

EM/RC69/26-E
April 2023

Report of the

69th session of the WHO Regional Committee for the Eastern Mediterranean

WHO Regional Office, Cairo, Egypt
10–13 October 2022



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

Report of the

69th session of the

WHO Regional Committee for the

Eastern Mediterranean

WHO Regional Office, Cairo, Egypt

10–13 October 2022

© World Health Organization 2023

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 69th session of the WHO Regional Committee for the Eastern Mediterranean, WHO Regional Office, Cairo, Egypt, 10–13 October 2022. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023. 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 procedural matters	2
2.1	Opening of the session	2
2.2	Formal opening of the session by the Chair of the 68th 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	High-level segment	3
2.6	Election of officers.....	4
2.7	Adoption of special procedures	4
	Adoption of the agenda.....	4
2.8	Decision on establishment of the Drafting Committee	5
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 2021	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.....	9
4.	Technical matters	10
4.1	Building resilient health systems to advance universal health coverage and promote health security in the Eastern Mediterranean Region	10
4.2	Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund	11
4.3	Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals	13
4.4	Advancing the implementation of One Health in the Eastern Mediterranean Region	14
4.5	Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027)	15
5.	Programme budget and governance matters	17
5.1	Extending the Thirteenth General Programme of Work, 2019–2023, to 2025....	17
5.2	Member State consultations on the Programme Budget 2024–2025.....	17
6.	Other matters	19
6.1	Resolutions and decisions of regional interest adopted by the Seventy-fifth World Health Assembly and the Executive Board at its 150th and 151st sessions	19
	Review of the draft provisional agenda of the 152nd session of the WHO Executive Board.....	19
6.2	Membership of WHO bodies and committees	19
6.3	Transformation update	20
6.4	Global strategy on infection prevention and control.....	20
6.5	Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination	20

6.6	Global Health for Peace Initiative	21
6.7	Well-being and health promotion.....	21
6.8	Report of the sixth meeting of the Technical Advisory Committee to the Regional Director	22
6.9	Report of the thirteenth, fourteenth and fifteenth meetings of the Programme Subcommittee of the Regional Committee	22
6.10	Leveraging religious scholars to promote public health: report and future plans	22
6.11	Relocation of the WHO Regional Office for the Eastern Mediterranean to the UN Common Premises project, to be located in the New Administrative Capital of Egypt, as proposed by the Government of Egypt	23
6.12	Nomination of a Member State to the Joint Coordinating Board of the Special Programme of Research and Training in Tropical Disease	23
6.13	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region ..	23
6.14	Place and date of future sessions of the Regional Committee	24
7.	Closing session	24
7.1	Review of draft resolutions, decisions and report	24
7.2	Adoption of resolutions and report	24
7.3	Closing of the session.....	24
8.	Resolutions and decisions.....	25
8.1	Resolutions	25
8.2	Decisions	34
Annexes		
1.	Agenda.....	40
2.	List of representatives, alternates and advisers of Member States and observers .	41
3.	Final list of documents, resolutions and decisions	61
4.	Strategic directions, WHO outputs, country outcomes and indicators to increase the efficiency and impact of collaboration with Gavi and the Global Fund in the Eastern Mediterranean Region.....	62
5.	Technical meetings.....	65

1. Introduction

The 69th session of the Regional Committee for the Eastern Mediterranean was held using a hybrid modality at the WHO Regional Office in Cairo, Egypt, from 10 to 13 October 2022.

The agenda is set out in Annex 1 of this report.

The following Members were represented during the hybrid 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: Türkiye.
- Observers representing United Nations organizations: Food and Agriculture Organization of the United Nations (FAO), International Atomic Energy Agency (IAEA), International Organization for Migration (IOM), International Telecommunication Union (ITU), UNAIDS, United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), 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: Hamdard Foundation, Islamic Development Bank, King Salman Humanitarian and Relief Center (KSRELIEF), League of Arab States, Organization of Islamic Cooperation, Saudi Fund for Development (SFD) and WHO Collaborating Centre for Public Health Education and Training.
- Non-State Actors in official relations with WHO: Alzheimer’s Disease International (ADI), Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention (CDC), Drugs for Neglected Diseases Initiative (DNDi), EMPHNET, GAVI, the Vaccine Alliance, Institute for Health Metrics and Evaluation, International Agency for the Prevention of Blindness (IAPB), International Alliance of Patients Organizations, International Council of Nurses, International Federation for Medical Students’ Associations (IFMSA), International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), International League Against Epilepsy (ILAE), NCD Alliance, Rotary Foundation, The Cochrane Collaboration (COCHRANE), The Global Fund to Fight AIDS, Tuberculosis and Malaria, United States Pharmacopeia Convention, Women in Global Health (WGH), World Federation for Mental Health (WFMH), World Obesity Federation (WOF) and World Organization of Family Doctors (WONCA).

2. Opening session and procedural matters

2.1 Opening of the session

Agenda item 1

The opening session of the 69th session of the Regional Committee for the Eastern Mediterranean was held in the Kuwait Conference Hall of the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt, on 10 October 2022.

2.2 Formal opening of the session by the Chair of the 68th session

The 69th session of the Regional Committee was formally opened by H.E. Dr Ahmed Robleh Abdilleh, Minister of Health of Djibouti. Dr Abdilleh, who was Vice-Chair of the previous session of the Regional Committee in October 2021, extended warm greetings to all those present either in person or via the virtual platform, and expressed his pleasure at being able to see so many colleagues in person after two fully virtual sessions. The COVID-19 pandemic had been an unprecedented health crisis that had truly taken the world by surprise, turning lives, societies and economies upside down. Dr Abdilleh highlighted the considerable efforts and investments that had been made to end the pandemic but also noted that the challenges of COVID-19 remain as we now learn to live with it. The pandemic had exposed weaknesses and vulnerabilities in health systems and seriously set back the provision of essential health services worldwide. Dr Abdilleh highlighted the paramount need to build strong, resilient and flexible health care systems capable of adapting and responding to sudden changes and events, including through strengthening health emergency surveillance and response capabilities. This would require improved preparedness and effective coordination between countries, greater digitalization of the health sector in countries of the Region and, above all, the adoption of the One Health approach. Dr Abdilleh concluded by expressing his sincere appreciation to the WHO Regional Director for his support and determination in working to strengthen the health systems of the Region, and thanked the Director-General of WHO for his leadership and commitment.

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

Dr Ahmed Salim Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, greeted participants and expressed his pleasure at welcoming so many in person. He highlighted the huge challenges faced by people in the Region, including multiple conflicts, natural disasters, disease outbreaks, and chronic and acute food insecurities, but emphasized his conviction that the challenges could be overcome. The theme of this Regional Committee was “Together for a healthier and sustainable tomorrow”, and the focus was on building back better and fairer. This required resilient health systems capable of preventing and responding to future pandemics, addressing the growing health implications of conflict, climate change and environmental degradation, and maintaining essential health services even in the toughest circumstances. The focus must always be on the most vulnerable, and increasing health equity and reducing inequalities should be key measures of success.

Dr Al-Mandhari drew attention to the sacrifices made by colleagues working on the frontline. The Region continued to lose dedicated health workers to COVID-19 while, unacceptably, health workers and facilities had also been deliberately targeted during conflicts. WHO was launching the Imtinan Fund, an endowment to support the families of health workers lost in the line of duty. Dr Al-Mandhari praised the role of the WHO workforce in the Region in combating the COVID-19 pandemic.

