.

8. Resolutions and Decisions

8.1 Resolutions

EM/RC68/R.1 Resolution Annual report of the Regional Director for 2020

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2020¹ and the progress reports requested by the Regional Committee;²

Having reviewed the document “*Vision 2023: health for all by all in the Eastern Mediterranean Region: Midterm Push Forward Plan – an overview*”, which presents key findings, recommendations and plans of the *Vision 2023* Midterm Review and Push Forward;

Acknowledging that significant acceleration is required for the Region to meet its commitments under *Vision 2023*, WHO’s Thirteenth General Programme of Work (GPW 13) and the Sustainable Development Goals (SDGs);

Recognizing not only the huge burden caused by the pandemic in the Region, including both mortality and morbidity caused by COVID-19 and the disruption of health services, economies and societies, but also the many gaps that the pandemic uncovered in the Region’s systems to be more prepared and better respond to health emergencies overall;

Noting encouraging recent progress in polio eradication;

Noting that the COVID-19 pandemic has provided an opportunity to build more resilient health systems, strengthen community engagement, advance universal health coverage including ensuring delivery of essential health services, share lessons and build solidarity within and between countries, and use innovative approaches to advance the *Vision 2023* technical agenda and public health in the Region, but also;

Noting with concern the finding of the midterm review report on progress in implementing the regional strategy on tobacco control³ that the Region is struggling to achieve the global target of a 30% reduction in tobacco use and other commitments on tobacco control under the WHO Framework Convention on Tobacco Control (WHO FCTC), SDGs, GPW 13 and the NCD voluntary global targets;

1. **THANKS** the Regional Director for his comprehensive report on the work of WHO in the Region, noting in particular the Organization’s support in the COVID-19 pandemic response;
2. **ADOPTS** the annual report of the Regional Director for 2020;
3. **THANKS** the Regional Director for conducting the *Vision 2023* Midterm Review and Push Forward;
4. **WELCOMES** the recommendations of the Midterm Review to accelerate implementation of *Vision 2023*;
5. **ADOPTS** the Midterm Push Forward Plan including the strategic accelerators, and short-term and longer term actions;
6. **ENDORSES** the establishment of a High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region (details of which are annexed to this resolution);

¹ EM/RC68/3.

² EM/RC68/INF.DOC.1–12.

³ EM/RC68/INF.DOC.2.

7. **URGES** Member States to:

- 7.1 Implement all required programmes and initiatives effectively to meet their commitments under the *Vision 2023* Midterm Review and Push Forward recommendations;
- 7.2 Expand universal health coverage focusing on primary health care and using an integrated, people-centred approach to enhance country-level impact;
- 7.3 Expand efforts to advocate for a whole-of-government and whole-of society approach to address the social determinants of health, promote healthier populations and build solidarity for health for all by all;
- 7.4 Maintain the Region's commitment to eradicating polio; and
- 7.5 Support and follow the recommendations of the High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region;

8. **REQUESTS** the Regional Director to:

- 8.1 Provide technical support to countries to support and expedite progress towards their commitments under *Vision 2023* and ensure that they are effectively implemented and monitored;
- 8.2 Strengthen, empower and capacitate WHO country offices and ensure sufficient and appropriate backstopping from other levels of the Organization to support countries in addressing needs and priorities identified in country support strategies and plans;
- 8.3 Strengthen regional and country-level partnerships to support the regional health agenda;
- 8.4 Provide regular updates on progress and achievements to Member States on the implementation of *Vision 2023*, including but not limited to a report to the Regional Committee at its 69th session and a final report at its 70th session; and
- 8.6 Support the work of the High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region.

Annex: High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region

Duration

The initial term of the Group will be two years, to be renewed for another two years until 2025, at which point countries are set to report on the voluntary global targets under the Global NCD Action Plan. Renewal after the first two years will be based on a request to the Regional Committee by the Regional Director.

The duration of the Group may be further extended to 2030, to coincide with the planned end of the Global Action Plan on NCDs and the Sustainable Development Agenda.

Terms of reference

The terms of reference of the Group are to:

1. Galvanize high-level strategic leadership and action at both regional and national levels.
2. Foster and initiate high-level policy dialogue to stimulate commitment to, and advocate for, the control of tobacco and emerging products at regional and national level, as specified in the WHO Framework Convention on Tobacco Control (WHO FCTC) and the MPOWER measures.
3. Advocate for a whole-of-government approach towards better control of tobacco and emerging products at national level.

4. Identify strategic action to counter tobacco industry interference to undermine policies to control tobacco and novel and emerging products, and advocate for its implementation.
5. Communicate key information to Member States in the Region, based on needs and priorities, to accelerate actions in the area of tobacco and nicotine control.

Membership

The Group will comprise six Member States, one of which will be the Chair.

Member States are invited to share with the Regional Director their interest in becoming a Member of the Group by the end of November 2021 at the latest. The first six requests received will be prioritized in the selection process. Other requests will be granted Observer status in the Group.

Once established, the Group can invite other stakeholders, including experts, the WHO FCTC Secretariat and colleagues from all levels of WHO to attend its meetings as technical experts.

Process and Secretariat

The Tobacco Free Initiative, located within Department of UHC/Noncommunicable Diseases and Mental Health at the WHO Regional Office for the Eastern Mediterranean, will be the main Secretariat for the Group under the guidance of the Director of UHC/Noncommunicable Diseases and Mental Health, the Director of Programme Management and the Regional Director.

The High-Level Ministerial Group will receive quarterly updates from the Secretariat and will meet twice a year, with one annual meeting coinciding with the annual session of the Regional Committee and the other being scheduled based on need. Meetings will be held based on invitations from the Regional Director.

The Secretariat will provide the Group with updates as needed, taking into consideration the above terms of reference, on recent developments in the area of tobacco and nicotine control, based on which the Group can decide on recommendations to other Member States of the Region.

At the end of each two-year term of the Group, the Secretariat will submit a technical report on progress and developments in the area of tobacco and nicotine control to inform further recommendations by the Group to all Member States of the Region, to be presented at the Regional Committee session coinciding with the end of the term.

EM/RC68/2 Accelerating health emergency preparedness and response – a plan of action

The Regional Committee,

Having reviewed the technical paper presenting a plan of action for accelerating health emergency preparedness and response in the Eastern Mediterranean Region,⁴ and the reports on COVID-19 preparedness and response activities,⁵ and on health issues facing populations affected by disasters and emergencies, including the International Health Regulations (IHR 2005), in the Region;⁶

Deeply concerned by the continuing public health risks posed by the COVID-19 pandemic, its socioeconomic impacts and the resulting obstacles to achieving the Sustainable Development Goals (SDGs);

Noting with concern the emergence of variants of concern, the grossly inequitable distribution of vaccines both between and within countries, and the inconsistent implementation of, and adherence to, public health and social measures;

⁴ EM/RC68/4.

⁵ EM/RC68/INF.DOC.10.

⁶ EM/RC68/INF.DOC.12.

Recognizing the vital role of whole-of-government and whole-of-society approaches to controlling the pandemic and future public health risks, and the centrality of community trust in managing those risks;

Recalling the commitments and obligations of Member States to continue to build core capacities as per the IHR (2005), and the need to link these to broader health system strengthening to achieve the twin goals of health security and universal health coverage (UHC);

Acknowledging the multiple other ongoing and recurring emergencies across the Region, including large-scale humanitarian crises, disease outbreaks, and natural and technological disasters; and the large number of refugees, migrants and internally displaced persons;

Underlining that preventing, preparing for, detecting, responding to and recovering from health emergencies is primarily the responsibility and a crucial role of governments, while acknowledging the key leadership role of WHO within the United Nations system in preparing for and coordinating a comprehensive response to health emergencies;

1. **ENDORSES** the plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies in the Eastern Mediterranean Region (annexed to this resolution);
2. **URGES** Member States to:

Intensify efforts and commit the necessary resources to bring a timely end to the pandemic:

1. Ensure that leadership at all levels of government and in all relevant sectors continues to prioritize the response to the COVID-19 pandemic;
2. Increase access to COVID-19 vaccines and vaccinate at least 40% of the population by the end of 2021 and 70% by the middle of 2022, as per WHO targets;
3. Reduce inequities in vaccine access through financial contribution to the COVAX Facility and donation of vaccines by high-income countries;
4. Strengthen the implementation of, and adherence to, public health and social measures informed by regular situation assessments;
5. Expand and strengthen all other core elements of the response: integrated surveillance; testing and genomic sequencing; risk communications and community engagement; clinical management; infection prevention and control; and continuity of essential health services;

Advance efforts to prevent and control future pandemics and other health emergencies:

6. Establish governance for national health emergency preparedness engaging the highest levels of government;
7. Invest in and fully develop IHR (2005) core capacities and essential public health functions based on lessons learned from the COVID-19 pandemic;
8. Strengthen the resilience of health systems by integrating health emergency preparedness into overall health system strengthening;
9. Establish sustained financing for health emergency preparedness and response as a clear government priority in the national budget;
10. Strengthen integrated disease surveillance systems to improve early detection of health threats and monitoring of the response;
11. Continue to scale up the capacities of public health laboratories, including genomic sequencing or genomic testing arrangements with regional reference laboratories, while ensuring rigorous implementation of biosafety and biosecurity measures;

12. Collaborate to advance the national and/or regional production of vaccines, diagnostics, therapeutics and medical oxygen, while ensuring good manufacturing practice requirements;
 13. Undertake a comprehensive review of the national supply chain and develop effective procurement and distribution systems for medicines, vaccines and other medical products and technologies;
 14. Expand intersectoral collaboration in the One Health initiative, and enhance mechanisms to efficiently share epidemiological data and laboratory information among the human, animal and environmental sectors;
 15. Professionalize the approach to the management of emergencies, including adoption of the incident management system and strengthening public health emergency operations centres; and
 16. Establish and/or strengthen mechanisms for cooperation and collaboration among neighbouring countries on health emergency preparedness and response;
3. **REQUESTS** the Regional Director to:
- 3.1 Continue to coordinate regional efforts to respond to the COVID-19 pandemic, mobilizing and allocating resources as needed;
 - 3.2 Provide technical support for integrating health emergency preparedness into health system strengthening to achieve the goals of health security and UHC;
 - 3.3 Strengthen partnerships and regional coordination and cooperation in responding to health emergencies, based on the lessons learned from the COVID-19 pandemic and previous public health emergencies;
 - 3.4 Coordinate efforts to develop regional capacities for the production of medicines, vaccines and other medical products and technologies;
 - 3.5 Allocate the necessary financial, human and material resources at all levels of the Organization to support Member States in improving health emergency preparedness and response;
 - 3.6 Support countries in efforts to strengthen supply chain management to ensure the consistent availability of essential medicines and vaccines at health facility level; and
 - 3.7 Report to the Regional Committee annually.

EM/RC68/R.3 A regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on a regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region;⁷

Recalling World Health Assembly resolutions WHA71.1 on the Thirteenth General Programme of Work, 2019–2023, and its “triple billion” goal of one billion more people benefiting from universal health coverage, one billion more people being protected from health emergencies and one billion more people enjoying better health and well-being, WHA59.22 on emergency preparedness and response, WHA64.10 on strengthening national health emergency and disaster management capacities and the

⁷ EM/RC68/5.

resilience of health systems, and WHA58.1 on health action in relation to crises and disasters, as well as Regional Committee resolution EM/RC59/R.3 on health systems strengthening;

Recalling the conclusions of the 49th session of the Regional Committee, which recognized the benefits of an integrated surveillance approach;

Concerned about the COVID-19 pandemic, occurrence of epidemics and other public health emergencies in the Eastern Mediterranean Region with negative impacts on people's health and livelihoods, as well as their social and economic burden on Member States;

Concerned about the negative consequences of epidemics and other public health emergencies on vulnerable populations in the Eastern Mediterranean Region, who already experience a large burden of disease and are exposed to multiple public health risks;

Recognizing the need to strengthen integrated disease surveillance as an integral part of building resilient health systems that can better address the potential impact of pandemics, epidemics and other health emergencies;

Noting that regional and global health security depends on timely local actions to rapidly detect, report, confirm and respond to public health events at source;

Cognizant of current global and regional initiatives that present opportunities for strengthening national capacities for integrated disease surveillance as an integral part of enhancing national health information systems;

Aware that the COVID-19 pandemic has exposed serious gaps and weaknesses in countries' surveillance capacities, as reported by the Review Committee on the Functioning of the International Health Regulations (IHR 2005) during the COVID-19 response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and the Independent Panel for Pandemic Preparedness and Response during the Seventy-fourth World Health Assembly;

Recognizing the cross-border, regional and global risks posed by emerging infectious diseases;

1. **ADOPTS** the regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region, as proposed in document EM/RC68/5;
2. **URGES** Member States to commit to taking the necessary steps to achieve effective, integrated national surveillance systems that connect to global surveillance systems by the end of 2025 through:
 - 2.1 Establishing multisectoral governance and coordination mechanisms for integrated disease surveillance as the reference approach for national public health surveillance;
 - 2.2 Allocating the necessary skilled human, infrastructure and financial resources in a sustained manner;
 - 2.3 Choosing a reference electronic system for the collection, transmission, analysis and presentation of data, ensuring interoperability between existing ones or developing one de novo if needed;
 - 2.4 Developing or updating technical guidance, standard operating procedures and innovative tools for implementing integrated disease surveillance;
 - 2.5 Ensuring the diversification of sources of information in strengthening the event-based component of the surveillance system and in supporting the active participation of community members in detecting, reporting, responding to and monitoring health events;

- 2.6 Securing effective laboratory diagnosis capacity through a national public health laboratory policy and ensuring a single system to consolidate laboratory and epidemiological data;
 - 2.7 Establishing mechanisms to use the results of the surveillance for decision-making;
 - 2.8 Implementing a mechanism for monitoring and evaluation of the integrated disease surveillance system; and
 - 2.9 Sharing information collected through integrated disease surveillance with WHO and partners on a timely and transparent basis, consistent with obligations under the IHR (2005);
3. **REQUESTS** the Regional Director to:
- 3.1 Integrate surveillance programmes within the Organization through a working group;
 - 3.2 Provide Member States with guidelines, procedures, training and tools to support the integrated collection, management, analysis and dissemination of surveillance information;
 - 3.3 Provide technical expertise upon request by Member States to assess, plan, implement, monitor and evaluate national integrated disease surveillance;
 - 3.4 Assist Member States in the development of a financing strategy, including (1) improving efficiencies and (2) raising domestic and international financial resources;
 - 3.5 Mobilize technical and financial partners to support the integration of the various national surveillance systems; and
 - 3.6 Report to the Regional Committee at its 70th and 72nd sessions on progress in implementing the strategy.

EM/RC68/R.4 Building resilient communities for better health and well-being in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on building resilient communities for better health and well-being in the Eastern Mediterranean Region;⁸

Mindful of accelerator 3 of the Global Action Plan for Healthy Lives and Well-being for All, which brings together 12 multilateral health, development and humanitarian agencies to better support countries to accelerate progress towards the health-related Sustainable Development Goals;

Concerned at the unprecedented crisis of COVID-19 and the impact of this and other emergencies on governments, societies, communities and individuals, including vulnerable populations such as marginalized, refugee and displaced populations;

Recognizing the importance of engaging and involving communities to support the implementation and enforcement of the different public health and social measures needed to manage and respond to the COVID-19 pandemic;

Considering the active role that can be played by communities and civil society organizations in identifying health issues, assessing needs, ensuring the effective allocation of resources, and participating in health programmes and interventions for development and emergency prevention, preparedness and response;

⁸ EM/RC68/6.

Welcoming World Health Assembly resolution WHA69.10 and World Health Assembly document A70/53 on engagement with non-State actors: criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions; recognizing the valuable role that nongovernmental organizations play and encouraging WHO to strengthen partnerships with non-State actors through the Framework of Engagement with Non-State Actors to proactively involve civil society in national planning and policy processes;

1. **ENDORSES** the roadmap on building resilient communities for better health and well-being in the Eastern Mediterranean Region (annexed to this resolution);
2. **URGES** Member States to:
 - 2.1 Establish clear governance structures and mechanisms through which community representatives and civil society can actively contribute to public health policies, plans and programmes;
 - 2.2 Develop an effective community engagement plan based on the proposed regional roadmap to build resilient communities for better health and well-being, guided by specific country context, and allocate the budget needed for its implementation;
 - 2.3 Ensure that the role of communities and civil society is specified in all national strategies and plans for health emergency prevention, preparedness and response;
 - 2.4 Implement community-based initiatives that can create multisectoral platforms and engage communities, such as healthy settings;
 - 2.5 Enhance health literacy and build the capacity of formal and informal frontline workers, including community health and social workers (midwives, nursing assistants, health volunteers and health promoters), to support communities, drawing on existing skills in surveillance, data collection, risk communication and response;
 - 2.6 Enhance social mobilization as a process that engages and motivates a wide range of partners and allies at national and local levels through social dialogue to ensure their input into governance, health policies and strategies at all levels;
 - 2.7 Apply social sciences to better understand communities and to create evidence to inform health programmes and interventions; and
 - 2.8 Establish a monitoring and evaluation mechanism for the health outcomes of community-based interventions to ensure accountability and further improve outcomes;
3. **REQUESTS** the Regional Director to:
 - 3.1 Provide technical support to Member States to develop national plans for community and civil society engagement;
 - 3.2 Provide guidance to support the establishment of governance structures and mechanisms at the national and subnational levels for community engagement;
 - 3.3 Support community-based participatory research approaches to assess and monitor community and civil society engagement and capacity-building at both national and regional levels;
 - 3.4 Establish a regional platform accessible to community and civic representatives for knowledge- and practice-sharing;

- 3.5 Support the documentation of best practices in community and civil society engagement at regional and country levels to inform future health programmes for development and emergency prevention, preparedness and response; and
- 3.6 Report to the Regional Committee at its 70th and 72nd sessions on progress in implementing the roadmap.

EM/RC68/R.5 Addressing diabetes as a public health challenge in the Eastern Mediterranean Region

The Regional Committee,

Recalling United Nations General Assembly resolution 73/2 on the 2018 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (NCDs), titled “Time to deliver: accelerating our response to address noncommunicable diseases for the health and well-being of present and future generations”;

Having reviewed and discussed the technical paper on diabetes as a public health problem in the Eastern Mediterranean Region;⁹

Mindful that the fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs will take place in 2025;

Recalling United Nations General Assembly resolution 61/225 on World Diabetes Day and World Health Assembly resolution WHA42.36 on the prevention and control of diabetes mellitus;

In line with World Health Assembly resolution WHA74.4 on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes, which urges Member States to intensify, where appropriate, efforts to address the prevention and control of diabetes as a public health problem as part of universal health coverage;

Recalling the outcome documents of the previous United Nations General Assembly high-level meetings on the prevention and control of NCDs, and Regional Committee resolution EM/RC66/R.6 on accelerating the implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases;

Recognizing the primary role and responsibility of governments in responding to the challenge of diabetes and other NCDs by developing adequate national multisectoral responses for their prevention and control;

Noting that over 55 million people are currently living with diabetes in the Eastern Mediterranean Region, representing 14% of the population of the Region, and that six out of the 10 countries with the highest prevalence of diabetes in the world are part of the Region;

Recognizing that diabetes remains a chronic, debilitating and costly disease associated with severe complications jeopardizing countries’ ability to achieve Sustainable Development Goal target 3.4: to reduce premature mortality from noncommunicable diseases by one third by 2030;

Recognizing that necessary efforts for the prevention and control of diabetes are hampered by, inter alia: insufficient implementation of population-based measures to reduce, halt and reverse main diabetes risk factors (tobacco use, unhealthy diet, overweight and obesity, harmful use of alcohol and physical inactivity); lack of universal access to quality, safe, effective, affordable essential diabetes health services, and the shortage of qualified health workers; weak health information systems to monitor and report on the burden and national health responses; and insufficient meaningful engagement and empowerment of people living with diabetes to self-manage their condition;

⁹ EM/RC68/7.

Recognizing that the provision of diabetes care and, in particular, access to quality and affordable insulin, oral antidiabetic agents and diagnostic supplies remains a challenge in many settings, including in emergency and conflict settings;

Recognizing that people living with diabetes are at a higher risk of developing severe COVID-19-related symptoms and are among the most impacted by the pandemic.

Convinced that recovery from COVID-19 needs to go hand in hand with a dramatic acceleration of implementation of the WHO Global NCD Action Plan 2013–2030, with specific action to scale up diabetes prevention and control;

Recognizing the centenary of the discovery of insulin and noting with appreciation the WHO Global Diabetes Compact launched on 14 April 2021 during the Global Diabetes Summit, which aims to reduce the risk of diabetes and ensure that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care;

1. **ENDORSES** the framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region (annexed to this resolution);
2. **URGES** Member States to implement the set of strategic interventions in the framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region, with a particular emphasis on:
 - 2.1. prioritizing the prevention and management of diabetes and its risk factors by establishing and/or strengthening policies and programmes through a multisectoral action plan;
 - 2.2. setting time-bound national targets and indicators for diabetes prevention and control, as part of national NCD targets;
 - 2.3. allocating sufficient financial resources to carry out such policies and programmes, focusing on the most cost-effective options;
 - 2.4. integrating diabetes as part of universal health coverage benefit packages;
 - 2.5. improving the management of diabetes based on national guidelines and building the capacity of health professionals with a focus on primary health care;
 - 2.6. ensuring minimum standards of services for the prevention of complications, including blindness, heart and kidney disease and lower-limb amputations; and
 - 2.7. strengthening surveillance and monitoring systems for diabetes, related risk factors and diabetes management using the WHO surveillance framework;
3. **REQUESTS** the Regional Director to:
 - 3.1 Assist Member States in implementing the regional framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region;
 - 3.2 Facilitate the development of regional networks for the exchange of information, good practices and lessons learned among Member States;
 - 3.3 Strengthen partnerships and collaboration with all stakeholders in order to support Member States in implementing the regional framework for action; and
 - 3.4 Report to the Regional Committee for the Eastern Mediterranean at its 70th and 72nd sessions on progress made in implementing the framework.

8.2 Decisions

DECISION NO. 1 ELECTION OF OFFICERS

Chair: H.E. Dr Ali Muhammad Miftah Al-Zinati, Minister of Health of Libya

Vice Chair: H.E. Dr Ahmed Robleh Abdilleh, Minister of Health of Djibouti

Vice Chair: H.E. Dr Hala Zayed, Minister of Health and Population of Egypt

Based on the Rules of Procedure of the Regional Committee, the Committee decided that the following should constitute the Drafting Committee:

Dr Ahmed El-Sobky (Egypt); Dr Rana Muhammad Safdar (Pakistan); Dr Shaker Abdulaziz Alomary (Saudi Arabia); Dr Mohamed Abdi Jama (Somalia); Dr Amel Alfatih (Sudan); Dr Fâÿçal Ben Salah (Tunisia); Dr Hussain Alrand (United Arab Emirates); Dr Mohammed Mustafa Rajamanar (Yemen).

Secretariat: Dr Rana Hajjeh, Dr Christoph Hamelmann, Dr Rick Brennan, Dr Maha El-Adawy, Dr Asmus Hammerich, Dr Yvan Hutin, Mr Tobias Boyd.

DECISION NO. 2 SPECIAL PROCEDURES FOR THE VIRTUAL 68TH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Preamble

1. At its meeting in February 2021, the Programme Subcommittee of the Regional Committee for the Eastern Mediterranean agreed to an extensive agenda for the 68th session of the Regional Committee, which was scheduled to take place at the WHO Regional Office in Cairo, Egypt, from 11 to 14 October 2021. However, the subsequent volatile situation induced by the COVID-19 pandemic made it difficult to envisage that the Regional Committee session could proceed as originally planned, since it would be both logistically challenging, if not impossible, and a potential health risk for Member State delegations and other participants to gather together at the Regional Office. It therefore became necessary to consider alternative arrangements for the Regional Committee session.
2. At its meeting on 29 June 2021 the Programme Subcommittee of the Regional Committee for the Eastern Mediterranean considered the proposals presented by the Regional Director for the Eastern Mediterranean concerning arrangements for the 68th session of the Regional Committee for the Eastern Mediterranean in the context of the COVID-19 pandemic. Considering the uncertain development of the epidemiological situation in the Region, the Subcommittee endorsed the proposal to hold the 68th session virtually, similar to the Seventy-fourth World Health Assembly held from 24 May to 1 June 2021, as well as other regions' planned committees.
3. Special procedures need to be put in place so that the Regional Committee can pursue its work in a virtual session. The special procedures to regulate the conduct of the virtual session of the Regional Committee are set out in Annex 1 to the decision below. The said special procedures shall apply to the meetings of the Regional Committee opening on 11 October and closing not later than 14 October 2021.
4. Both the text of this decision and the special procedures detailed in Annex 1 closely follow the arrangements adopted by the 67th Regional Committee for the Eastern Mediterranean held in 2020, as well as other global governing bodies meetings held in 2021.

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

- Recalling its decision to hold its 68th session virtually if the COVID-19 pandemic did not allow for an effective in-person meeting;
- Taking note of the assessment reached by the Subcommittee members that the conditions for an effective in-person meeting could not be ensured and that the Regional Committee should therefore meet in a virtual session;
- DECIDED to adopt the special procedures to regulate the conduct of its virtual 68th session set out in the Annex to this decision.

Annex 1

Special procedures to regulate the conduct of the virtual 68th session of the Regional Committee for the Eastern Mediterranean

RULES OF PROCEDURE

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

ATTENDANCE AND QUORUM

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

ADDRESSING THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

4. Members, States not Members of the Committee, invited representatives of the United Nations, specialized agencies, international and regional organizations, and non-State actors in official relations with WHO or accredited by the Regional Committee are invited to submit written statements of no more than 600 words in one of the working languages of the Regional Committee for posting on the website for the Regional Committee under the related agenda item. They may provide translations of their written statements into one or more of the working languages of the Regional Committee if they so wish. Such translations should be clearly marked with the words "unofficial translation". Written statements should be sent in advance of the opening of the 68th session of the Regional Committee. They may be submitted in lieu of an oral intervention or to complement an oral intervention. Written statements shall remain posted on the website of the Regional Committee until the adoption of the report of the 68th session of the Regional Committee. The content of the written statements submitted in lieu of an oral intervention will be summarized, as appropriate, in accordance with the usual practice in the report of the 68th session of the WHO Regional Committee for the Eastern Mediterranean.
5. Members, States not Members of the Committee, invited representatives of the United Nations, specialized agencies, international and regional organizations, and non-State actors in official relations with WHO or accredited by the Regional Committee shall have the opportunity, if they so wish, to submit pre-recorded video statements in advance of the opening of the session, to be broadcast during the virtual session in lieu of an oral intervention, with an indication of the agenda item to which they refer. Members' statements will be limited to three minutes, and other entities' statements limited to two minutes.
6. During the virtual session, Members, States not Members of the Committee, invited representatives of the United Nations, specialized agencies, international and regional organizations, and non-State actors in official relations with WHO or accredited by the Regional Committee shall be provided with the opportunity to take the floor at the invitation of the Chairperson or on her or his acceding to a request from the organization concerned, in the case that no pre-recorded statement is submitted in advance. Individual statements by Members will be limited to three minutes, and any other intervention will be limited to two minutes.
7. Any Member wishing to take the floor should signal their wish to speak.
8. Any Member wishing to raise a point of order or exercise a right of reply in relation to an oral or pre-recorded video statement made at the virtual session of the Regional Committee should signal

their intention to do so. The right of reply shall be exercised at the end of the relevant virtual meeting. Any Member wishing to exercise a right of reply in relation to a written statement submitted in lieu of an oral intervention should do so in writing as soon as possible and, in any case, no later than 10 working days following closure of the Regional Committee session. A Member wishing to respond to such a reply should do so in writing as soon as possible and, in any case, no later than 10 working days following the posting of the reply to which they respond. Statements so submitted shall form part of the report of the 68th session of the Regional Committee in the language of submission.

REGISTRATION AND CREDENTIALS

9. Online registration will follow the normal practice. Additional information is provided in the related circular letter.
10. In accordance with Rule 3, the names of representatives, which in the case of Members shall take the form of credentials, shall be communicated electronically to the Regional Director, if possible, no later than 15 September 2021. Given the need to facilitate virtual access to the meeting, all credentials and lists of representatives should be submitted electronically.
11. The Officers of the 67th session of the Regional Committee, having assessed before the opening of the 68th session of the Regional Committee whether the credentials of Members are in conformity with the requirements of the Rules of Procedure, shall report to the Regional Committee accordingly during the opening with a view to the Committee making a decision thereon.

MEETINGS

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

DECISION-MAKING

13. All decisions of the Regional Committee taken in a virtual meeting should as far as possible be taken by consensus. In any event, given the virtual nature of the meeting, no decision shall be taken by show of hands vote or by secret ballot.
14. In the event that a vote is required, voting shall take place by roll-call conducted through the virtual system. During a roll-call vote, should any delegate fail to cast a vote for any reason during the roll-call, that delegate shall be called upon a second time after the conclusion of the initial roll-call. Should the delegate fail to cast a vote on the second roll-call, the delegation shall be recorded as absent.