Dr Al-Mandhari outlined the key agenda topics for the Regional Committee session. These included One Health, digital health, universal health coverage and health security, holistic and integrated responses to communicable diseases, and promoting health and well-being. In addition, pre-session technical meetings had drawn attention to the attainable goals of eliminating cervical cancer, improving emergency response monitoring, reducing deaths and injuries due to road accidents, strengthening hospital information systems and enhancing local vaccine production. A common theme in the coming days would be the need for multisectoral action. Nowhere was this more apparent than in efforts to protect the right to a clean, healthy and sustainable environment. The upcoming COP27 event in Egypt would provide an essential focus for collective action on climate change, including building health

systems that were responsive to ever-increasing climate risks. Health systems and services must also be properly resourced and there was now a pressing need to find innovative solutions and sources of revenue for health. More than ever, the world needed a strong and sustainably funded WHO with the resources to carry out its mandate, and the Organization also needed to transform its ways of working to meet the demands placed on it.

Dr Al-Mandhari thanked all members of the Regional Committee for their continued support for the work of WHO in the Region and assured them that WHO would continue in its efforts to support countries in achieving shared goals.

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

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said that the Region was reporting almost its lowest number of COVID-19 cases since the pandemic had begun. While the world had never been in a better position to end the pandemic as a global health emergency, many obstacles remained, including inequity between countries. Low levels of vaccination among health workers and older people, combined with low surveillance, testing and sequencing, and lack of access to antivirals in some countries, put the entire Region at risk. He urged Member States to achieve the target of 70% vaccination coverage in all countries. While responding to COVID-19, countries must maintain momentum on building a stronger architecture for health emergencies and he urged Member States to more actively engage in negotiations on a new, legally binding international instrument on pandemic prevention, preparedness and response and invest in the World's Bank's new Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response to support catalytic and gap-filling financing to implement the core capacities of the International Health Regulations.

The Director-General noted the wide range of challenges facing the Region, including floods in Pakistan, polio, conflict and drought, which, combined with the impact of the Russian Federation's war in Ukraine on prices for food and fuel, was exacerbating food insecurity for millions of people. In responding to the drought in the Horn of Africa and floods in Pakistan, the Director-General said that countries must work to address the climate crisis, fuelled by the consumption of fossil fuels, that was making weather-related disasters more frequent and more extreme. He cited the upcoming COP27 meeting in Egypt as an important opportunity to make concrete commitments to safeguard the health of the planet, on which all life depended. He highlighted five priorities to recover from the setbacks of the pandemic, and drive progress towards the "triple billion" targets and the Sustainable Development Goals (SDGs). He thanked Member States for the historic commitment they had made at this year's World Health Assembly to gradually increase assessed contributions and said that WHO was committed to continuing to support countries to promote, provide, protect, power and perform for health, and to making the Organization even more effective and efficient.

2.5 High-level segment

The Regional Committee was addressed by three keynote speakers. H.E. Dr Ali M Fakhro, former Minister of Health and Ambassador of Bahrain, noted three major transformations shaping the world that would have profound impacts on health. First, the impact of globalized neoliberal political and economic ideas had led to the privatization of health and social services, undermined solidarity and aided the spread of epidemics and environmental disasters, with enormous impact on health, especially that of the poor and marginalized. Second, social media had led to a rise in unscientific approaches to health, including homeopathy and "alternative" medicine, which threatened to marginalize science-based medicine. Third, health workers would soon increasingly be replaced by robots and artificial intelligence systems. Other challenges included the impact of environmental changes, genetic manipulation and the weaponization of bacteria and viruses. He urged WHO and ministries of health to become involved in responding to these issues from a science-based, health-related and humanitarian perspective. Health leaders needed to define their remit widely and assume new responsibilities and duties to help protect humanity and the planet.

Dr Mahmoud Mohieldin, Executive Director of the International Monetary Fund and the United Nations climate change high-level champion for Egypt, provided an overview of the inextricable

linkages that exist between climate change and health, and between medicine, statistics and economics. The COVID-19 pandemic had exposed the real state of health systems, but this was just one example of a world at risk. Previous warnings of the challenges that would be faced by the world as a result of pandemics, climate change, poverty, conflicts and financial crises had proved prescient. Taken together, current trends in these areas were now threatening to undo the health and development gains of recent decades. In addition, highly reductive views of what “sustainability” means and declining commitments to address climate change in the face of growing economic pressures were moving the world ever closer to crisis. Dr Mohieldin noted that climate change was now recognized as a major health risk, both as a significant cause of death in itself and because it increased susceptibility to other causes of death. On the other hand, the health sector was a major contributor to greenhouse gases and other emissions. A process of change was needed. The health sector must not only deal with the effects of climate change but also reflect on its own part in driving it. The need to better integrate the environmental and climate dimensions into health and vice versa was now critical, and it was intended that the upcoming COP27 would provide a focus for new approaches. Rather than being an end in itself, COP27 would be a building block with health firmly placed on the agenda.

Dr Ilona Kickbusch, the Founding Director and Chair of the Global Health Centre, presented an overview of the work of the WHO Council on the Economics of Health for All. The Council had been established in response to a widely shared view that existing economic models were neither capable of capturing the complex interrelationship between health and economics nor successful in mobilizing sufficient sustainable resources for health in many countries. Health expenditure should be seen as a long-term investment, not a short-term cost; and the potential costs of not investing adequately in health were very high, including loss of trust in government, a sense of the breaking of the social contract and a lasting erosion of key capacities. At the same time, simply spending more money was not enough; a better understanding of economics and health was now needed to inform effective investment. Communities, households and individuals, especially women, played a critical but overlooked role in providing support, and gender equality and citizen engagement were essential to achieve health for all. Dr Kickbusch encouraged health leaders to use the policy briefs, frameworks and other guidance products developed by the Council and to contribute to the paradigm shift that was needed.

2.6 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair: H.E. Dr Mai Alkaila, Minister of Health of Palestine

Vice Chair: H.E. Dr Hani Mousa Bader Al-Eqabi, Minister of Health of Iraq

Vice Chair: H.E. Dr Firas Abiad, Minister of Public Health of Lebanon

2.7 Adoption of special procedures

Agenda item 1(b), Decision 2

The Regional Committee decided to introduce special procedures for its 69th session regulating the conduct of the hybrid meeting

Adoption of the agenda

Agenda item 1(b), Document EM/RC69/1-Rev.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:

Mrs Noura Abdi (Djibouti)
 Dr Ahmed El-Sobky (Egypt)
 Dr Yaser Bouzia (Palestine)
 Dr Hanadi Haydar Hassan (Sudan)
 Dr Ahmad Dmeirieh (Syrian Arab Republic)
 Dr Hussain Alrand (United Arab Emirates)
 Dr Mohammed Mustafa Rajamanar (Yemen)
 Dr Rana Hajjeh (World Health Organization)
 Dr Christoph Hamelmann (World Health Organization)
 Dr Maha El-Adawy (World Health Organization)
 Dr Richard Brennan (World Health Organization)
 Dr Yvan Hutin (World Health Organization)
 Dr Awad Mataria (World Health Organization)
 Dr Arash Rashidian (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 2021

Agenda item 2(a), Document EM/RC69/3, Resolution EM/RC69/R.1

Progress reports on regional approach to implementing the Thirteenth General Programme of Work, 2019–2023; private sector engagement for advancing universal health coverage; strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region: a call for action; regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic; strategic framework for blood safety and availability 2016–2025

Agenda items 2(c–g), Documents EM/RC69/INF.DOC.2–6

The Regional Director presented his report to the Regional Committee on the work of WHO in the Eastern Mediterranean Region in 2021. While the written annual report concentrated on 2021, his presentation also outlined more recent achievements and challenges, and suggested ways forward. The Regional Director noted that both the annual report and his presentation included numerous examples of achievements in every country of the Region across a wide range of programme areas. This showed that progress was possible despite the grave challenges facing the Region. Those challenges were indeed daunting and had grown worse in recent years; there had been significantly more infectious disease outbreaks so far in 2022 than in the whole of 2021; the number of people in need of humanitarian assistance had increased from 66 million in 2020 to 111 million currently; and the Region was not on track to meet key commitments and targets, including the health-related SDGs.