RESOLUTIONS AND DECISIONS

15. Proposals for substantive amendments to proposed resolutions and decisions shall be introduced in writing and transmitted to the Regional Director at least 24 hours prior to the opening of the virtual session of the Regional Committee. The Regional Director shall circulate copies of such amendments to the delegations no later than the opening of the first day of the session.
16. Proposed amendments shall be considered by the Officers of the Regional Committee, with the assistance of the Secretariat, with a view to submitting a revised draft resolution or decision to the Regional Committee for adoption before the closure of its session. If adoption of the revised draft resolution or decision is not feasible before the closure of the session, the Regional Director will transmit to Member States any such proposal for consideration under a written silence procedure, as follows:
 - (a) The communication will contain the text of the proposal to be considered under this written silence procedure and will set a date for the receipt of any objections by Members. Any such objection is to be conveyed in writing and addressed to the Regional Director. The date for receipt of any objection will be 14 days from the date of dispatch of the communication.
 - (b) In the absence of the receipt by the set date of any written objection from a Member, the proposal concerned will be considered as validly adopted by the Regional Committee.

(c) In the event of the receipt by the set date of one or more written objections from a Member, the proposal concerned will be considered as having not been adopted by the Regional Committee.

(d) The Regional Director will inform Members about the outcome of the written silence procedure as soon as possible after the set date referred to in paragraph 16 (a) and will finalize the report of the session of the Committee by summarizing the process outlined above and including the resolution(s) and/or decision(s) as adopted.

USE OF LANGUAGES

17. For the avoidance of doubt, Rule 22 shall continue to apply, whereby oral and pre-recorded video statements made in one of the official languages shall be interpreted into the other official languages.

DECISION NO. 3 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its 68th session.

DECISION NO.4 PLACE AND DATE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its 69th session at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, from 10 to 13 October 2022.

DECISION NO. 5 VERIFICATION OF CREDENTIALS

In accordance with the Rules of Procedure of the WHO Regional Committee for the Eastern Mediterranean and Decision No. 2 on special procedures for the virtual 68th session of the WHO Regional Committee for the Eastern Mediterranean, the officers of the 67th session of the Regional Committee assessed that all 21 Members attending the 68th session of the Regional Committee submitted credentials in conformity with the requirements of the Regional Committee's Rules of Procedure. The report of the officers of the 67th session on the verification of credentials was accepted by the Regional Committee. It was further decided to defer any decision on the question of the representation of Afghanistan until such time as the United Nations General Assembly has determined a position on this matter.

DECISION NO. 6 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The prevailing situation with the COVID-19 pandemic having meant that the 68th session of the Regional Committee was conducted virtually and with an agenda focusing heavily on COVID-19 topics, there was insufficient meeting time to review the selection process for new laureates for 2021. Accordingly, it was decided to postpone the process to the following year.

DECISION NO. 7 AWARD OF THE DOWN SYNDROME RESEARCH PRIZE

1. The Regional Committee decided not to award the Down Syndrome Research Prize this year based on the recommendation of the Down Syndrome Research Prize Foundation.
2. The Regional Committee further decided to change the Statutes in Article 7, point 1, as follows (the other points within Article 7 remain unchanged):

Current Statutes	Proposed changes
<p data-bbox="209 450 320 477">Article 7</p> <p data-bbox="209 506 644 533">Proposal and selection of candidates</p> <p data-bbox="209 562 759 943">1. Candidates may be proposed for the Prize or Grant by any national health, education or social administration of a Member State of the World Health Organization within the Eastern Mediterranean Region, or any former recipient of the Prize or Grant. The nomination shall be accompanied by a written statement of the reasons on which it is based. Proposals shall be submitted to the Administrator who shall submit them to the Foundation Committee together with technical comments.</p>	<p data-bbox="778 450 890 477">Article 7</p> <p data-bbox="778 506 1214 533">Proposal and selection of candidates</p> <p data-bbox="778 562 1390 1196">1. Candidates may be proposed for the Prize or Grant by any national health, education or social administration of a Member State of the World Health Organization within the Eastern Mediterranean Region, or any former recipient of the Prize or Grant. The Foundation Committee may also ask relevant WHO staff to proactively search for publications of Down Syndrome-related research studies from scholars in countries of the Region. If any potential candidate(s) were identified, the relevant countries/institutions will be notified and encouraged to submit an application. All nominations shall be accompanied by a written statement and submission of required documents supporting the reasons on which the statement is based. Proposals shall be submitted to the Administrator who shall submit them to the Foundation Committee together with technical comments.</p>

Annex 1**Agenda**

1. **Opening of the session**
 - (a) Election of Officers
 - (b) Adoption of the Agenda
2. **(a) Annual Report of the Regional Director 2020**

Progress reports on:

 - (b) Eradication of poliomyelitis
 - (c) Mid-term review of progress in implementing the regional tobacco control strategy
 - (d) Scaling up mental health care: a framework for action
 - (e) Regional framework for action on climate change
 - (f) Regional framework on ending preventable newborn, child and adolescent deaths and improving health and development
 - (g) Framework for action for the hospital sector in the Eastern Mediterranean Region
 - (h) Developing national institutional capacity for evidence-informed policy-making for health
 - (i) Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018
 - (j) Regional framework for action to strengthen the public health response to substance use
 - (k) COVID 19 preparedness and response activities in the Region
 - (l) Accreditation of regional non-State actors to the Regional Committee
 - (m) Health issues facing populations affected by disasters and emergencies including IHR [special update]
3. **Technical papers**
 - (a) Accelerating health emergency preparedness and response – a plan of action
 - (b) A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region
 - (c) Building resilient communities for better health and well-being
 - (d) Addressing diabetes as a public health challenge in the Eastern Mediterranean Region
4. **World Health Assembly and Executive Board**
 - (a) **Programme and budget matters**
 - Revision of proposed Programme Budget 2022–2023
 - Sustainable financing

(b) Governance matters

- Resolutions and decisions of regional interest adopted by the Seventy-fourth World Health Assembly and the Executive Board at its 148th and 149th sessions EM/RC68/10
 - Review of the draft provisional agenda of the 150th session of the WHO Executive Board EM/RC68/10-Annex 1
 - Membership of WHO bodies and committees EM/RC68/11
 - Transformation update EM/RC68/12
5. Report of the fifth meeting of the Technical Advisory Committee to the Regional Director EM/RC68/13
 6. Report of the tenth and eleventh meeting of the Programme Subcommittee of the Regional Committee EM/RC68/14
EM/RC68/15
 7. Report of the first and second meeting of the Regional Subcommittee for Polio Eradication and Outbreaks EM/RC68/16
EM/RC68/17
 8. **Awards**
 - (a) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region EM/RC68/INF.DOC.13
 - (b) Award of the Down Syndrome Research Prize EM/RC68/INF.DOC.14
 9. Place and date of future sessions of the Regional Committee EM/RC68/INF.DOC.15
 10. Other business
 11. Closing session

Annex 2

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

MEMBER STATES

BAHRAIN

Representative

H.E. Ms Faeqa bint Saeed Al-Saleh
Minister of Health
Ministry of Health

Manama

Alternate

Dr Maryam Ebrahim Al-Hajeri
Assistant Undersecretary for Public Health
Ministry of Health

Manama

Advisers

Dr Najat Mohammad AbuAlfateh
Director of Public Health Directorate
Ministry of Health

Manama

Ms Maryam Ali Al-Manaseer
Head of Media Section
Ministry of Health

Manama

Ms Ameera Isa Nooh
Senior International Health Relations Specialist
Ministry of Health

Manama

Ms Hana Ghazi Al-Shakar
International Health Relations Specialist
Ministry of Health

Manama

DJIBOUTI

Representative

H.E. Dr Ahmed Robleh Abdilleh
Minister of Health
Ministry of Health

Djibouti

Alternate

Dr Saleh Banoita Tourab
Secretary General
Ministry of Health

Djibouti

Advisers

Ms. Noura Abdi Farah
Director of Studies, Planning and International Cooperation
Ministry of Health

Djibouti

Mr Abdoukader Mohamed Garad
Technical Advisor
Ministry of Health

Djibouti

Mr Choukri Hassan Ismail
Ministry of Health

Djibouti

EGYPT

Representative

H.E. Dr Hala Zayed
Minister of Health and Population
Ministry of Health and Population
Cairo

Alternate

Dr Mohamad Hassany
Assistant Minister for Public Health Affairs
Ministry of Health and Population
Cairo

Advisers

Dr Ahmed EL Sobky
Chairman of the General Authority for Healthcare, Minister's Assistant
for Monitoring and Follow-Up
Ministry of Health and Population
Cairo

Dr Nevine EL Nahas
Head of Minister Technical Office, Head of Central Administration for
Technical Support and Projects
Ministry of Health and Population
Cairo

Dr Mohamed Abdel Fattah
Head of the Central Administration for Preventive Affairs
Ministry of Health and Population
Cairo

Dr Ahmed Salama Soliman
Deputy Permanent Representative
Permanent Mission of Egypt
Geneva

IRAN, ISLAMIC REPUBLIC OF

Representative

H.E. Dr Bahram Eynollahi
Minister of Health and Medical Education
Ministry of Health and Medical Education
Tehran

Alternate

Professor Mohammad Hossein Nicknam
Director General for International Affairs Department
Ministry of Health and Medical Education
Tehran

Advisers

Dr Kamal Heidari
Deputy Minister for Public Health
Ministry of Health and Medical Education
Tehran

Mr Mohsen Esperi
Director General of Sustainable Development and Environment Affairs
Ministry of Foreign Affairs
Tehran

Mr Javad Safaei
Head of International Specialized Agencies
Ministry of Foreign Affairs
Tehran

Mr Hamed Zohrehvand
(Advisor) Second Secretary of the Islamic Republic of Iran
Permanent Mission of Iran

Geneva

Dr Bagher Larijani
Deputy Chair of the National Supreme Committee for Prevention and
Control of NCDs
Ministry of Health and Medical Education

Tehran

Dr Mohammad Mehdi Gouya
Head of Center for Communicable Disease Control
Ministry of Health and Medical Education

Tehran

Dr Afshin Ostovar
Director General for Non-Communicable Disease
Ministry of Health and Medical Education

Tehran

Dr Hamed Barekati
Director General for Population, Family and School Health
Ministry of Health and Medical Education

Tehran

Dr Jafar Sadegh Tabrizi
Head of Center for PHC Networks Management
Ministry of Health and Medical Education

Tehran

Dr Shiva Yousefian
Director General for Disaster and Emergency Affairs
Medical Emergency Organization

Tehran

Dr Forouzan Salehi
Deputy for Population, Family and School Health Department
Ministry of Health and Medical Education

Tehran

Dr Nasrin Changizi
Head of Maternal Health Office
Ministry of Health and Medical Education

Tehran

Dr Mohsen Asadi Lari
Global Fund Board Member and Chair of EMR Constituency
Ministry of Health and Medical Education

Tehran

Ms Elham Ebadi
Head of International Organizations Office, IRD
Ministry of Health and Medical Education

Tehran

Mr Isa Akbarzadeh
Expert of International Organizations Office, IRD
Ministry of Health and Medical Education

Tehran

Representative	IRAQ H.E. Dr Hani Mousa Badir Minister of Health and Environment Ministry of Health and Environment Baghdad
Alternate	Dr Riyad Abd Al-Amir Al-Hilfi Director, Public Health Directorate Ministry of Health and Environment Baghdad
Advisers	Dr Asaad Mahdi Asaad Lehlewa Deputy Director General, Public Health Directorate Ministry of Health and Environment Baghdad Mr Firas Aldouri Diplomat Permanent Mission of Iraq Geneva Ms Nadia Jabar Manager Ministry of Health and Environment Baghdad
Representative	JORDAN H.E. Dr Feras Hawari Minister of Health Ministry of Health Amman
Alternate	Dr Ghazi Faysal Sharkas Assistant to Secretary General for Primary Health Care Ministry of Health Amman
Advisers	Dr Fatima Zerriouh Al-Zunaibat Head of the Follow-Up and Assessment Department, Directorate of Primary Health Care Ministry of Health Amman
Representative	KUWAIT H.E. Dr Basel L Sabah Minister of Health Ministry of Health Kuwait
Alternate	Dr Rihab Alwotayan Director of Department of International Health Relations Ministry of Health Kuwait
Advisers	Dr Fahad Alghimlas Director of Public Health Department Ministry of Health Kuwait

Dr Maha Al-Majed
Planning and Follow-up Department
Ministry of Health
Kuwait

Dr Hammoud Al-Zoubi
Chairman of the Committee for Chronic Non-communicable Diseases
Ministry of Health
Kuwait

Dr Hamad Bastaki
Head of Infectious Diseases Department
Ministry of Health
Kuwait

Dr Buthaina Almudhaf
Assistant Undersecretary for Public Health
Ministry of Health
Kuwait

LEBANON

Representative

H.E. Dr Firas Abiad
Minister of Public Health
Ministry of Public Health
Beirut

Alternate

Mr Fadi Sanan
Acting Director General
Ministry of Public Health
Beirut

Advisers

Dr Issam Charani
Consultant to the Minister
Ministry of Public Health
Beirut

Dr Atika Berri
Head of Preventive Medicine and Communicable Diseases Department
Ministry of Public Health
Beirut

Dr Hilda Harb
Head of Statistics Department
Ministry of Public Health
Beirut

Dr Nada Ghosn
Head, Epidemiological Surveillance Program
Ministry of Public Health
Beirut

Dr Randa Hamadeh
Director of PHC
Ministry of Public Health
Beirut

Dr Lina Abou Mrad
Director of the National E-health
Ministry of Public Health
Beirut

Ms Sara Nasr
Permanent Mission of Lebanon
Geneva

Representative	LIBYA H.E. Dr Ali Muhammad Miftah Al-Zinati Minister of Health Government of National Accord Tripoli
Alternate	Dr Saeduldeen Abdulwakil Consultant to Libyan Minister of Health Ministry of Health Tripoli
Advisers	Professor Al-Seddik Ali Al-Saeeh Ministry of Health Tripoli Dr Om El-Khair Al-Barouny Al-Bornoqali Ministry of Health Tripoli Mrs Soad Mohamed Al-Goaky Ministry of Health Tripoli Mrs Sanaa Hassan Al-Zaaedy Ministry of Health Tripoli Eng Saaid Atteya Al-Drissy Ministry of Health Tripoli Professor Abdel-Fattah Saleh Alnaqib Ministry of Health Tripoli Mr Mohamed Ali Mohamed Ministry of Health Tripoli Mrs Mofida Abdel-Salam Tanish Ministry of Health Tripoli Mrs Asmaa Mohamed Ashqiwi Ministry of Health Tripoli Mr Alaa-El-Din Eid Al-Fergany Ministry of Health Tripoli Dr Osama Omran Counsellor Permanent Mission Geneva

MOROCCO

Representative

Mr Abdelouahab Belmadani
Director of Planning and Financial Resources
Ministry of Health

Rabat

Alternate

Dr Mohammed Youbi
Director of Epidemiology and Disease Control
Ministry of Health

Rabat

Advisers

Dr Latifa Belakhel
Head of the Division of Non-Communicable Diseases at the Directorate
of Epidemiology and Disease Control
Ministry of Health

Rabat

Dr Noureddine Malmouze
Head of the Division of Maternal and Child Health at the Population
Directorate
Ministry of Health

Rabat

Dr Abdelmajid Sahnoun
Head of the Division of School and University Health at the Population
Directorate
Ministry of Health

Rabat

Ms Chaimae El bakkali
Head of the International Intergovernmental Organizations Department
at the Directorate of Planning and Financial Resources
Ministry of Health

Rabat

Mr Tarik Elmadani
Focal Point in charge of the coordination of cooperation projects with
international organizations at the Directorate of Epidemiology and
Disease Control
Ministry of Health

Rabat

Ms Loubna Olouy
Program Officer at the Directorate of Planning and Financial Resources
Ministry of Health

Rabat

OMAN

Representative

H.E. Dr Ahmed Mohamed Al Saidi
Minister of Health
Ministry of Health

Muscat

Alternate

Dr Mohammad Saif Sultan Al Hosni
Undersecretary for Health Affairs
Ministry of Health

Muscat

Advisers

Dr Said Harib Manaa Al Lamki
Director-General for Primary Health Care
Ministry of Health

Muscat

Dr Saif Salim Al-Abri
Director-General for Diseases Surveillance and Control
Ministry of Health
Muscat

Dr Qamra Said Khamis Al Sariri
Director-General for Quality Assurance
Ministry of Health
Muscat

Dr Jamal Eid Al Khadhuri
Director-General for Nursing Affairs
Ministry of Health
Muscat

Dr Jumana Al Abduwani
Director, International Relations and Organizations
Ministry of Health
Muscat

Dr Abdullah Assaedi
Public Health Expert
Ministry of Health
Muscat

PAKISTAN

Representative

H.E. Dr Faisal Sultan
Special Assistant to the Prime Minister on National Health Services
Regulations and Coordination (NHSRC)
Ministry of National Health Services Regulations and Coordination
Islamabad

Alternate

Mr Aamir Ashraf Khawaja
Secretary
Ministry of National Health Services Regulations and Coordination
Islamabad

Advisers

Dr Rana Muhammad Safdar
Director General (Health)
Ministry of National Health Services Regulations and Coordination
Islamabad

Dr Samra Mazhar
Deputy Director
Ministry of National Health Services Regulations and Coordination
Islamabad

Dr Shahzad Baig
National Coordinator, NEOC Polio
Ministry of National Health Services Regulations and Coordination
Islamabad

	PALESTINE
Representative	H.E. Dr Mai Alkaila Minister of Health Ministry of Health Jerusalem
Alternate	Dr Wael El-Sheikh Undersecretary of the Ministry of Health Ministry of Health Jerusalem
Advisers	Dr Kamal El-Shakhrh Director General of Primary Health Care Ministry of Health Jerusalem Dr Yaser Bozeiah Acting Director General of Public Health Ministry of Health Jerusalem Dr Naji Nezal Acting Director General of Hospitals Ministry of Health Jerusalem
	QATAR
Representative	H.E. Dr Hanan Mohamed Al-Kuwari Minister of Public Health Ministry of Public Health Doha
Alternate	Dr Salih Al-Marri Assistant Minister, Health Affairs Ministry of Public Health Doha
Advisers	Dr Mohammed Hamad Al-Thani Director of Public Health Department Ministry of Public Health Doha Mr Abdulatif Ali Al-Abdulla Manager of International Health Relations Department Ministry of Public Health Doha Dr Bothayna Abdulrahman International Relation Coordinator Ministry of Public Health Doha Ms Heba Alhasan International Relation Coordinator Ministry of Public Health Doha

SAUDI ARABIA

Representative

H.E. Dr Tewfik bin Fawzan bin Mohamed Al Rabeia
Minister of Health
Ministry of Health

Riyadh

Alternate

Dr Hani Jokhdar
Deputy Minister for Public Health
Ministry of Health

Riyadh

Adviser

Dr Abdulla Assiri
Assistant Deputy Minister of Health for Preventive Services
Ministry of Health

Riyadh

Ms Sara Al Sayed
Assistant Deputy Minister for International Collaborations
Ministry of Health

Riyadh

Dr Shaker Al Omary
Director General of the General Department of Health Programs and
Chronic Diseases
Ministry of Health

Riyadh

Dr Mohammed Al Zahrani
Director General Zoonotic at Vector-borne Diseases
Ministry of Health

Riyadh

Dr Haleema Alserehi
Director General in charge of Infectious Diseases Management
Ministry of Health

Riyadh

Dr Homoud Algarni
General Supervisor of the International Health Regulations Program
Ministry of Health

Riyadh

Dr Hanadi Al Harthi
Programs and Initiatives Manager
Ministry of Health

Riyadh

Ms Luluwah Alghamdi
Supervisor, Initiatives Unit
Ministry of Health

Riyadh

SOMALIA

Representative

H.E Dr Fawzia Abikar Nur
Minister of Health
Ministry of Health

Mogadishu

Alternate

Dr Abdinasir Mukhtar Ibrahim
Director General
Ministry of Health

Mogadishu

Advisers

Dr Abdifatah Ahmed Diriye
Somali National Institute of Health
Ministry of Health
Mogadishu

Dr Mohamed Jama
Senior Adviser to Minister
Ministry of Health
Mogadishu

Dr Nur Ali Mohomud
Planning and Policy Director
Ministry of Health
Mogadishu

Dr Abdullahi Abdihakim Ismail
Public Health Director
Ministry of Health
Mogadishu

SUDAN

Representative

H.E. Dr Omer Ahmed Elnageib
Federal Minister of Health
Federal Ministry of Health
Khartoum

Alternate

Dr Yosra Mohamed Osman Abuswait
Undersecretary of Federal Minister of Health
Federal Ministry of Health
Khartoum

Advisers

Dr Amel Alfatih
Director General of Global Health
Federal Ministry of Health
Khartoum

Dr Khalid Badrealdin Khalid Fadalla
Director General of Primary Health Care
Federal Ministry of Health
Khartoum

Dr Abda Hakim
Acting Director General of Health Planning and Policy
Federal Ministry of Health
Khartoum

Dr Mohammed Hafiz
Deputy General of Emergency and Pandemic Control
Federal Ministry of Health
Khartoum

Dr Ismael Al Adany
Director of Extended Immunization Program
Federal Ministry of Health
Khartoum

Dr Hamdan Mustafa Hamdan
Director of Disease Control Directorate
Federal Ministry of Health
Khartoum

Dr Aseel Salih Geries
Head of international representation
Federal Ministry of Health
Khartoum

Dr Sonyta Saad
International Representation Officer
Federal Ministry of Health
Khartoum

Dr Ahmed Nasir Abdellatif
International Representation Officer
Federal Ministry of Health
Khartoum

Ms Shafaq Mokwar
Health Expert
Permanent Mission of Sudan
Geneva

SYRIAN ARAB REPUBLIC

Representative

H.E. Dr Hassan Mohammad Al-Ghabbash
Minister of Health
Ministry of Health
Damascus

Alternate

H.E. Mr Hussam Edin Aala
Permanent Representative of the Syrian Arab Republic to UNOG and
other international organizations in Geneva
Geneva

Advisers

Dr Ahmad Nasir Abd-Alrahman Khleifawi
Deputy Minister of Health for Technical and Medical Affairs
Ministry of Health
Damascus

Dr Weam Mohammad Heaidar
Director of Planning and International Cooperation
Ministry of Health
Damascus

Dr Ahmad Dhamirieh
Director, Health Department
Ministry of Health
Damascus

Dr Jamal Khamis
Director of Communicable and Chronic Diseases
Ministry of Health
Damascus

Dr Razan Tarabishi
Director of Primary Health Care
Ministry of Health
Damascus

Mr Tarek Al-Alwan
Director of Communication and Operational Support
Ministry of Health
Damascus

Dr Nibal Mohammad
Third Secretary at the Permanent Mission of the Syrian Arab Republic
in Geneva
Geneva

TUNISIA

Representative

H.E. Professor Ali Mrabet
Minister of Health
Ministry of Health
Tunis

Alternate

H.E. Mr Sabri Bachtobji
Ambassador
Permanent Mission of Tunisia
Geneva

Advisers

Mr Abderazek Bouzouita
Director General of Health
Ministry of Health
Tunis

Dr Nissaf Ben Alaya
Director General of the National Observatory of New and Emerging
Diseases
Ministry of Health
Tunis

Dr Nofal Al-Samarani
Director General of Public Health Structures
Ministry of Health
Tunis

Dr Ahlem Gzara
Director of Basic Health Care
Ministry of Health
Tunis

Dr Ines Fradi
Acting Manager of the Technical Cooperation Unit
Ministry of Health
Tunis

Dr Nadia Assili
Sous-directeur chargée de la coopération avec les organisations
mondiales
Ministry of Health
Tunis

Mr Wadie Ben Cheikh
Minister Plenipotentiary
Permanent Mission of Tunisia
Geneva

UNITED ARAB EMIRATES

Representative

Dr Hussein Mohammed Abdul Rahman Al-Rand
Assistant Undersecretary (Public Health)
Ministry of Health

Abu Dhabi

Alternate

Dr Fatma Mahmood AlAttar
Director of IHR
Ministry of Health

Abu Dhabi

Advisers

Dr Haifa Madi
Advisor
Ministry of Health

Abu Dhabi

Dr Nada Hassan Al-Marzouqi
Director of Prevention Medicine
Ministry of Health

Abu Dhabi

Dr Laila Hussein Mohammed Abdullah Al Jasmi
Head of Immunization Section
Ministry of Health

Abu Dhabi

Dr Aisha Musabbeh Obaid bin Hamad AlMheiri
Director of Quality of Life
Ministry of Health

Abu Dhabi

Dr Buthaina Abdullah Ali Bin Belila
Head of Noncommunicable Disease Department
Ministry of Health

Abu Dhabi

Dr Esmat Mohammed Amin Abdulrahman Alqassim
Consultant
Ministry of Health

Abu Dhabi

Dr Maisoon Ali AlShaali
Consultant
Ministry of Health

Abu Dhabi

Dr Shamsa Majid Ahmed Lootah
Public Health Specialist
Ministry of Health

Abu Dhabi

Ms Shaimaa Hussein Bahman Ahli
Public Health Specialist
Ministry of Health

Abu Dhabi

Dr Fatma Hussain
Director of Epidemiology and Surveillance Department
Ministry of Health and Prevention

Abu Dhabi

YEMEN

Representative

H.E. Dr Qasem Mohammed Qasem Buhaibeh
Minister of Public Health and Population
Ministry of Public Health and Population
Aden

Alternate

Dr Abdollah Mohammad Dahan
Deputy Minister of Public Health and Population
Ministry of Public Health and Population
Aden

Advisers

Dr Ali Ahmed Al-Walidi
Undersecretary for Public Health
Primary Health Care Directorate
Ministry of Public Health and Population
Aden

Dr Mosleh Abd Eltoli
Ministry of Public Health and Population
Aden

Dr Abdenaser Naser Alnamir
Ministry of Public Health and Population
Aden

OBSERVERS

(Observers from WHO Member States outside the Eastern Mediterranean Region)

CYPRUS

Representative

Mr Michael Hadjipantela
Minister of Health
Ministry of Health
Nicosia

Alternate

Dr Olga Kalakouta
Chief Medical Officer
Ministry of Health
Nicosia

TURKEY

Representative

Mr Yusuf Irmak
Head of Department of Relations Between International Organizations
Ministry of Health
Ankara

Alternate

Mr Haydar Ridvan Civan
Health Expert
Ministry of Health
Ankara

(Observers representing the United Nations Organizations)

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO)

Ms Friederike Mayen
Senior Livestock Development Officer
Office for the Near East and North Africa Regional Office
Cairo

Ms Thresa Wong
Natural Resources Officer
Office for the Near East and North Africa Regional Office
Cairo

INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)

Ms Lisa Stevens
Director, Programme of Action for Cancer Therapy
Australia

Ms Geraldine Arias De Goebel
Section Head – Cancer Control
Australia

INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO)

Mr Mohamed Smaoui
Acting Regional Director
ICAO MID Office
Cairo

Mr Mohamed Iheb Hamdi
Regional Officer
Aerodromes and Ground Aids (AGA)
ICAO MID Office
Cairo

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

Mr Chiaki Ito
Regional Migration Health Specialist
IOM Regional Office for the Middle East and North Africa
Cairo

UNAIDS

Dr Shereen El Feki
Director, Regional Support Team for the Middle East and North Africa
Cairo

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Mr Ted Chaiban
Regional Director
Middle East and North Africa Regional Office (MENA)
Amman

Mr George Laryea-Adjei
Regional Director
Regional Office for South Asia (ROSA)
Kathmandu

UNITED NATIONS POPULATION FUND (UNFPA)

Luay Shabaneh
Regional Director
Egypt

UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST (UNRWA)

Mr Akihiro Seitani
Director of Health Plan
UNRWA Headquarters
Amman

(Observers representing intergovernmental, international and national organizations)

ARAB ORGANIZATION OF RED CRESCENT AND RED CROSS SOCIETIES

Mr Ibrahim Othman
Humanitarian Affairs Adviser
Riyadh

Mr Abdullah Alhazaa
Consultant of general secretary
Riyadh

Mr Al-Tuwaijri Saleh
Riyadh

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Dr Rochelle P. Walensky
CDC Director
Atlanta

Heather Burke
Regional Director
U.S. Centers for Disease Control and Prevention
Oman

GAVI, THE VACCINE ALLIANCE

Ms Seth Berkley
CEO
Gavi, the Vaccine Alliance
United States

Mr Tarek Elshimi
Senior Country Manager, Syria
Gavi, the Vaccine Alliance
Geneva

Ms Rehan Hafiz
Senior Country Manager
Gavi, the Vaccine Alliance
Geneva

Mr Ricard Lacord
Gavi, the Vaccine Alliance
Geneva

Ms Amy LA Trielle
Director Conflict & Fragile Countries
Gavi, the Vaccine Alliance
Geneva

Ms Alexa Reynolds
Gavi, the Vaccine Alliance
Geneva

GULF HEALTH COUNCIL

Mr Sulaiman bin Saleh Al-Dakheel
General Manager
Riyadh

HAMDARD FOUNDATION

Mrs Sadia Rashid
Chairperson, Hamdard Foundation
Karachi

Dr Hakim Abdul Hannan
Director, Clinical Science Division
Hamdard Laboratories, WAQF Pakistan
Pakistan

Dr Ahsana Farooq
Adjunct Professor, Hamdard Al-Majeed College of Eastern Medicine
Faculty of Eastern Medicine, Hamdard University
Pakistan

IMPACT-EMR

Dr Mohamad Alamuddin
Secretary-General
IMPACT-EMR
Riyadh

KING SALMAN HUMANITARIAN AND RELIEF CENTER (KSRELIEF)