But Member States should not be deterred by this; rather, it should spur them on to greater efforts. The COVID-19 pandemic had shown clearly that the most effective – and the most cost-effective – protection was to invest in strong, integrated, people-centred health systems that reach everyone, even in the most testing times. The historic decision of the Seventy-fifth World Health Assembly to accept the recommendations of the Working Group on Sustainable Financing meant that WHO should at last receive the predictable, flexible and sustainable funding needed to fulfil its mandate, and so the task now was to turn that global momentum into life-changing action to improve health across the Region.

Accordingly, the agenda for the 69th session of the Regional Committee included proposals to step up work in several critical areas. A technical paper on building resilient health systems set out a seven-point agenda to galvanize action; another paper analysed ways for Member States to maximize the value of the contributions from Gavi and the Global Fund; a new strategy on digital health could help countries unlock the transformative promise of information technology; a new operational framework to advance One Health in the Region would be presented; and a new regional roadmap could help take health and well-being promotion to a new level.

The Regional Director assured Member States that the process of WHO transformation in the Region would continue, ensuring that all the Organization's resources were mobilized strategically to maximize positive impact in countries. He reiterated his call for even stronger commitment from Member States to achieve WHO's regional vision of Health for All by All.

Discussion

Representatives expressed their appreciation for the report of the Regional Director and of WHO's process of transformation focused at driving impact at country level. They said that efforts to control and mitigate the impact of the COVID-19 pandemic had tested the resilience of their health systems and capacity to maintain essential health services, especially in those countries experiencing protracted and complex emergencies and political insecurity. Strong and resilient health systems were an essential component of advancing universal health coverage (UHC) and health security – complementary and interrelated health system goals. Countries needed to ensure greater investment in their health systems to achieve these goals. Representatives cited the need to improve data and transparency of data to inform evidence-based decision-making. WHO collaborating centres had proven instrumental in supporting WHO's work and increasing opportunities to exchange information, develop technical cooperation with other institutions and mobilize additional resources from funding partners.

In spite of the exceptional challenges facing the Region, important lessons had been learned from the experiences of the pandemic, including as regards strengthening preparedness and response to health emergencies, improving surveillance, promoting equitable access to quality health care, and recognizing the importance of primary health care as the most inclusive, equitable and cost-effective way to achieve UHC and strengthen health system resilience to prepare for, respond to and recover from shocks and crises.

Emergencies and the migration of health professionals in the Region were leading to worsening health outcomes not only for displaced populations and people living in conflict but among host populations, and for populations in countries living under sanctions. Representatives made reference to reversals in health gains related to cholera, tuberculosis, malaria, noncommunicable and communicable diseases, vector-borne and vaccine-preventable diseases, and vaccine hesitancy and refusal. Multisectoral action was needed in a range of areas to improve health and well-being in the Region, including water, sanitation and health, to ensure countries could progress towards the SDGs.

Representatives expressed support for strengthening regional tobacco control efforts, promoting local vaccine production to increase vaccine equity and maintain vaccine supplies, eradicating polio, promoting research and development, strengthening community engagement to improve population health outcomes, training health professionals, and establishing mechanisms for the implementation of regional strategies and plans.

Statements were made on behalf of the following observers: the International Atomic Energy Agency and the International Federation of Medical Students' Organization.

The Regional Director thanked representatives for their remarks and expressed his appreciation for Member States' trust in WHO. He said that the challenges facing the Region were beyond the ability of any single country to address but that the Region was rising to overcome challenges, inspired by its rich cultural values which had instilled a greater spirit of solidarity, cooperation and unity since the start of the pandemic. Countries had been sharing resources to serve citizens of the Region. The Regional Director talked about the need to maintain momentum in creating resilient health systems,

improving preparedness and ensuring access to the provision of quality health services, especially in light of ongoing emergencies, political instability and the COVID-19 pandemic. Greater investment in health systems and stronger public health functions were needed in order to advance towards UHC and health security. The shortage of skilled health workers could be addressed by enhancing health workers' education and incentivizing health workers to avoid the current "brain drain" of health workers that the Region was experiencing and reversing progress towards achievement of the SDGs.

3.2 Special update on emergencies in the Eastern Mediterranean Region

Agenda item 2(h), 4(g), Documents EM/RC69/INF.DOC.7, EM/RC69/14

The Regional Emergency Director, WHO Health Emergencies Programme, presented an update on emergencies in the Region. He noted the soaring emergency and humanitarian needs in the Region due to disease outbreaks, natural disasters and conflict. Despite this, core capacities to implement the International Health Regulations (IHR) (2005) were still not sufficient and there were key gaps in leadership and governance, investments in preparedness and emergency management capacities. To address this, WHO was working to strengthen all-hazards emergency preparedness, readiness and management in the Region, with a focus on communicable disease outbreaks and IHR core capacities. This included work to massively expand laboratory capacity, roll out integrated surveillance for emerging respiratory viruses and strengthen outbreak investigation and response. It also included new tools to enhance risk profiling and planning, a revised process for Joint External Evaluation (JEE) and developing a National Action Plan for Health Security (NAPHS) and strengthening public health emergency operations centres. Public health intelligence was being advanced through increasing monitoring and detection capacity at the Regional Office and national event-based surveillance, addressing the fragmentation of surveillance and incident management using an integrated disease surveillance and response (IDSR) approach, and work to monitor the humanitarian response more effectively. In terms of the response to COVID-19, WHO had played a key leadership and coordination role, updating Member States regularly, and had provided crucial logistics and supply chain support, capacity-building for clinical staff and enhanced access to oxygen supplies and other life-saving biomedical equipment and therapeutics. In the Region, 46% of the population had been fully vaccinated against COVID-19 and there had been a focus on intensification campaigns in fragile country settings. WHO had also successfully responded to the humanitarian crisis in Afghanistan in partnership with UNICEF and with humanitarian funding from partners, providing essential support to the country's health facilities. Furthermore, WHO had been working to advance the science and practice of emergency management through leadership development programmes and training, publishing in academic journals and producing technical guidance and regional strategies for areas such as emerging infectious diseases, IDSR and One Health. The Regional Emergency Director concluded that although the situation in the Region remained serious, good progress had been made. He urged Member States to continue to advocate for high-level political engagement and investments in preparedness, operationalize the Health Emergency Preparedness and Response Architecture (HEPR), professionalize emergency management, and share data and lessons learned.