Dr Abdullah Almoallem
Director, Health and Environmental Aid Department
King Salman Humanitarian and Relief Centre
Riyadh

LEAGUE OF ARAB STATES

Dr Said El Hadi
Director of Health and Humanitarian Aid Department
Cairo

Mr Hatem El Rouby
Cairo

ORGANIZATION OF ISLAMIC COOPERATION

Dr Abdunur M Sekindi
Professional Officer
Organisation of Islamic Cooperation
Riyadh

SAUDI RED CRESCENT AUTHORITY

Mr Yousef Alsofayan
Riyadh
Ms Monerah Almazroa
Riyadh

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Ms Ilya Bakharev
Senior Program Officer
Geneva

Mr Enkhjin Bavuu
Senior Fund Portfolio Manager
Geneva

Ms Cynthia Mwase
Head, African and Middle East Department
Geneva

Mr Ibrahim Faria
Regional Manager, Middle East and North Africa
Geneva

Mr Emmanuel Olatunji
Fund Portfolio Manager
Geneva

(Non-State actors in official relations with WHO)

ALZHEIMER'S DISEASE INTERNATIONAL (ADI)

Ms Paola Barbarino

CEO

London

Mr Lewis Arthurton

Policy and Communications Manager

London

BILL & MELINDA GATES FOUNDATION

Dr Chris Elias

President

United States

Dr Michael Galway

Deputy Director, Polio

United Kingdom

EMPHNET

Dr Mohannad Al Nsour

Executive Director

Global Health Development (GHD), EMPHNET

Amman

INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS (IAPB)

Dr Abdulaziz Ibrahim Alrajhi

Eastern Mediterranean Regional Chair

Riyadh

INTERNATIONAL ALLIANCE OF PATIENTS ORGANIZATIONS

Ms Kawaldip Sehmi

CEO

London

INTERNATIONAL DIABETES FEDERATION (IDF)

Ms Noor Al-Busaidi

President of Oman Diabetes Association

Muscat

INTERNATIONAL FEDERATION FOR MEDICAL STUDENTS' ASSOCIATIONS (IFMSA)

Ms Arwa Sharaby

IFMSA Regional Director for the Eastern Mediterranean Region

Rabat

Ms Yousra Elboukhari Elmamoun

IFMSA Delegate

Faculty of Medicine and Pharmacy

Rabat

Ms Hamaiyal Sana

IFMSA Delegate

Islamabad

Mr Yazan Dumaidi

IFMSA Delegate

An Najah National University

Nablus

Mr Sayed Sharief

IFMSA Delegate

Khartoum

INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)

Ms Grega Kumer
Associate Director, Government Relations
Geneva

INTERNATIONAL LEAGUE AGAINST EPILEPSY (ILAE)

Dr. Ghaieb Mohamed Aljandeel
ILAE-Eastern Mediterranean Chair,
The Iraqi Council for Higher Medical Specializations
Faculty of Epileptology and Clinical Neurophysiology
Baghdad

Professor Chahnez Charfi Triki
Past ILAE Eastern Mediterranean Chair
Professor of Neurology, Head of Child Neurology Department
Hedi Chaker Hospital
University of Sfax
Sfax

INTERNATIONAL PEDIATRIC ASSOCIATION

Dr Abdulsalam Abu-Libdeh
Pediatric Endocrinologist
Makassed Hospital
Beirut

Dr M. Ashraf Sultan
Professor Pediatrics, Member Standing Committee International Pediatric Association
Islamabad

NCD ALLIANCE

Dr Ibtihal Fadhil
President
Eastern Mediterranean NCD Alliance
Bahrain

ROTARY FOUNDATION

Dr Aziz Memon
Trustee, Rotary Foundation and Chair, Pakistan National PolioPlus
Islamabad

Dr Terri Landers
PolioPlus Volunteer Specialist
United States

Dr Michael McGovern
Chairman International PolioPlus Committee
Amman

THE ARAB BOARD OF HEALTH SPECIALIZATIONS

Dr Elsheikh Badr
Chair, Studies and Planning Office
Abu Dhabi

UNION FOR INTERNATIONAL CANCER CONTROL

Dr Karen Khoury
Children's Cancer Center of Lebanon (CCCL)
Beirut

Dr Grace Marie Bricalli
Senior Public Policy Manager
European Society for Medical Oncology (ESMO)
Geneva

WORLD HEART FEDERATION

Dr Yunshu Wang
Advocacy and Policy Officer
Geneva

Dr Ahmed Elsayed
Advocacy Committee member for EMRO
Geneva

WORLD MEDICAL ASSOCIATION (WMA)

Dr Mohammad Aldalou
Palestine

Dr Marie Ferreira
Technical assistant
Paris

Dr Abubakar Jafar Usman
Associate member
Paris

WORLD OBESITY FEDERATION (WOF)

Dr Margot Neveux
Senior Policy Manager
London

WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)

Prof Taghreed M. Farahat
WONCA Eastern Mediterranean Region President
Family Medicine, Menoufia University
Cairo

Vision 2023 Midterm Push Forward Taskforce

Dr Maha El Rabbat
Member of Task Force, and
WHO Director-General's Special Envoy on COVID-19
Cairo

Dr Abdullah Assaedi
Member of Task Force
Muscat

Dr Omar Suleiman
Member of Task Force
Khartoum

Dr Ruth Mabry
Member of Task Force
Muscat

Officers of the Working group on Strengthening WHO Preparedness and Response to Health Emergencies

Dr Aladin Alwan
Regional WGPR Bureau member
Geneva

Dr Colin Mciff
Co-Chair
United States

H.E. Ambassador Grata Werdaningtyas
Permanent Mission of Indonesia in Geneva
Geneva

Officers of the Working Group on Sustainable Financing

Bjorn Kummel
Deputy Head of Unit
Global Health, German Federal Ministry of Health
and Vice Chair of the WHO Executive Board
Geneva

SPECIAL GUESTS/SPEAKERS

Dr Awad Tag El Din
Senior Adviser and Guest of Honour
Cairo

Dr Jeffrey Braithwaite
Professor of Health Systems Research, Founding Director, Australian Institute of Health Innovation,
Director, Centre for Healthcare Resilience and Implementation Science, President Elect, International
Society for Quality in Health Care (ISQua)
Sydney

Dr Timothy Evans
Inaugural Director and Associate Dean School of Population and Global Health (SPGH) Faculty of
Medicine and Associate Vice-Principal (Global Policy and Innovation) McGill International TB Centre
Montreal

Professor Salman Rawaf
Professor and Director
WHO Collaborating Centre for Public Health Education and Training
London

Professor Gamal Serour
Director of International Islamic Center for population studies and Research
ICPD+25 ISC member
Egypt

PANELISTS

Dr Ammar Abdo Ahmed
IAG Executive Committee Member, Islamic Development Bank

Professor Rajae Al Auoad
President of the Moroccan Commission on Health Equity

H.E. Sayyid Bader Al Busaidi
Foreign Minister of Oman

Professor David Bishai
Public Health Expert, John's Hopkins Bloomberg School of Public Health

Rt Hon. Professor The Lord Darzi of Denham
Co-Director of the Institute of Global Health Innovation

Dr Hossam El-Sharkawi
IFRC MENA Regional Director

Ms Arwa Hany
International Federation of Medical Students Associations (IFMSA) Regional Director for the Eastern Mediterranean Region

Dr M.A. Jama
Senior Adviser to H.E. the Minister of Health of Somalia

H.E. Ms. Nora Kronig Romero
Vice Director-General of the Federal Office of Public Health/Head of International Affairs Division, Switzerland

Sir Micheal Marmot
Chair of the Commission on the Social Determinants of Health in the Eastern Mediterranean Region

Dr Ali Mokdad
Professor of Health Metrics Sciences, Institute for Health Metrics and Evaluation, University of Washington

Professor Vankatraman
Professor, Faculty of Management Studies, University of Delhi

Ms Maisaa Youssef
Officer in charge of the SDG Cluster
United Nations Economic and Social Commission for Western Asia (ESCWA)

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

1. Regional Committee documents

EM/RC68/1	Agenda
EM/RC68/2	Adoption of Agenda
EM/RC68/3	Annual Report of the Regional Director 2020
EM/RC68/4	Accelerating health emergency preparedness and response – a plan of action
EM/RC68/5	A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region
EM/RC68/6	Building resilient communities for better health and well-being
EM/RC68/7	Addressing diabetes as a public health challenge in the Eastern Mediterranean Region
EM/RC68/8	Revision of Proposed Programme Budget 2022–2023
EM/RC68/9	Sustainable financing
EM/RC68/10	Resolutions and decisions of regional interest adopted by the Seventy-fourth World Health Assembly and the Executive Board at its 148th and 149th sessions
EM/RC68/10-Annex 1	Review of the draft provisional agenda of the 150th session of the WHO Executive Board
EM/RC68/11	Membership of WHO bodies and committees
EM/RC68/12	Transformation update
EM/RC68/13	Report of the fifth meeting of the Technical Advisory Committee to the Regional Director
EM/RC68/14	Report of the tenth and eleventh meeting of the Programme
EM/RC68/15	Subcommittee of the Regional Committee
EM/RC68/16	Report of the first and second meeting of the Regional Subcommittee for
EM/RC68/17	Polio Eradication and Outbreaks
EM/RC68/INF.DOC.1	Eradication of poliomyelitis
EM/RC68/INF.DOC.2	Mid-term review of progress in implementing the regional tobacco control strategy
EM/RC68/INF.DOC.3	Scaling up mental health care: a framework for action
EM/RC68/INF.DOC.4	Regional framework for action on climate change
EM/RC68/INF.DOC.5	Regional framework on ending preventable newborn, child and adolescent deaths and improving health and development
EM/RC68/INF.DOC.6	Framework for action for the hospital sector in the Eastern Mediterranean Region
EM/RC68/INF.DOC.7	Developing national institutional capacity for evidence-informed policy-making for health
EM/RC68/INF.DOC.8	Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018

- | | |
|--------------------|--|
| EM/RC68/INF.DOC.9 | Regional framework for action to strengthen the public health response to substance use |
| EM/RC68/INF.DOC.10 | COVID 19 preparedness and response activities in the Region |
| EM/RC68/INF.DOC.11 | Accreditation of regional non-State actors to the Regional Committee |
| EM/RC68/INF.DOC.12 | Health issues facing populations affected by disasters and emergencies including IHR [special update] |
| EM/RC68/INF.DOC.13 | Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region |
| EM/RC68/INF.DOC.14 | Award of the Down Syndrome Research Prize |
| EM/RC68/INF.DOC.15 | Place and date of future sessions of the Regional Committee |
|
 | |
| 2. Resolutions | |
| EM/RC68/R.1 | Annual report of the Regional Director for 2020 |
| EM/RC68/R.2 | Accelerating health emergency preparedness and response – a plan of action |
| EM/RC68/R.3 | A regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region |
| EM/RC68/R.4 | Building resilient communities for better health and well-being in the Eastern Mediterranean Region |
| EM/RC68/R.5 | Addressing diabetes as a public health challenge in the Eastern Mediterranean Region |
|
 | |
| 3. Decisions | |
| Decision 1 | Election of officers |
| Decision 2 | Special procedures for the virtual 68th session of the WHO Regional Committee for the Eastern Mediterranean |
| Decision 3 | Adoption of the agenda |
| Decision 4 | Place and date of future sessions of the Regional Committee |
| Decision 5 | Verification of credentials |
| Decision 6 | Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region |
| Decision 7 | Award of the Down Syndrome Research Prize |

Annex 4

**Plan of action for ending the COVID-19 pandemic and preventing and controlling
future health emergencies in the Eastern Mediterranean Region**

Annex to resolution EM/RC68/R.2

Annex. Plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies in the Eastern Mediterranean Region

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
Ending the COVID-19 pandemic					
1	Maintain the engagement and ownership of senior government leadership	<ul style="list-style-type: none"> Closely monitor disease trends and the emergence of new variants, and make evidence-based course corrections as appropriate Ensure that the executive-level committee overseeing the national response includes senior representatives of all relevant ministries (i.e. health, transport, interior, finance, education, etc.) Communicate regularly and transparently with the public, including clear explanations of the situation, priorities, plans and adjustments Engage with the executive leadership and the Ministry of Finance to secure adequate financing for the national response 	Continuous	22 countries/territories	<ul style="list-style-type: none"> Evidence-based interventions are implemented to end the pandemic All relevant ministries have clear roles and responsibilities in the national response Trust of government and leaders is gained among communities National response is appropriately financed
2	Accelerate scale-up of COVID-19 vaccinations	<ul style="list-style-type: none"> Update the national deployment and vaccination plan (NDVP) with costing Ensure all elements are in place for effective vaccine roll-out (i.e. trained human resources, cold chain, micro-plans, monitoring mechanism, community engagement, operational costs, etc.) Monitor progress in vaccine supply, use and coverage, making course corrections as needed, with data disaggregated for vulnerable populations Undertake vaccine effectiveness studies as needed, with the support of WHO Contribute to global solidarity efforts to increase equitable access to COVID-19 vaccines and ancillary supplies by supporting the COVAX facility and engaging in technology transfer Provide strategic/policy, technical and operational support to accelerate COVID-19 vaccine roll-out Advocate for dose-sharing and support countries in accessing more doses of EUL/EUA COVID-19 vaccines 	2021–2022	22 countries/territories	<ul style="list-style-type: none"> Updated and costed NDVP with clear targets and milestones for vaccination coverage Effective vaccine roll-out contributing to attainment of vaccination targets National monitoring system and dashboard functioning, and vaccine roll-out informed Effectiveness of vaccines documented, and vaccine roll-out informed More equitable allocation of vaccines
3	Promote and refine evidence-based public health and social measures	<ul style="list-style-type: none"> Undertake regular situational assessment to inform, implement and adjust public health and social measures (PHSMs), considering the special needs of vulnerable populations Intensify efforts to promote mask wearing, physical distancing and access to well-ventilated places, including among vaccinated individuals Establish a monitoring system to track implementation and effectiveness of PHSMs Undertake studies of the effectiveness of PHSMs in suppressing transmission Study the socioeconomic impact of PHSMs to inform the design and implementation of balanced measures Support the documentation of the PHSMs implemented in countries using the Regional Office tracking dashboard 	Continuous	22 countries/territories	<ul style="list-style-type: none"> Acceptable, feasible and effective PHSMs are implemented and adjusted over time Minimized risk of COVID-19 transmission and reduced risk of generation of new variants Acceptable, feasible and effective PHSMs are implemented and adjusted over time Evidence-based interventions are identified and promoted Minimized impact of PHSMs on the socioeconomic situation Improved research and evidence generation