Ms Precious Matsoso of South Africa, Co-Chair of the INB Bureau, thanked Member States for their engagement in the INB process, noting that in December 2021 the World Health Assembly had established an intergovernmental negotiating body (INB) to draft and negotiate a convention, agreement or other international instrument under the Constitution of WHO to strengthen pandemic prevention, preparedness and response.

Mr Ahmed Soliman of Egypt, Vice-Chair of the INB, presented the work of the INB. The second meeting of the INB (INB2) had agreed that the instrument should be legally binding and contain both legally binding as well as non-legally binding elements and identified Article 19 of the WHO Constitution as the comprehensive provision under which the instrument should be adopted. A working draft had been produced based on written and verbal inputs from Member States and relevant stakeholders provided during the work of INB1, and a process agreed for intersessional work. He said that the working draft was a flexible, "living" document, to be informed by discussions and to be descriptive, not prescriptive. He described the vision, overarching principles, objectives, obligations and provisions of the document that aimed to strengthen pandemic prevention, preparedness and

response, using a whole-of-society and whole-of-government approach, consistent with the right to health and respect for human rights, in accordance with each Member State's capabilities and respectful of its sovereign rights and national context. The timeline of the parallel INB and Working Group on IHR Amendments (WGIHR) processes was outlined, noting that Member States had provided written comments on the working draft and were now participating in the intersessional process, including during regional committees, informal focused consultations and public hearings. The INB Bureau would develop a conceptual zero draft, to be shared with all Member States and relevant stakeholders by mid-November and considered at INB3 on 5–7 December 2022. He said that a legally binding agreement would be a legacy to future generations, minimizing the impact of future pandemics on economies and societies.

Discussions

Representatives welcomed the work of the INB and the Director-General's 10 proposals on strengthening the global architecture for health emergency preparedness, response and resilience. They felt that the working draft of the INB provided a good basis for discussion, but the process needed to be transparent and equitable. A reasonable pathway was needed for developing countries with limited resources, which needed to be supported with funding and capacity-building. Civil society also needed to be included. There was concern over lack of regional participation in the process and a call for mandatory consultations with Member States. A regional group of experts and meeting to discuss the working draft and proposed IHR amendments was suggested. Representatives provided updates on their progress in emergency preparedness and response, including in response to the COVID-19 pandemic. WHO was thanked for its support during the pandemic, including for expanding laboratory, surveillance and clinical capacities. In many cases, emergency interventions had been successfully turned into permanent ones. Representatives noted the various different emergencies they faced, from disease outbreaks to conflict and natural disasters, and their impact on population health and health systems. Greater collaboration and coordination were needed for a more integrated and comprehensive response, and one that supported health system strengthening. Support from WHO was requested, including for emergency management, health workforce capacity-building, surveillance and One Health, so that countries would be better prepared for future emergencies.

The Regional Emergency Director, WHO Health Emergencies Programme, welcomed the interventions and noted that WHO would support Member States to prioritize strengthening emergency preparedness and response capacities in the context of building a resilient health system. There was a need to adopt a whole-of-government and whole-of-society approach that was integrated and comprehensive, and to share experiences and lessons learned.

Mr Ahmed Soliman, Vice-Chair of the INB, said that the INB process was an historic opportunity to address problems that had faced the Region for decades, including those related to access to vaccines and medicines, technology transfer and health workforce. As such, it was vital that the Member States of the Region participated in the process and expressed their views.

Dr Jaouad Mahjour, Assistant Director-General, Emergency Preparedness, noted that there were currently two important Member State-led processes underway to make the world better prepared for the next pandemic and that currently there was no Eastern Mediterranean Region representation on the WGIHR.

The WHO Regional Director said that it was not enough just to survive; the Region needed to excel or be left behind. There was an opportunity to be seized to build back better, stronger, more resilient health systems for the future, and it was in our hands. We had the ingredients and could learn from our success stories, which included mass vaccination campaigns, the expansion of laboratory capacities, solar-powered medical oxygen systems and digital reporting systems. The Region needed to have a voice in the INB and to share its experience globally. The Region could become a global model for emergency response and recovery.

WHO's Director-General welcomed Member States' engagement. While emergencies threatened hard-won health gains, they also ironically offered opportunities to mobilize broad support for necessary long-term changes. The devastating and wide-reaching impact of the COVID-19 pandemic had shown that when health is at risk, everything is at risk. Health was an essential investment, not a luxury. He called on Member States to work to protect future generations.

3.3 Special update on polio eradication in the Eastern Mediterranean Region

Agenda item 2(b), 7, Documents EM/RC69/INF.DOC.1, EM/RC69/22,23

The Director of Polio Eradication presented an update on the status of polio eradication in the Region. He noted that the momentum to eradicate polio had never been stronger but while the unprecedented low level of wild poliovirus type 1 (WPV1) transmission in the epidemiological bloc of Afghanistan and Pakistan had provided an opportunity to finally interrupt transmission and achieve polio eradication, this last mile was proving to be the hardest part of polio eradication yet, as the virus continued to circulate among hard-to-reach populations. He cited a number of key milestones since the last session of the Regional Committee including: nationwide campaigns across Afghanistan that had reached 3.5 million children who had not been reached in three and a half years; the Director-General's award at the World Health Assembly recognizing the bravery of health workers killed in Afghanistan; implementation of Egypt's nOPV2 national campaign in 2021, the first in the Region, followed by Djibouti in 2022; and non-endemic countries, except for Afghanistan, Pakistan and Somalia, transitioning from Global Polio Eradication Initiative to WHO funding support to sustain essential polio functions while harnessing the strength of polio assets in countries.

Despite an increase in cases in 2022 in Pakistan, concerted efforts had led to just one virus lineage surviving in southern Khyber Pakhtunkhwa. The country's top priorities were now to stop circulation of endemic polio in southern Khyber Pakhtunkhwa, roll out intense mop-up campaigns in any district that detects wild poliovirus type 1 and prevent transmission in high-risk districts. There was an increasing risk of the spread of cVDPV2 from the uncontrolled outbreak in northern Yemen, arising from the inability to implement mass vaccination campaigns in the north and from extensive population movements, combined with waning population immunity against poliovirus type 2 in many countries of the Region. The outbreak virus strain had spread to Egypt, Djibouti and Somalia, and the longstanding cVDPV2 outbreak in Somalia persisted. In terms of global spread, the Director of Polio Eradication made reference to cVDPV2 detections in London, New York and Israel and said that seeding strains were most likely linked to WHO's Eastern Mediterranean Region. In the Region, Member States had demonstrated strong outbreak responses and were owning challenges and solutions. He talked about the opportunities and risks facing Afghanistan and Pakistan, north Yemen and Somalia, and identified actions to stop polio in the Region including: stopping outbreaks on an emergency basis; strengthening and expanding detection of poliovirus through acute flaccid paralysis and environmental surveillance; preparing for emergency outbreak response; and ensuring the immunization of all vulnerable children.

Established in response to resolution EM/RC67/R.4 (2020), the Regional Subcommittee for Polio Eradication and Outbreaks held its inaugural meeting in March 2021, and its fourth and fifth meetings were held in February 2022 and June 2022.

Discussion

Representatives gave an update on polio eradication efforts in their countries, noting that vaccination campaigns had continued even in conflict-affected settings. In Afghanistan, increased access to children had been a game-changer. The programme now had an opportunity to focus efforts on halting transmission in the eastern region and preventing a spillover from Khyber Pakhtunkhwa in Pakistan into southeast Afghanistan and from the eastern region into Pakistan. The programme's current foci was to reach missed children, strengthen cross-border coordination and build partnerships with the Expanded Programme on Immunization and organizations delivering humanitarian services. Although the Eastern Mediterranean Region remained the last WHO region with endemic poliovirus and faces recurrent humanitarian crises and challenges, it had made great strides towards eradicating polio.

While noting that 20 of the Region's 22 countries/territories had achieved the programme standards for polio eradication certification, Member States were urged to continue to intensify surveillance due to an increased risk of poliovirus spread.

Recent innovations at the Regional Commission of Certification had included the pioneering Electronic Annual Certification Reporting system. The repository, part of the eradication programme's legacy, will house certification reports and information on countries' experiences in polio eradication, permitting detailed and swift data analysis and saving time by facilitating quicker responses.

Representatives noted that the epidemiological situation in the Region had evolved in the last few months. Low-level wild poliovirus circulation that survived in pockets had led to a spike in the number of cases, and variant polioviruses which spread across borders persisted in some countries. With several countries in the Region facing complex, multi-layered emergencies – natural disasters and conflict alongside health crises – vaccines had moved further out of reach for many children. Given the increasing movement of populations, and polioviruses, across borders, all partners reiterated their commitment to stepping up efforts to end polio in the Region. They agreed to scale up strategies and tactics, including surveillance for polio and access to children, to ensure polioviruses had no opportunity to spread.

Statements were made by the following observers: Rotary International; the Regional Director of the UNICEF office in the Middle East and North Africa.

The Director of Polio Eradication acknowledged the commitment of Pakistan to eradicating polio in spite of the floods affecting the country. He said investment in polio eradication was an investment in public health. He highlighted the issue of inaccessibility in Somalia and north Yemen, and accepted a recommendation of polio vaccination for travellers. He praised Sudan in stopping its polio outbreak and agreed that migration was encouraging the international spread of the virus.

The Regional Director said the Region was witnessing a resurgence of poliovirus and that Member States needed to demonstrate strong commitment to contain the outbreaks of cVDPV2 occurring across the Region. He noted the progress that had been made in Afghanistan and Pakistan and said that further opportunities existed to halt transmission. He assured affected countries of WHO's support and said that polio represented a threat to all.

4. Technical matters

4.1 Building resilient health systems to advance universal health coverage and promote health security in the Eastern Mediterranean Region

Agenda item 3(a), Document EM/RC69/4, Resolution EM/RC69/R.2

The Director, UHC/Health Systems, gave a presentation on building resilient health systems to advance universal health coverage and promote health security in the Eastern Mediterranean Region. He noted that the COVID-19 pandemic had challenged health systems globally, highlighting gaps in the design and implementation of health systems. Prior to the pandemic, several challenges had already hampered the performance of the Region's health systems, particularly those in fragile, conflict-affected and vulnerable settings. The pandemic had further compromised all health system components and revealed gaps in emergency management capacities, undermining global and national health security. There were lessons to learn from the pandemic, including that advancing universal health coverage and ensuring health security were complementary and interrelated health system goals. A regional agenda was therefore proposed for building resilient health systems towards universal health coverage and health security, based on seven regional priorities: strengthening health emergency and disaster risk management in line with the plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies in the Eastern Mediterranean Region; optimizing ministries of health and building institutions for public health; establishing primary health care-oriented models of care; enhancing and scaling up a fit-for-purpose, fit-to-practice health workforce; promoting equity and enhancing financial protection; improving access to medicines, vaccines and health products; and fostering an integrated approach in policy, planning and investments for long-term health system

resilience. To progress on these priorities, Member States were recommended to implement the most urgent priority actions, adapted to country contexts, with country-focused, integrated and impact-oriented support from WHO and other development partners.

Discussion

Representatives welcomed the technical paper and its related resolution. They agreed that the COVID-19 pandemic had highlighted pre-existing health system weaknesses and the interrelationship between health security and health systems. They shared experiences of coping with various health system shocks, including those due to disease outbreaks, natural disasters, conflict and economic collapse. It was seen as important to build resilient, including climate-resilient, health systems that could withstand such shocks. High-level commitment was needed. Representatives also emphasized the need to ensure multisectoral coordination and take a whole-of-government approach by aligning strategies or having comprehensive national strategies. Monitoring mechanisms to track progress were required. Health systems based on universal health coverage and primary health care were seen to be key to health system resilience. The need to develop capacities in health governance, financing and workforce was highlighted. Challenges were identified, such as in ensuring quality, regulating the role of the private sector, enhancing health information and reforming health financing. It was noted that approaches had to be context-specific and should be sustainable. WHO support was requested for assessing health system resiliency and monitoring progress.

The Director, UHC/Health Systems, welcomed representatives' contributions and noted that many of the priority actions discussed had been included in the annex to the technical paper. National strategies and roadmaps needed to be developed to ensure the integration of universal health coverage and health security that would avoid fragmentation and build resilient health systems able to withstand all hazards, including pandemics, conflicts and the impacts of climate change. He also noted that WHO was working to reconceptualize health system resiliency and update the available tools used to assess it. The upcoming meeting for UHC Day in December would be an opportunity to consider the seven regional priorities and implementation at country level.

4.2 Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund *Agenda item 3(b), Document EM/RC69/5, Resolution EM/RC69/R.3*

The Director, UHC/Department of Communicable Diseases, gave a presentation on accelerating efforts to prevent, control and eliminate communicable diseases by optimizing the support received from Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). Despite significant scaling up in recent years of the coverage of highly cost-effective HIV, tuberculosis, malaria and immunization interventions, progress had either stagnated or been severely affected by the COVID-19 pandemic. As a result, the world was running out of time to close the significant gaps that were emerging in efforts to meet the relevant 2030 SDG targets and there was now an urgent need to do things differently. Working in collaboration with WHO, Gavi and the Global Fund, there was now an opportunity for countries in the Region to take advantage of new funding strategies, reduce inequities through the use of people-centred approaches and strengthen collaboration. With WHO technical support, countries could increase their degree of ownership and decision-making regarding the use of Global Fund and Gavi contributions. After highlighting a number of challenges that had so far resulted in numerous missed opportunities, the Director, UHC/Department of Communicable Diseases, set out a strategic six-part approach that would form the basis of a range of actions to be proposed in a draft Regional Committee resolution for consideration by delegates. These specific actions in the key areas of governance, financing, service delivery, health workforce, commodities and health information systems would lead to activities and outcomes driven by the national health strategy and health vision, mitigate the consequences of excessive earmarking, promote integrated, people-centred approaches based on primary health care for universal health, expand health services to reach the most vulnerable, reduce inequities and accelerate progress towards the SDGs. He concluded by drawing attention to the technical paper (EM/RC69/5) which proposed actions in this key area.

Mr Alex de Jonquieres, Gavi, the Vaccine Alliance, welcomed the focus of the proposed approach on those most marginalized. Despite the progress made in recent decades, many communities remained unreached or only partially reached, by vital health services. There was now an opportunity to switch from programme-centred to people-centred approaches. Gavi also welcomed the focus placed on what WHO and countries themselves could do to take action as it is countries who ultimately decide when and how to use Gavi funding. The improved harmonization central to the proposed actions would also allow for better prioritization. There was now a need to build upon the gains already made thanks to Gavi and other funding, and not to start from scratch. Mr de Jonquieres concluded by welcoming the initiative outlined and indicated the commitment of Gavi to take this forward.