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
4	Empower communities and promote behaviour change	• Review and update the COVID-19 risk communication and community engagement (RCCE) strategy and action plan to integrate COVID-19-related scientific updates	Continuous	22 countries/territories	• Improved response to COVID-19
		• Map social listening and community feedback platforms and enhance capacities to streamline, analyse and address community insights, including from vulnerable populations	Continuous	22 countries/territories	• Rumours, misinformation and disinformation addressed
		• Conduct studies (such as surveys and focus groups) to collect behavioural insights to inform RCCE interventions, including from vulnerable populations	Continuous	22 countries/territories	• RCCE interventions are evidence based
		• Strengthen and institutionalize engagement with community leaders/influencers (such as nongovernmental, community-based, faith-based and youth-based organizations) to maintain two-way communication at grassroots level and sustain long-term behaviour change	Continuous	22 countries/territories	• Community engagement driven initiatives are established and two-way communication improved
		• Expand and build the capacity of the health workforce for RCCE to support the implementation of RCCE strategies	Continuous	22 countries/territories	• Health workers able to communicate more effectively and accurately regarding COVID-19 control measures
		• Develop targeted and tested materials and messages on the evolution of the COVID-19 pandemic, and on how to reduce virus transmission and save lives	Continuous	22 countries/territories	• Elevated levels of COVID-19 awareness among communities
		• Enhance coordination among RCCE stakeholders	Continuous	22 countries/territories	• National interagency RCCE working group established with terms of reference (TORs) and SOPs • Streamlined efforts made to address RCCE needs
		• Ensure that the most vulnerable groups (migrants, refugees and IDPs) have access to crucial, practical and accurate information in a language and format they can access and understand	Continuous	22 countries/territories	• RCCE messages and materials customized according to the needs of vulnerable populations
		• Document RCCE best practices and lessons learnt and share with decision-makers, key stakeholders and the donor community	Continuous	Regional	• A series of thematic case studies is developed to enhance knowledge management and resource mobilization
		• Enhance partnership and collaboration with RCCE key partners/media/private sector	Continuous	Regional	• Regional interagency RCCE working group established to ensure consistency of strategies and messages, and optimized allocation and use of resources
5	Strengthen surveillance and related data-management measures	• Review and update the surveillance strategy/plan as needed, including through the revision of case definitions	Continuous	22 countries/territories	• Early detection of COVID-19 cases and improved characterization of pandemic at national and subnational levels
		• Train and equip rapid response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing	Continuous	22 countries/territories	• Cases rapidly isolated, contacts identified and quarantined, and clusters controlled
		• Overcome fragmentation of surveillance and data systems, including by linking epidemiological and laboratory data, and integration with other disease surveillance where possible	Continuous	22 countries/territories	• COVID-19 surveillance becomes part of integrated disease surveillance
		• Integrate COVID-19 surveillance into influenza sentinel surveillance	2021–2022	22 countries/territories	• EMFLU updated with COVID-19 data
		• Update the regional COVID-19 District Health Information Software 2 (DHIS2) data management platform	Continuous	Regional	• Updated regional DHIS2 platform
		• Analyse the regional COVID-19 surveillance data and identify lessons learnt	2021	Regional	• Priorities identified for enhanced COVID-19 surveillance and response
		• Improve the WHO Regional Office mathematical model to respond to the evolution of the COVID-19 pandemic	Continuous	Regional	• National COVID-19 epidemiological situation forecasted and response plans adjusted accordingly

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
6	Expand testing and sequencing	• Review and update the national testing strategy informed by the evolving epidemiology and country context, including the possible introduction of rapid antigen tests	Continuous	22 countries/territories	• Refined testing strategy to optimize detection, diagnosis and the use of resources
		• Continue to decentralize testing capacity within the framework of national laboratory networks to local and district levels	December 2021	22 countries/territories	• Equitable access to PCR testing services by vulnerable populations
		• Establish/expand SARS-CoV-2 genomic sequencing capacity	June 2022	22 countries/territories	• Genomic sequencing capacity available
		• Share genomic sequencing data (including from national public health laboratories, academia and the private sector) on a timely basis through regional and global platforms, in accordance with the provisions of the IHR (2005) and Nagoya Protocol	December 2021	22 countries/territories	• Regularly shared genomic sequencing data by countries with genomic sequencing capacity or arrangements via regional and global platforms
		• Provide operational and logistical support to laboratory supply chains, and establish supply chain plans for procurement and distribution	Continuous	Regional	• Timely and sustained access to testing kits and other laboratory supplies
		• Expand country participation in the WHO External Quality Assessment Project for SARS-CoV-2 testing	December 2021	Regional	• improved performance in SARS-CoV-2 testing achieved in all national reference laboratories
		• Improve access to genomic sequencing capacity by countries	December 2021	Regional	• All countries able to access genomic sequencing capacity – either nationally or regionally
7	Points of Entry and international travel	• Adopt a risk assessment approach to calibrate mitigation measures, such as quarantine, testing for international travel and vaccination requirements	Continuous	22 countries/territories	• Appropriate public health measures for international passengers put in place to contain the pandemic
		• Facilitate information exchange and coordination among countries concerning health measures, passenger information and epidemiological surveillance.	Continuous	22 countries/territories	• Contacts of COVID-19 cases detected at points of entry (PoE) are rapidly traced to minimize domestic transmission
		• Encourage the digitization of health information on COVID-19 tests and vaccination status to ensure robust metrics on passengers	December 2022	22 countries/territories	• Validated testing and vaccination status by different countries to facilitate international travel
		• Adopt a risk assessment approach to inform travel-related measures (such as closure, refusal of entry and visa denial) and continue to report these measures to WHO	Continuous	22 countries/territories	• Avoidance of unnecessary interference with international travel
		• Produce advice for travellers (including on self-monitoring for signs and symptoms) and disseminate widely	Continuous	22 countries/territories	• Minimized risk of COVID-19 exposure and transmission at PoE and domestically
		• Continue to strengthen capacity at PoE to manage potential risks of cross-border transmission and facilitate international contact tracing	Continuous	22 countries/territories	• COVID-19 cases are promptly detected at PoE and rapidly investigated and managed
		• Provide technical support and guidance to reopen and operationalize PoE	Continuous	Regional	• Safe reopening, and facilitation of international travel
• Review and update evidence-based guidance on international travel consistent with IHR (2005) provisions	Continuous	Regional	• Evidence-based recommendations implemented		
8	Advance research and innovation	• Conduct at least one sero-epidemiological investigation using WHO Unity Studies protocols (for general population, health care workers, pregnant women, etc.) to generate evidence to guide public health decision-making	December 2022	22 countries/territories	• Seroprevalence data available for defined group(s) and used to adjust response actions as appropriate
		• Participate in and contribute to the global Solidarity clinical trials for COVID-19 therapeutics	December 2022	5 countries/territories	• Evidence base on the use of various therapeutics expanded
		• Conduct vaccine effectiveness studies to inform vaccination strategies	December 2022	6 countries/territories	• Informed vaccine strategies based on vaccine effectiveness data
		• Build local capacities for clinical research	December 2022	22 countries/territories	• Enhanced national and regional clinical research capacities
		• Promote and support specific research addressing knowledge gaps regarding One Health and zoonotic diseases	December 2022	22 countries/territories	• Specific research on One Health and zoonotic diseases conducted

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
Preventing and controlling future health emergencies					
9	Governance	<ul style="list-style-type: none"> Consider appointing a high-level National Pandemic/Health Security Coordinator and establishing an IHR National Focal Point Centre within government with a clear reporting line to cabinet level Establish a cabinet-level structure/mechanism for the oversight of health emergency preparedness, with clear roles and responsibilities for each line ministry Fully integrate health emergency preparedness into national emergency management arrangements (policies, plans, structures), including clear operational linkages between the Ministry of Health and National Disaster Management Agency Strengthen essential public health functions (EPHF) capacities and governance prerequisites as a basis for health systems transformation, resilience and recovery Establish national platforms to promote participatory governance in health decision-making (e.g. for UHC, health security and transformation plans) including civil society, the private sector, parliamentarians, academics and political party representatives Support the reshaping of the stewardship functions, structures and capacities of the Ministry of Health and health authorities at national and subnational levels Enhance the capacities of legislators to strengthen health systems governance for UHC and health security 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Elevated authorities and accountabilities of those responsible for health emergency preparedness
			June 2023	22 countries/territories	<ul style="list-style-type: none"> Elevated political support and accountability for health emergency preparedness
			June 2023	22 countries/territories	<ul style="list-style-type: none"> Health emergency preparedness fully integrated into national multisectoral emergency management arrangements
			Continuous	22 countries/territories	<ul style="list-style-type: none"> Increased investment in strengthening EPHF as a basis for health systems transformation, development and implementation of relevant national and subnational policies and plans
			Continuous	22 countries/territories	<ul style="list-style-type: none"> Customized technical support based on different country contexts, priorities and opportunities
			Continuous	22 countries/territories	<ul style="list-style-type: none"> Customized technical support based on different country contexts
			Continuous	22 countries/territories	<ul style="list-style-type: none"> Enhanced regional and national capacities to effectively propose, review and implement supportive legal tools for UHC and health security
10	Strategy and planning	<ul style="list-style-type: none"> Adopt the incident management system as the national approach to structuring and managing the response to emergencies Establish and fully resource national and subnational public health emergency operations centres (PHEOCs) according to international standards Conduct intra- and after-action reviews in accordance with IHR (2005) as required to identify gaps and challenges in the response to COVID-19 (including health system response) taking into account disaggregated data (including on vulnerable populations) Review and update national action plans for health security based on lessons learnt from the COVID-19 response to inform future preparedness and response activities integral to the health system, integrating a comprehensive emergency risk management approach Redesign and develop more adaptable and agile hospitals as part of building hospital resilience Develop all-hazard preparedness plans for hospitals (including preparedness for outbreaks), especially in LMIC, countries facing complex emergencies and/or countries with fragile health systems, and conduct regular training and simulation exercises based on the hospital preparedness plan Provide support and guidance for the reviewing and updating of national action plans for health security and facilitate their implementation 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Predictable and effective management of emergencies
			December 2022	22 countries/territories	<ul style="list-style-type: none"> Improved strategic management and coordination of emergency responses
			Continuous	22 countries/territories	<ul style="list-style-type: none"> Improved response to emergencies
			December 2022	22 countries/territories	<ul style="list-style-type: none"> Countries are better prepared for future emergencies
			Continuous	22 countries/territories	<ul style="list-style-type: none"> Hospitals are more adaptable and agile in responding to emergencies
			Continuous	22 countries/territories	<ul style="list-style-type: none"> Hospitals are more prepared for all hazards Increased hospital simulation exercises based on the hospital preparedness plan
			Continuous	Regional	<ul style="list-style-type: none"> Countries better prepared for future emergencies

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
11	Sustained financing	• Negotiate with the Ministry of Finance to increase fiscal space for health and flexible spending for emergencies	Continuous	22 countries/territories	• Increased dedicated budget and flexible spending for emergencies
		• Invest in increasing the adaptability of hospitals for emergency preparedness	Continuous	22 countries/territories	• Increased investment in increasing the adaptability of hospitals for emergency preparedness
		• Promote policy responses and fiscal instruments that can improve the macroeconomic situation and impact on health (such as health taxes, health investment in fiscal stimulus packages and inclusion of health in debt relief packages)	Continuous	22 countries/territories	• Increased public spending on health
		• Prioritize public investment in common goods for health	Continuous	22 countries/territories	• Common goods for health are implemented and serve as a catalyst for UHC and health security objectives
12	Surveillance, alert and information management	• Strengthen data management/analysis capacity at regional and country levels	2021–2024	22 countries/territories	• Epidemiologists/data analysts trained
		• Maintain and strengthen the seasonal influenza sentinel surveillance system to support the surveillance of other respiratory diseases	December 2022	22 countries/territories	• Stronger influenza and other respiratory disease surveillance systems
		• Integrate SARS-CoV-2 surveillance, testing and monitoring into the existing platforms for influenza and other respiratory diseases, for increased sustainability	December 2022	22 countries/territories	• Enhanced surveillance for early detection of cases
		• Extend the use of the WHO Regional Office mathematical model to other diseases	2021–2024	WHO Regional Office	• Enhanced prevention of and early response efforts to signals and public health events
		• Extend the use of the DHIS2 management platform to the management of all public health events	2021–2024	WHO Regional Office + at least 5 countries/territories	• DHIS2 management platform updated and deployed in selected countries
		• Consolidate the use of social media scanning tools (Sprinklr and EpiTweetr) for the detection of all public health events and deploy in countries	2021–2023	WHO Regional Office + at least 5 countries/territories	• Social media scanning tools regularly used at WHO Regional Office and in selected countries; and the Epidemic Intelligence from Open Sources tool updated
		• Define requirements for dashboards reporting data on public health events	2022	Regional	• Dashboard requirement document developed
		• Increase the use of the Geographic Information System (GIS) for the monitoring of public health events and the dissemination of information	2022–2023	Regional + countries/territories	• GIS utilized for monitoring of events
		• Develop remote sensing to complement the collection of field data	2022–2023	Regional + at least 5 countries/territories	• Additional information collected through remote sensing
		13	Strengthened health workforce	• Build surge capacities to respond to emergencies and develop policies/plans for rapid mobilization of surge capacities during emergencies	Continuous
• Integrate health emergency preparedness into undergraduate and postgraduate curricula for all cadres of health professionals	2022–2024			22 countries/territories	• Health professionals better trained in health emergency prevention, preparedness, detection and response
14	Laboratory and sequencing capacities	• Continue to build laboratory infrastructure, workforce and equipment capacities at national and subnational levels	Continuous	22 countries/territories	• Improved laboratory capacities for detection, diagnosis and response during health emergencies
		• Further increase and maintain capacities for molecular testing and genomic sequencing	December 2022	22 countries/territories	• Adequate and reliable laboratory capacity to detect and monitor new variants
		• Develop and implement a regulatory framework for the highest standards of laboratory biosafety and biosecurity	December 2022	22 countries/territories	• High standards of biosafety and biosecurity established and maintained
		• Continue to enhance the transparency and rapid sharing of genomic sequencing data and information through publicly accessible data platforms (e.g. GISAID) in collaboration with the medical and scientific community, and laboratory and surveillance networks	December 2022	22 countries/territories	• Genomic sequencing data and information transparently and routinely shared and used to inform responses to disease outbreaks

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
		<ul style="list-style-type: none"> Participate in external quality assurance programmes for molecular testing 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Highly performing national reference laboratories for molecular testing
		<ul style="list-style-type: none"> Build local capacity through training and mentoring in genomic sequencing, bioinformatics, and diagnostic strategies and procedures (including the use of Ag-RDT kits, specimen collection, packaging and transportation) 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Trained personnel in genomic sequencing and bioinformatics to implement different diagnostic strategies and procedures (including specimen collection, packaging and transportation)
		<ul style="list-style-type: none"> Ensure the rigorous implementation of biosafety and biosecurity measures, especially in the context of genomic sequencing 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Rigorous biosafety and biosecurity measures for all reference laboratories
		<ul style="list-style-type: none"> Support and enhance the genomic sequencing capacity of the two regional reference laboratories to better support countries that currently lack this capacity 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Support provided to all countries in the Region by the two regional reference laboratories in the advanced laboratory diagnosis of high-threat pathogens
15	Vaccination	<ul style="list-style-type: none"> Strengthen vaccine safety surveillance and pharmacovigilance systems to detect, investigate and analyse adverse events following immunization (AEFIs) and adverse events of special interest (AESIs), to validate safety signals and to recommend appropriate public health or other interventions 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Sharing of information on adverse events to improve vaccine safety
		<ul style="list-style-type: none"> Build capacity for the production of safe and effective vaccines 	December 2023	Egypt, Islamic Republic of Iran, Pakistan, Tunisia and United Arab Emirates	<ul style="list-style-type: none"> Locally produced vaccines to meet an increasing proportion of national and regional demand
		<ul style="list-style-type: none"> Enhance and expand the capacity of national regulatory authorities 	December 2023	22 countries/territories	<ul style="list-style-type: none"> Enhanced local capacity for regulatory approval and vaccine deployment
		<ul style="list-style-type: none"> Provide support and guidance to countries to improve vaccine production, regulatory approval, deployment and monitoring of safety 	Continuous	Regional	<ul style="list-style-type: none"> Improved availability of safe and effective vaccines for SARS-CoV-2 and other pathogens
16	Points of Entry and international travel	<ul style="list-style-type: none"> Map human resources for PoE applying a needs-based approach, and founded on a capacity framework for both health and non-health staffing 	June 2022	22 countries/territories	<ul style="list-style-type: none"> Human resources capacities and gaps identified, with sufficient capacities in place to implement IHR (2005) at PoE
		<ul style="list-style-type: none"> Establish a professionalized training programme for PoE staff, complete with systematic refreshers and opportunities for continued professional development 	December 2022	22 countries/territories	<ul style="list-style-type: none"> Public health threats at PoE are promptly detected, and rapidly investigated and managed
		<ul style="list-style-type: none"> Harmonize and enhance information systems at PoE to allow for the capturing of real-time health information on suspected cases, inclusive of cross-notification and feedback loops for all stakeholders, and able to feed into national surveillance 	June 2023	22 countries/territories	<ul style="list-style-type: none"> Rapid tracing of contacts across borders
		<ul style="list-style-type: none"> Develop contingency planning for all-hazard public health threats and operationalization of SOPs at PoE-level to ensure standardized approaches and emergency management 	June 2022	22 countries/territories	<ul style="list-style-type: none"> SOPs are in place for the management of public health emergencies at PoE as an integral part of national emergency management plans
		<ul style="list-style-type: none"> Facilitate cross-border dialogue among neighbouring countries, identify mutual public health concerns (as well as opportunities for information and resource exchange), undertake stakeholder analysis, generate memorandum of understanding/SOPs and conduct joint training events 	Continuous	22 countries/territories	<ul style="list-style-type: none"> Shared and agreed-upon responsibilities to manage public health events and emergencies across borders
		<ul style="list-style-type: none"> Modify and restructure PoE premises to mitigate transmission risks during travel and to facilitate social distancing, crowd control, and proper health etiquette 	December 2023	22 countries/territories	<ul style="list-style-type: none"> Minimized risk of COVID-19 exposure and transmission at PoE
		<ul style="list-style-type: none"> Coordinate PoE activities related to international travel with relevant partners at all levels 	Continuous	Regional	<ul style="list-style-type: none"> Partnership and coordination fostered with international partners (e.g. WHO, ICAO, IOM and IMO)
		<ul style="list-style-type: none"> Provide support and guidance to develop IHR (2005) capacities at PoE and facilitate international travel 	Continuous	Regional	<ul style="list-style-type: none"> Enhanced preparedness and response at PoE

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
17	One Health	• Establish a national multisectoral One Health committee/hub/team comprising governmental and nongovernmental members with clear TORs	December 2022	22 countries/territories	• Functional One Health Team established with clear TORs to manage and oversee all One-Health-related activities
		• Undertake a joint multisectoral assessment of zoonotic risks, zoonotic control capacities and gaps	December 2022	22 countries/territories	• Priority zoonotic risks identified and systems capacities documented to inform planning
		• Develop and implement a coordinated national strategy and action plan for One Health that prioritizes the zoonoses of greatest concern, engaging all relevant sectors	December 2022	22 countries/territories	• Joint action plan developed and implemented involving all One Health national stakeholders
		• Establish/revise the system and mechanism for surveillance and information-sharing on zoonotic diseases and other threats at the human-animal-environment interface	December 2021	22 countries/territories	• Improved event and disease detection systems in place, and mechanisms established for sharing data, including between sectors
		• Coordinate One-Health-related activities with international partners at all levels	Continuous	Regional	• Partnership and coordination fostered with international partners (WHO, FAO, OIE and UNEP)
		• Contribute to the development and piloting of new tools, guidance documents and training materials in close collaboration with WHO (Regional Office and headquarters), FAO, OIE and UNEP	Continuous	Regional and at country level	• Improved capacity to implement One-Health-related activities to detect and respond to zoonotic diseases
18	Essential and critical health services	• Leverage primary health care for vaccine roll-out and other essential health services	Continuous	22 countries/territories	• Strengthened primary health care systems serving as the foundation for achieving UHC and health security objectives
		• Identify the essential health services necessary for continuity of operations, under the pressure of possible high staff absenteeism and limited supplies due to a pandemic	December 2021	22 countries/territories	• List of priority essential health services
		• Strengthen the delivery of essential health services and identify options for remote support	Continuous	22 countries/territories	• Interventions that can be remotely delivered identified
		• Optimize the capacity of health workers through the use of telemedicine (digital health) approaches	Continuous	22 countries/territories	• Improved capacity of health workers through the use of telemedicine (digital health) approaches
		• Ensure vulnerable populations have access to essential and critical health services	Continuous	22 countries/territories	• Improved access by vulnerable populations to essential and critical health services
19	Supply chain	• Develop/review a priority list of medicines, vaccines and health products consistent with national treatment guidelines	June 2022	22 countries/territories	• National essential medicines lists (including priority list of medicines, vaccines and health products) formulated, evaluated and revised
		• Strengthen national regulatory authorities, including to ensure that medicines and health products supplied during an emergency comply with national and international quality standards, and to guarantee good manufacturing practices in the local production of medicines and vaccines	December 2023	22 countries/territories	• Effective implementation and monitoring of medicines regulations and good manufacturing practices guaranteed
		• Comprehensively review the national supply chain system, and develop and implement a related corrective action plan, with a focus on the weakest links	June 2023	22 countries/territories	• Supply chain assessed and recommendations to strengthen system implemented
		• Ensure timely technical support for the development of procurement and distribution plans	Continuous	Regional and at country level	• Technical support in procurement and distribution planning provided as needed
		• Establish SOPs in supply and procurement plans, including distribution plans/schedules to ensure the timely delivery of emergency health supplies to countries	February 2022	Regional and at country level	• SOPs for supply and procurement developed and applied

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
20	Community trust and engagement	• Create space for community and civic engagement in governance structure	December 2021	22 countries/territories	• Legislation enacted to allow engagement of communities and civil societies in the governance structure
		• Review existing national strategies and plans for health emergency preparedness and response and ensure the role of communities and civil societies is identified and integrated	February 2021	22 countries/territories	• Defined role of communities and civil societies in preparedness for and response to emergencies
		• Design and implement capacity-building programmes to empower communities and civil societies	December 2022	22 countries/territories	• Engaged communities in needs assessment and decision-making on suitable interventions and their implementation
		• Establish and build the capacity of formal and informal front-line workers, including community health and social workers	Continuous	22 countries/territories	• Well-trained front-line community health and social workers engaged in preparedness and response
		• Enhance social mobilization of a wide range of civil society partners and stakeholders at national and local levels through social dialogue to secure their inputs into governance, health policies and strategies	June 2023	22 countries/territories	• Aligned and well-coordinated social mobilization efforts
		• Apply anthropology and other applied social sciences to listen to and understand communities, and collect community insights on the sociocultural and political context to inform tailored and localized health programmes and interventions	December 2022	22 countries/territories	• Health interventions are informed by community feedback
		• Support community-based participatory research approaches for collecting evidence on community and civic engagement to inform policy-making and strategic planning, and to track progress, ensuring that vulnerable populations are included	June 2023	22 countries/territories	• Evidence-based community and civic engagement interventions
		• Establish a mechanism for monitoring and evaluating the health outcomes of community-based interventions	December 2021	22 countries/territories	• Improved health outcomes in line with national health strategies and plans
		• Provide guidance on creating space for communities and civil societies in the governance structure at the national and subnational levels	Continuous	22 countries/territories	• Engaged communities and civil societies in the governance structure
		• Support documentation processes and establish a regional platform accessible to community and civic representatives for sharing knowledge and best practices	Continuous	Regional	• Shared knowledge and best practices and improved modalities for engaging communities in emergency prevention, preparedness, readiness and response
21	Accountability and compliance	• Support community-based participatory research approaches to assess and monitor community and civil society engagement	Continuous	Regional	• Policies and interventions supported by research
		• Undertake a review of the national action plan for health security, drawing on lessons learnt from the COVID-19 pandemic and other emergencies	December 2021	22 countries/territories	• Updated national action plan for health security
		• Identify the leading sector and support sectors for the implementation of the national action plan for health security and allocate resources for its implementation	December 2021	22 countries/territories	• Targeted and on-track implementation of the national action plan for health security
		• Review and update the TORs for the national IHR focal point, drawing on lessons learnt from the COVID-19 pandemic and other emergencies	February 2022	22 countries/territories	• Enhanced monitoring and evaluation of IHR (2005) implementation
		• Allocate resources to empower national IHR focal points in terms of organizational structure, space, personnel and authority to facilitate reporting to WHO	June 2022	22 countries/territories	• Improved IHR (2005) implementation, including notification to WHO
		• Enhance compliance with IHR (2005) and other international treaties	Continuous	22 countries/territories	• Enhanced preparedness for and response to health emergencies

No	Area of work	Actions	Timeframe	Responsible party	Deliverables
22	Additional assessment procedures	• Provide guidance on the TORs for national IHR focal points	December 2021	Regional	• Empowered national IHR focal points
		• Design and implement capacity-building interventions targeting national IHR focal points	Continuous	Regional	• Well-trained national IHR focal points with active engagement in IHR (2005) assessment, implementation, and monitoring,
		• Engage in new efforts to review and assess preparedness in light of the lessons learnt from the COVID-19 pandemic and other emergencies	Continuous	22 countries/territories	• Improved understanding of actual emergency preparedness levels in countries
		• Engage with the global working groups set up by WHO to develop tools and procedures for preparedness assessment	Continuous	22 countries/territories	• Country-informed tools and procedures for assessing emergency preparedness
		• Develop guidance, tools and procedures to facilitate preparedness assessments and reviews	Continuous	Regional	• Efforts directed towards building resilient health systems

Annex 5

**Roadmap on building resilient communities for better health and well-being in the Eastern
Mediterranean Region**

Annex to resolution EM/RC68/R.4

Annex

Roadmap on building resilient communities for better health and well-being in the Eastern Mediterranean Region

1. The following regional roadmap, with its proposed actions for countries, will help guide the building of resilient communities for better health and well-being, including in emergency situations. WHO will provide tools, technical support and capacity-building materials, and establish regional platforms for experience exchange and advisory groups at the regional level, as needed.
2. The roadmap can be implemented by establishing platforms or bodies at the national level, such as supreme councils encompassing representatives from the community and civil society organizations, through which public consultation and discussion can take place. These national bodies need to be linked to the local level (provincial, district and city levels) through multisectoral platforms that also include community and civil society representatives and are led by the local authorities, such as the governor, mayor or *wally*. Accordingly, the role of local government will shift from “governing” to that of “governance”, whereby governments work with communities to plan, design and deliver decisions and policies.
3. The roadmap includes proposed actions by strategic direction for countries to consider and the desired outcomes that can be used as a basis to track progress in implementation of the actions.

Strategic direction	Proposed actions for countries	Outcomes
Engage community and civil society representatives in governance structures	<ul style="list-style-type: none"> • Establish working groups/entities, platforms or coalitions, including at peripheral levels, dedicated to community engagement • Engage community and civil society representatives in existing governance structures, including at peripheral levels • Review and enact legislation or develop decrees or administrative procedures to provide legal support and guarantee a space for communities and civil society in the decision-making process and the planning and implementation of strategic interventions, and identify those responsible and reporting lines 	<ul style="list-style-type: none"> • Working groups/entities, platforms or coalitions established • Communities and civil society represented in the different government bodies, with clear mandates and reporting lines
Map existing communities, networks, practices and resources	<ul style="list-style-type: none"> • Map and identify communities of priority concern to the country, such as those at high risk, refugees, youth, religious leaders, internally displaced people, and urban and rural communities • Map leading civil society networks and identify their mandate and priorities • Create a repository or database of community engagement interventions • Map existing modalities, practices, platforms and approaches for engaging different communities • Map budgetary allocations for community engagement 	<ul style="list-style-type: none"> • Priority communities identified • Active civil society/nongovernmental organization networks identified • Existing modalities, practices, platforms and approaches for engaging communities mapped • Investments for community engagement mapped
Establish links and build trust with communities and civic institutions	<ul style="list-style-type: none"> • Identify trusted community leaders or representatives • Discuss and agree on representatives of communities and civil society in governmental structures • Ensure community and civil society representatives are well represented in governance structures • Promote the participation of communities and civil society in the national planning and implementation of health programmes and interventions • Hold forums to exchange knowledge about community engagement interventions and outcomes 	<ul style="list-style-type: none"> • Selected and mutually accepted community and civil society representatives linked with governing bodies within a legal framework • Community- and civil society-led initiatives active and aligned with national strategies • Lessons learned documented and disseminated
Enhance collaboration and coordination for effective interventions	<ul style="list-style-type: none"> • Develop standard operating procedures for operationalizing community and civic engagement and align them with national strategic directions • Ensure the role of communities and civil society is defined in national development and emergency strategies and plans • Ensure the participation of community and civil society in coordination structures such as health cluster coordination mechanisms and public health emergency operation centres • Facilitate accountability and provide opportunities for communities and civil society to access regional and global platforms, such as the League of Arab States and Gulf Cooperation Council 	<ul style="list-style-type: none"> • Community and civic engagement operational with concrete actions • Role of community and civil society integrated in national strategies and plans • Community- and civil society-led programmes and initiatives are monitored and evaluated • Opportunities and successful examples of effective interventions are advocated for and promoted regionally and globally