Dr Ibrahim Faria, the Global Fund to Fight AIDS, Tuberculosis and Malaria, highlighted the history of significant investments in health made by the Global Fund. However, despite gains in recent decades, the world now needed to accelerate its efforts if it was to get back on track in meeting the targets of the international health community, particularly after the severe setbacks caused by the COVID-19 pandemic. On behalf of the Global Fund, Dr Faria expressed his thanks to the countries of the Region for their efforts to date but also noted that there was a long way to go, especially in light of recent worrying trends in both HIV and malaria incidence. The Global Fund welcomed the initiative that had been outlined and was committed to supporting its implementation. Dr Faria concluded by highlighting the invaluable support of donors in the areas covered by the Global Fund and hoped that the actions proposed today would lead to significant gains in the fight against HIV, tuberculosis and malaria.

Discussions

Representatives expressed broad appreciation for the presentation given and for the accompanying technical paper and associated actions that had been developed by WHO with the support of Gavi and the Global Fund. Several issues affecting the countries of the Region were shared and there was consensus that the actions proposed had the potential to make a real difference. Several countries expressed their thanks for the support provided to date by WHO, Gavi and the Global Fund. Such support would continue to be vital as countries worked to recover from the COVID-19 pandemic. In some settings, natural disasters, conflict, supply issues, population displacement and fragmented health services were threatening to set back the gains of recent decades in combating HIV, tuberculosis and malaria, as well as other diseases. In the face of ever-increasing challenges such as drug resistance, climate change and the resurgence of communicable diseases in a Region still undergoing an “epidemiological transition” it was imperative to find new and more efficient ways of working. Realizing the potential benefits of the proposed actions, including the reduced duplication and fragmentation of health services, was critical.

The Director, UHC/Department of Communicable Diseases, expressed his thanks to Gavi and the Global Fund for all their support in drafting the technical paper and its associated actions. As all partners worked to recover from the COVID-19 pandemic it should be noted that an opportunity also existed to integrate and deliver additional interventions, for example during COVID-19 vaccination campaigns. In addition, strong communicable disease programmes would also mean strengthened capacities for future outbreak detection and response activities. Health system strengthening was key to achieving these and countless other gains in protecting and improving health.

The WHO Director of Programme Management for the Region expressed her thanks to all representatives for their supportive comments. A renewed commitment to catch up after the COVID-19 pandemic was vital. As funding challenges increased, there was a growing need to optimize and maximize the effectiveness of all available resources. The actions proposed went beyond issues of funding and aimed to allow countries to take control of the ways in which funds were used for maximum effect. In addition, the proposed integration of health services would provide opportunities to strengthen systems while simultaneously continuing national and regional efforts to eliminate communicable diseases – it did not have to be one or the other. The Director of Programme Management concluded by thanking the countries that were participating in the pilot studies into how such integration could be achieved in practice.

4.3 Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals

Agenda item 3(c), Document EM/RC69/6, Resolution EM/RC69/R.4

The Director, Healthier Populations, presented a proposed approach to enhancing health and well-being promotion in the Region. While the WHO Constitution famously recognized that health is a state of complete physical, mental and social well-being, promoting the full health and well-being of every individual had not always received the attention it deserved globally. It was not a luxury or an add-on, but rather a critical component of efforts to build resilient health systems and achieve the SDGs. Effective health and well-being promotion was possible and necessary in every country, including those facing emergencies. The COVID-19 pandemic had shown that it was vital to maintain the well-being of populations during an emergency, not just respond to the immediate threat.

Partly because of the experience of the pandemic, health and well-being promotion had acquired a higher profile in recent years, including in the Eastern Mediterranean Region. There were many notable initiatives and achievements in countries of the Region, and advocacy by the United Arab Emirates had played an important role in securing the adoption by the Seventy-fifth World Health Assembly in May 2022 of resolution WHA75.19 on well-being and health promotion. To build on that momentum, WHO's regional team were now encouraging Member States to accelerate efforts to ensure healthy lives and promote well-being throughout the life course through action across five priority areas: (1) adopting a systems approach to health promotion; (2) adopting a settings-based approach to health promotion and well-being; (3) increasing health literacy to promote health and well-being; (4) enhancing community engagement and inclusion; and (5) developing institutional capacity for health promotion. WHO would develop a regional roadmap to guide Member States in implementing the health and well-being promotion agenda in the Region, and would also provide technical support to conduct interdisciplinary research, share evidence for policy-making and develop measurement frameworks to assess progress.

Discussions

Representatives welcomed the call to accelerate health and well-being promotion efforts. Numerous examples were cited of current actions that already aligned with the five priority areas. Several countries were working to embed health promotion within their primary health care systems; many were using a settings-based approach such as Healthy Cities and schools; and there were also initiatives on health literacy, community engagement and developing institutional capacity. The necessity of a health-in-all-policies approach was emphasized, but it was noted that this could be challenging. In addition, while there was widespread agreement that health and well-being promotion was essential in countries in emergencies, the challenges of doing so were highlighted and the issues of conflict, sanctions and economic crisis were noted.

Statements were made by the following observers (in order): the Eastern Mediterranean Region Public Health Network, the International Federation of Medical Students' Associations.

The Director, Healthier Populations, thanked Member States for their valuable feedback. It was encouraging to hear about successful initiatives in so many countries, including several facing emergencies. She agreed that implementation of health-in-all-policies was challenging; it was a long-term project requiring a lot of capacity-building. WHO recognized the critical importance of peace, and was working to foster it through the Health for Peace initiative and the humanitarian-development-peace nexus. All determinants of health needed to be addressed.

The Director of Programme Management thanked participants for an inspiring discussion. She noted that the Region was becoming a global leader in health promotion, which was all the more noteworthy given the huge scale of emergencies it faced. Promoting health and well-being was also a cost-effective approach in the long term, and this should be emphasized in advocacy efforts in a time of budgetary constraint.

4.4 Advancing the implementation of One Health in the Eastern Mediterranean Region *Agenda item 3(d), Document EM/RC69/7, Resolution EM/RC69/R.5*

The Manager for Emergency Preparedness and International Health Regulations in the Region gave a presentation on advancing implementation of the One Health approach in the Eastern Mediterranean Region. One Health recognizes the linkages between humans, domestic and wild animals, plants and the environment. It aims to sustainably balance and optimize the health of humans, animals and the environment and its implementation requires the mobilization of multiple sectors, disciplines and communities to work together in fostering well-being and tackle threats to health and ecosystems. Key areas addressed by One Health include: controlling emerging and re-emerging zoonotic diseases; controlling endemic zoonotic, neglected tropical and vector-borne diseases; strengthening food safety; curbing antimicrobial resistance; and integrating the environment progressively into the One Health agenda. Implementation of the approach is particularly significant for WHO's Eastern Mediterranean Region as it is profoundly impacted by emergencies resulting from a wide range of hazards, including infectious diseases, particularly zoonotic diseases. The technical paper provides guidance to Member States in adopting the approach and accelerating its tailored implementation, informed by joint risk assessment and prioritization. It builds on the draft One Health Joint Plan of Action (2022–2026), developed by the recently formed Quadripartite of WHO, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and the United Nations Environment Programme, and identifies a way forward in implementing the approach, with a focus on zoonotic diseases, antimicrobial resistance and food safety as priority One Health threats. The Manager for Emergency Preparedness and International Health Regulations invited the Regional Committee to note the technical paper and endorse the regional framework and related resolution.

Discussions

Representatives expressed their support for and commitment to implementation of the One Health approach and welcomed the regional framework. COVID-19, emerging and re-emerging diseases and various health emergencies in the Region had accelerated the need for countries to adopt the approach and they shared experiences of One Health implementation in their respective countries. Representatives said that the organizational structures and resources for the prevention, early detection and containment of One Health threats were still inadequate and while most had established multisectoral coordination mechanisms, these were fragmented, and the use of limited resources suboptimal. Progress had been hindered by an uneven distribution of sufficiently skilled human resources at all levels of their health systems, and One Health needed to be reflected in professional pre- or postgraduate education and training curricula. Rapid response teams in most countries were mainly not multidisciplinary and had varied capacities and distribution.

Although some countries cited achievements in disease surveillance, in many countries surveillance systems are fragmented and there was a need to improve the efficiency and effectiveness of the use of data to guide decisions, including for early detection of health threats, priority-setting, planning, resource allocation, and monitoring and evaluation. In some countries, there was also a need for strengthened laboratory diagnostic capacity and capability for the detection and confirmation of One Health threats. Representatives expressed concern over climate change resulting in increasingly frequent extreme weather events and food insecurity, and increases in the incidence of zoonoses and of food-, water- and vector-borne diseases. Access to quality basic water, sanitation and hygiene services needed to be improved and there needed to be more effective engagement in risk communication and community engagement to foster two-way communication and behavioural change.

A joint statement was made on behalf of the following observers: the International Federation of Medical Students' Associations and the International Pharmaceutical Students' Federation.

The Manager of Emergency Preparedness and International Health Regulations said that while all countries in the Region had developed national plans, adoption of an effective multisectoral approach to implementation at country level was still a challenge for many. The Region was facing diverse One

Health threats and in spite of a range of initiatives each addressed threats separately and plans were mostly implemented through vertical programmes. Achieving global and regional targets had therefore been challenging despite some progress. She cited some of the successes from the Region, including how Saudi Arabia's experience with Middle East respiratory syndrome had better prepared the country in its preparedness and response to the COVID-19 pandemic. The Quadripartite was aware that countries needed support and the framework had been designed to guide countries in establishing the necessary institutional arrangements, which could start by mapping sectors to identify the relevant bodies for each area of work, strengthening core multidisciplinary capacities and implementing practical interventions to prevent, prepare for, detect and respond to current and future health threats and challenges. In order to maximize resources, she advised countries to implement joint strategies and plans and advocate for One Health and its implementation within different platforms to facilitate the mobilization of domestic and external resources to strengthen and sustain One Health at the country level.

The Director of Programme Management reiterated the importance of fostering multisectoral collaboration in implementing the framework and said that Quadripartite would support adaptation and implementation at country level but that countries needed to demonstrate effective implementation. She stressed the importance of high-level political commitment and national ownership, establishing clear governance and leadership, and applying a systematic approach to the implementation of national plans, and she thanked Member States for their active engagement.

4.5 Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027)

Agenda item 3(e), Documents EM/RC69/8, Resolution EM/RC69/R.6

The Director, Science, Information and Dissemination, presented an overview highlighting the critical need for digital health technologies in the Region and setting out a regional strategy for expanding their availability and use. He said that promoting digital health approaches can improve the accessibility, quality, efficiency and cost-effectiveness of health services and national systems, and allow for seamless connectivity and access to health information. Digital technologies can also help to increase health service coverage, including in remote, rural and migrant settings, as well as enhancing emergency responses and improving the monitoring of processes and outcomes. The opportunities and challenges of digital health had been sharply highlighted during the COVID-19 pandemic, and the deterioration of health care delivery during the pandemic had accelerated existing demands for digital health interventions in countries. However, only a minority of countries had fully realized the potential of digital health applications during the pandemic. Identified challenges included the investment and implementation costs for digital health, lack of technical expertise, lack of strategic planning and fragmented governance. Other key challenges were a lack of data security and privacy, and language barriers among expatriate and displaced communities.

Following publication of the WHO global strategy on digital health 2020–2025, a tailored strategic direction was now needed to fully realize the potential of digital health in the countries and territories of the Region. The Director, Science, Information and Dissemination, outlined the proposed regional strategy for digital health in the Eastern Mediterranean Region 2023–2027. The strategy was based on the four strategic objectives of: (1) strengthening digital health governance, norms and standards at regional, national and subnational levels; (2) advancing the development, implementation and evaluation of national digital health strategies; (3) enabling people-centred digital health systems and networks; and (4) promoting regional and national stakeholder collaboration in advancing digital health, knowledge translation and innovation. Member States were encouraged to engage with national stakeholders, develop digital health architectures and investment plans, undertake national capacity-building for digital health, and invest in standards-based interoperable digital health systems at both national and district levels. In support of these activities, WHO would provide policy and technical support, mobilize resources, provide support in addressing privacy and security concerns and facilitate progress reporting. In these and other areas, collaboration with partners would be the key to success. Digital health was expanding in all countries and if undertaken prudently could potentially bring about

huge gains. He invited delegates to endorse the regional strategy put forward and to commit to implementing national strategies for digital health.

Discussion

Representatives commended the technical paper, its related draft resolution and the proposed regional strategy. They outlined the progress made in digital health in their countries and territories, including the development of online platforms for making appointments, medical records, referrals, reporting births and deaths, surveillance, health information management (DHIS2), health insurance and guideline dissemination, among other things. They described how the COVID-19 pandemic had highlighted health system weaknesses, which had both necessitated and stimulated the accelerated development of the use of digital health for maintaining health services through virtual consultations and medication requests, rolling out vaccination programmes, tracking and surveillance, contact-tracing, logistics, hospital management and communicating public health messages to the public. They thanked WHO for its vital support for these initiatives. These advances were proving useful in other health areas, such as for routine immunization and medical consultations. However, there remained challenges in implementation, including a need to establish standards for data sharing, issues of data security, a lack of infrastructure in some contexts and ensuring access for remote areas and vulnerable communities, including migrants. Areas identified for further support included logistics and technology, building health workforce and institutional capacity, developing the necessary infrastructure, and devising and implementing national action plans. The need to coordinate and integrate fragmented digital systems within a national strategy was noted, with the regional strategy paving the way for the development of national strategies. It was observed that digital health was important in all national contexts and resource settings and that it was important that low-income countries were provided with the support they needed. There were calls for WHO to facilitate the sharing of best practices, experiences and lessons learned, so that countries could learn from one another and avoid re-inventing the wheel.

Statements were made by the following observers (in order): the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the International Federation of Medical Students' Associations.

The Director, Science, Information and Dissemination, welcomed the interventions made and assured representatives that the interventions raised would be addressed. The issues of efficiency, affordability, accessibility, quality and equity, including regarding digital literacy and infrastructure, were all important and were addressed in the technical paper. He acknowledged the importance of establishing norms and standards, such as for data security. Country-to-country learning from what had worked well as well as what had not worked well, and from both high- and low-income countries, within and outside the Region, was also important. Another key area was training, such as for recording cause-of-death information and on ethical standards in digital health. WHO was looking forward to working with Member States to advance digital health in the Region.

The Director of Programme Management, noting the impact of the COVID-19 pandemic and the proliferation of digital health applications, said strategies were needed to establish clear and context-appropriate approaches. WHO would support the implementation of regional and national strategies and provide normative, technical and ethical guidance. There was a need to evaluate if and how digital health was leading to better health outcomes, and WHO had a role to play in building the evidence base and sharing good practices.

5. Programme Budget and governance matters

5.1 Extending the Thirteenth General Programme of Work, 2019–2023, to 2025

Agenda item 4(a), Document no. EM/RC69/9

5.2 Member State consultations on Programme Budget 2024–2025

Agenda item 4(b), Document no. EM/RC69/10

The WHO Assistant Director-General for Data, Analytics and Delivery for Impact presented on the two-year extension of GPW 13 (2019–2023) to 2025. She noted that the extension was needed because efforts across the world were progressing at about a quarter of the pace needed to reach the health-related SDGs. As a result, there was a need to intensify support to Member States and ensure that WHO's priorities were aligned with the health-related SDGs and Triple Billion targets. To accelerate progress, it would be important to harness science and innovation, enhance resources and collaboration and ensure that WHO's support was integrated, had a stronger focus on gender, equity and rights, and was data-driven and evidence-based. She said that given the limited resources and time available, it was necessary to identify the most pressing priority areas and country-specific priorities and ensure they received the resources and planning needed and that progress was tracked using disaggregated data. The results framework developed by WHO in consultation with Member States would remain the same, with impact measurement based on the SDGs and World Health Assembly resolutions, an output scorecard to assess WHO's contribution, and country case studies to provide qualitative evidence.

The WHO Director of Strategic Planning and Budget presented Member States with an overview on the draft proposed Programme Budget for 2024–2025. He thanked them for their active role in the historic World Health Assembly decision on sustainable financing and noted that Member States had asked for improvements in Programme Budget management, a better prioritization process, more involvement in its development, a better format to present the Budget (simpler, but with more details), greater efficiencies and more clarity on how the Assessed Contributions, and especially the increase in Assessed Contributions, would be used. In response to this, prioritization would be data-based, identifying gaps where WHO support was most needed for a country-focused, costed and integrated response. Priority setting would aim to ensure alignment with country, regional and global priorities. He outlined the data-based global priorities in the areas of universal health coverage, health emergencies and healthier populations, noting that funding would be aligned with these priorities. The Programme Budget would now be presented in an improved format, comprising a shorter main document with a digital online annex containing greater detail and explanatory information. He presented Member States with a breakdown of the draft proposed Programme Budget 2024–2025 by region and budget segment, including an overall total of US\$ 1298.7 million for the Eastern Mediterranean Region out of a grand global total of US\$ 6824.0 million. He noted that there was no budget increase from 2022–2023, with the resources needed being found through efficiencies, and that the share of the overall budget allocated to countries had increased to 47.9%, with the aim for it to be eventually above 50%.

The Director of Programme Management presented Member States with a Region-specific breakdown of the draft proposed Programme Budget 2024–2025. She described the draft Region-specific focus areas for universal health coverage, health emergencies and healthier populations, which reflected progress on the health-related SDGs in the Region and WHO's regional vision, *Vision 2023*. Noting the increased share of the global budget allocation for base programmes to the Region, from US\$ 336.0 million in 2018–2019 to US\$ 609.8 million in 2022–2023 and the proposed US\$ 618.4 million for 2024–2025, largely driven by an increase in funding for polio and emergencies, she said that the increased regional allocation to country offices (currently at 71% of the regional budget for base programmes) would further increase to 72%. She then outlined the timeline and process for Member State consultation on the proposed Programme Budget, which will go to Executive Board and the Programme, Budget and Administration Committee in January 2023, followed by Member State consultations in March/April and then to the World Health Assembly in May. The preliminary results of the regional country prioritization process were described, including those outcomes and outputs prioritized by countries across the three main areas of universal health coverage, health emergencies and healthier populations. These aligned

with WHO's existing priorities. She invited Member States to indicate their priorities for increased resources for 2024–2025.

Discussion

Representatives mentioned several priority areas, including emergency preparedness and response, surveillance, immunization, primary health care and health system strengthening. It was noted that priorities might change during the biennium and a mid-term review would be warranted. The vulnerability of the Region to emergencies was highlighted, and it was suggested that discussion on the particular needs of fragile and conflict-affected countries and those experiencing emergencies was needed, as was a measure of flexibility to be able to respond to new emergencies that emerged. A more rapid response by WHO during emergencies, including on guidelines and data, was requested. There were also requests for greater transparency and the disaggregation of the budget allocation to countries within the Region, and several Representatives observed that the funding for polio and emergency responses was focused on specific Member States as they were not priorities for all, and that greater funding might be needed for tackling noncommunicable diseases and health system strengthening in the Region. The impact of the economic crisis and financial hardship was also raised by several Representatives.

There was a request for greater clarity from WHO on what was needed from individual Member States to ensure progress was made on reaching the targets of GPW 13 and the health-related SDGs. A greater focus on ensuring that health services reached everyone, including vulnerable populations, was suggested. There was a request for the digital sharing of WHO mission reports to countries to avoid duplication and support knowledge exchange, and for a system to ensure that recommendations were followed up on. It was pointed out that Member States were also recipients of other health-related funding, such as from the G20, and that this should be considered when developing the Programme Budget to ensure coordination. Greater coordination with the UN system was also requested to avoid redundancies. The continuing sizeable allocation to WHO headquarters was noted.

The WHO Assistant Director-General for Data thanked Representatives for their comments and acknowledged that the COVID-19 pandemic had set back progress in many areas, saying that WHO was examining its impact on all indicators and targets and was aiming to make data more rapidly available. Progress needed to be accelerated through integrating platforms and approaches, scaling up digital health, being more data-driven, leveraging partnerships and ensuring more sustainable financing, including through taxation on the commercial determinants of health.

The WHO Director of Strategic Planning and Budget acknowledged that the Region had a much higher segment of its budget allocated to emergencies and polio compared to other WHO regions, although there had been an increase in the base budget, mainly to implement the recommendations of the COVID-19 reviews. While the Region was one of the least funded regions, the increase in Assessed Contributions would go primarily to countries, which would improve the situation. WHO recognized the need to increase the resources given to country offices, which could be done by increasing overall resources rather than decreasing those allocated to WHO headquarters.

The Director of Programme Management thanked representatives for their active engagement, noting the need for further discussion on the Programme Budget. She welcomed the priorities highlighted, which aligned with those identified in other regions and would be reflected in the ongoing review of the draft proposed Programme Budget. She observed that funding for polio and emergencies could be used to build resilient health systems, as was already happening with polio assets. The Director further emphasized the importance of more focused planning and building health information systems to obtain quality data for evidence-based decision-making and said WHO was trying to improve the timeliness of data sharing. There was a need for more training of experts, including from the Region; WHO could compile summaries of mission recommendations and would be sharing the latest regional core indicators brochure by email.

The Director of the WHO Health Emergencies Programme said that WHO was planning to support the updating of national action plans for health security (NAPHS) and other plans through new risk assessments. He noted the