Strategic direction	Proposed actions for countries	Outcomes
Streamline listening and community feedback to ensure two-way communication	<ul style="list-style-type: none"> Establish a mechanism for social listening, including online tools to capture insights from social media platforms and offline platforms such as community meetings, hotlines and surveys, to facilitate the collection of community feedback Establish mechanisms to analyse community insights and collect feedback to be used for the design of community-based programmes and interventions Share community insights in the different coordination mechanisms to ensure integration of community feedback and inputs in interventions 	<ul style="list-style-type: none"> Social listening and community feedback mechanisms in place Community programmes and interventions are planned according to local needs and context
Localize community engagement approaches	<ul style="list-style-type: none"> Promote and support community-based participatory approaches for community and civil society engagement Regularly assess the acceptability and feasibility of community-based programmes and interventions, and adapt to local contexts accordingly 	<ul style="list-style-type: none"> Community-based programmes and interventions are implemented and operational
Build the capacity of communities and civil society and provide support to maximize community participation	<ul style="list-style-type: none"> Design and develop capacity-building programmes for communities and civil society and develop materials as needed Provide human and financial resources to implement capacity-building programmes Establish a network of community volunteers to support community engagement initiatives and scale up good practices Participate in regional and global initiatives to build the capacity of civil society 	<ul style="list-style-type: none"> Communities and civil society are enabled and engaged in planning, design and implementation of programmes and interventions to achieve national targets
Advance evidence-based and innovative interventions	<ul style="list-style-type: none"> Promote and allocate resources to support research to inform evidence-based community and civil society engagement programmes and interventions Disseminate, promote and support evidence-based interventions among stakeholders in developing and implementing community engagement programmes Support the integration of evidence-based interventions into national health and development plans and in emergency prevention, preparedness and response plans 	<ul style="list-style-type: none"> Evidence-based programmes and interventions designed and implemented Innovative approaches developed to facilitate implementation of programmes and interventions
Document and communicate linkages between improved public health outcomes and community-based programmes	<ul style="list-style-type: none"> Establish a mechanism for the assessment, monitoring and evaluation of community-targeted projects Monitor the progress of community-based programmes and interventions and include them in national progress reports Promote documentation of public health outcomes of community-based programmes and interventions Organize forums and facilitate the dissemination of community-based programme outcomes related to diseases and risk factors at the national, regional and global levels Develop guidance and tools for adopting and integrating standards for community-based programmes and interventions 	<ul style="list-style-type: none"> Transparent and responsive reporting system established Learning centres, such as centres of excellence, established and used as hubs to promote information exchange among countries

Annex 6

**Framework for action on diabetes prevention and control in the WHO Eastern
Mediterranean Region**

Annex to resolution EM/RC68/R.5

Annex. Framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region

	Strategic interventions	Indicators
In the area of governance	<ul style="list-style-type: none"> • Establish a national subcommittee for diabetes prevention and control under the national committee for noncommunicable diseases with consideration to include non-state actors the private sector and civil society, and meaningful engagement from people living with diabetes (PLWD) • Develop an action plan for the prevention and control of diabetes, as part of a national NCD multisectoral strategy/policy/action plan • Strengthen/establish diabetes programmes with sufficient infrastructure and capacity to effectively run the programme • Identify and define an essential set of integrated interventions (population- and individual-based interventions) for the prevention and control of diabetes as part of a universal health coverage benefit package based on WHO/national guidance • Ensure sufficient national budgetary allocation for diabetes prevention and control and identify financing mechanisms to reduce out-of-pocket expenditure • Periodically assess national capacity for the prevention and control of diabetes and develop a monitoring mechanism for national diabetes plan implementation with the engagement of non health sector • Ensure that PLWD share the same human and social rights as people who do not have diabetes, regardless of race, ethnicity, gender and age, 	<ul style="list-style-type: none"> • An operational, funded and costed national action plan encompassing all areas of diabetes prevention and control as part of a national NCD multisectoral strategy/policy/action plan • Set timebound national targets and indicators for diabetes and obesity prevention and control adapted to national circumstances
In the area of prevention	<ul style="list-style-type: none"> • Control the obesity pandemic, with particular attention to prevention of childhood obesity • Increase the availability of and demand for healthier food and reduce the availability of and demand for unhealthy food, including through continued implementation of targeted education, such as front-of-pack labelling, and reducing the intake of unhealthy food rich in sugar and sweetened beverages, trans fatty acids and saturated fatty acids through food reformulation, sin taxes and other regulatory measures • Create supportive environments for the promotion of healthy lifestyles, including in schools, universities and supportive workplaces • Reduce the exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense, nutrient-poor foods and beverages (e.g., through voluntary or compulsory advertising codes of conduct), and enhancing early life and growth patterns, including promotion of breast feeding • Accelerate the implementation of WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify the Protocol to Eliminate the Illicit Trade of Tobacco Products • Raise diabetes awareness and motivate behavioural change through education and social media campaigns to encourage people to maintain healthy weight, increase their levels of physical activity and healthy eating campaigns (national education and/or social marketing campaigns). • Implement the best buys to reduce the harmful use of alcohol 	<ul style="list-style-type: none"> • Four demand-reduction measures of the WHO FCTC (such as taxation, smoke-free policies, warning labels, advertising bans or smoking cessation programmes) • Four measures to reduce unhealthy diet (such as promotion of weight loss, low salt diet and increased consumption of fruits, vegetables and whole grains) • At least one annual national public awareness campaign on diabetes prevention and control and/or healthy behaviour

	Strategic interventions	Indicators
In the area of management	<ul style="list-style-type: none"> • Integrate prevention, early detection and treatment of diabetes mellitus and related CVD risk factors into primary health care guided by existing national/WHO packages • Identify individuals at high risk for type 2 diabetes eligible for primary prevention, using risk conditions and scores, as well as data from screening programmes and population-based surveillance systems • Implement and assess the efficacy of structured lifestyle interventions (diet, physical activity), +/- medication, for primary prevention of type 2 diabetes • Implement health care best buys for diabetes management and prevention of complications through primary care teams • Develop human and institutional capacity to early detect, prevent and manage diabetes-related complications (diabetic foot, retinopathy, chronic kidney disease) • Establish multidisciplinary specialized diabetes centres/clinics for the management of complex cases (such as type 1 diabetes, young-onset diabetes, multiple morbidities), with appropriate referrals and counter-referrals from/to primary health care level • Develop/strengthen human resources and institutional capacity to ensure minimum standards of diabetes service provision across the continuum of care, including access to psycho-social support and selfcare and for the early detection, prevention and management of diabetes-related complications, palliative care and rehabilitation • Ensure availability, affordability and quality of insulin, glucose lowering agents and diagnostic supplies • Ensure continuity of diabetes care during humanitarian emergencies, using the WHO NCD emergency kit and other tools to support safe and effective provision of diabetes care, with improved access to quality and affordable insulin, glucose lowering agents and diagnostic supplies • Meaningfully engage people living with diabetes 	<ul style="list-style-type: none"> • Diabetes fully integrated as part of universal health coverage benefits packages, with documented evidence of integration at primary health care level • Evidence-based national guidelines/protocols/standards for the early detection and management of diabetes in primary health care recognized/approved by the government or competent authority • Availability and affordability of insulin, oral hypoglycaemic agents and diagnostic supplies periodically assessed and reported (using WHO/Health Action International methodology or other standardized assessment tool) • Percentage of 18 years and above adult population with raised blood glucose above 7.0 mmol/L
In the area of surveillance and research	<ul style="list-style-type: none"> • Strengthen/implement NCD risk factor surveillance to assess the population at risk (prevalence), coverage and control of diabetes, using appropriate diagnostic techniques among target populations • Establish a monitoring and evaluation system to assess the effectiveness of diabetes management and control, including regular monitoring of biochemical parameters and occurrence of complications due to diabetes • Develop/scale up electronic patient medical records for systematic collection of routine clinical diabetes care and related risk factor data using unique national identification mechanisms • Develop diabetes registries to monitor and improve quality of diabetes care • Link diabetes registries with mortality and other disease registries • Promote research to assess effectiveness of individual- and population-wide interventions to prevent and control diabetes and obesity 	<ul style="list-style-type: none"> • STEPS survey implemented at national representative level among adult population every 3–5 years to include coverage and control indicators using appropriate diagnostic techniques • Set of standardized facility-level indicators in place at primary health care (public and private sector) level for diabetes treatment, coverage and control to monitor and evaluate treatment gaps and clinical outcomes as part of the NCD surveillance system

Annex 7

**Is the Eastern Mediterranean Region ready for digitalizing health?
Implications from the Global Strategy on Digital Health (2020–2025)**

Is the Eastern Mediterranean Region ready for digitalizing health? Implications from the Global Strategy on Digital Health (2020–2025)

The objectives of the session were to:

- raise awareness of Member States on the importance of adopting the Global Strategy for Digital Health (GSDH) and developing national strategies on digital health and innovation;
- share experiences and best practices of Member States on digital health and innovation; and
- encourage Member States to allocate resources, build capacities and request technical support for innovative digital health solutions.

Conclusions

At the Seventy-first World Health Assembly in 2018, all 194 WHO Member States unanimously adopted resolution WHA71.7 on digital health in support of the GSDH. Two more decisions in support of the Global Strategy were adopted by the Executive Board (EB146/26) and World Health Assembly (WHA73(28)) during 2020. The presentation focused on the regional implications of digital health, especially for the COVID-19 pandemic response (reflected in the applications used in all Member States regardless of socioeconomic status), as well as on the possibilities for implementation of the GSDH in the Eastern Mediterranean Region. Implementation in the Region would follow four guiding principles (responding to country health priorities, collaborating with multilateral stakeholders, developing sustainable financing mechanisms, and monitoring digital maturity level), four strategic objectives (promoting regional collaboration and advancing the transfer of knowledge on digital health, advancing the implementation of national digital health strategies, strengthening governance for digital health at regional and national levels, and advocating people-centred health systems that are enabled by digital health), and four steps (mapping existing initiatives, prioritizing and enabling initiatives, creating action plans for each initiative and implementing initiatives, based on country-specific needs, vision and digital maturity).

Discussions focused on how to move from the resolution to national implementation. Countries noted their achievements in the area, including in telehealth, electronic health records, patient health records, teleconsultation, the “internet of things”, and UNRWA applications for refugees in four countries. Challenges were mentioned, such as in observing ethical principles using digital technologies and telemedicine applications, including for confidentiality of information and security of data. Participants stressed the importance of financing mechanisms and related investments, sharing best practices and lessons learnt among health practitioners and researchers, assessing needs for implementation of digital technologies to address health priorities, and supporting the development of appropriate information and communications technology infrastructure and capacities. They also highlighted the need for WHO technical support and its convening role. The presenter emphasized the importance of making use of WHO expertise (from its three levels) to develop digital health systems and national digital health strategies in the Region’s Member States in response to the GSDH and applying digital technologies at different levels of health care delivery to benefit patients, families and communities in the Region, regardless of resources and capabilities.

Proposed actions

Member States

- Share best practices and lessons learnt in health digitalization, especially in the COVID-19 response.
- Support building the ICT infrastructure and human capacity needed for digital health applications.
- Develop/foster national digital health strategies based on the strategic objectives and proposed steps for implementation of the GSDH.

- Activate stakeholder dialogue for setting priorities and assessing needs for implementation of digital technologies to accelerate progress towards universal health coverage, the health-related Sustainable Development Goals and the regional Vision 2023.
- Observe ethical principles while applying digital technologies in health systems and services, including for data security, safety and confidentiality.

WHO

- Provide technical support for the development and implementation of national digital health strategies, action plans and related applications.
- Convene suitable platforms and networking facilities for exchanging information, best practices and lessons learnt for health digitalization, especially in the COVID-19 response.
- Establish a technical working group supporting health digitalization in the Eastern Mediterranean Region.

Annex 8

**Strategy to promote the health of refugees and migrants in the Eastern
Mediterranean Region**

Strategy to promote the health of refugees and migrants in the Eastern Mediterranean Region

The objectives of the event were to:

- present the strategy to promote the health of refugees and migrants in the Eastern Mediterranean Region;
- discuss the strategic objectives and priority actions for Member States, WHO and partners; and
- advocate for addressing the health and well-being of refugees and migrants in an inclusive and comprehensive manner.

Conclusions

The goal of the regional strategy was presented as being “to promote health and well-being of refugees and migrants in the Eastern Mediterranean Region in an inclusive and comprehensive manner, and as part of holistic efforts to respond to the health needs of the overall population in any given setting and throughout the migration route”.

The following strategic objectives were introduced to achieve this goal:

1. Mainstream refugees and migrants in national health policies, strategies and plans.
2. Respond promptly and effectively to the needs of refugees and migrants in emergencies.
3. Improve the social determinants that affect the health and well-being of refugees and migrants.
4. Strengthen partnership towards promoting the health of refugees and migrants.

Djibouti expressed its support for the strategy, noting that it has mobile migrant populations, and had put in place a national strategy, with health at the centre, that does not differentiate between refugees, migrants and nationals, who all attend the same facilities. There are also mobile clinics that have begun vaccinating all refugees, migrants and other mobile populations living in or transiting through the country.

UNWRA also expressed its full support for the strategy and for the integration of Palestine refugees in the roll out of the COVID-19 vaccine, and commended the inclusion of social determinants of health, especially political determinants.

Sudan commended WHO on the strategy. Since 2000, Sudan has hosted refugees and migrants from the Horn of Africa, with 8000 arriving in the last month, who are distributed across 12 governorates, with most living outside camps. Sudan has a fragile economy and the provision of health care services to migrants and refugees is challenging for the country.

The Islamic Republic of Iran noted that it has 4 million refugees, with new refugees currently arriving from Afghanistan. In the last three decades, primary health care has been the health system entry point for migrants and refugees in the country. However, challenges exist regarding the burden on the health system and reaching transient refugees and people in hard-to-reach places. UN agencies were requested to increase funding and support to scale up the COVAX facility and provide medicines for communicable diseases and guidelines on vaccinations for transient refugees.

Global Health Development, a nongovernmental organization in Jordan, asked if internally displaced persons (IDPs) could be included in the strategy, and called for the integration of migrant health into current health service structures. They expressed support for the inclusion of social determinants of health in the strategy, including political determinants and other dimensions.

Proposed actions

Member States

- Review the implementation of refugee and migrant health programmes at national and subnational health system levels and assess the public health situation of refugees and migrants.
- Develop a national strategy to include the health of refugees and migrants in national policies and plans.
- Strengthen the migration health programme at the ministry of health and improve multisectoral collaboration.
- Integrate migration health-related variables into health information systems and surveys.
- Assess and ensure the continuity of essential health services during normal conditions and emergencies.
- Build institutional capacities to support research on refugee and migrant health.

WHO

- Finalize the draft strategy to promote the health of refugees and migrants in the Eastern Mediterranean Region in consultation with Member States and partners, and support countries in implementing the strategy at national and subnational health system levels.

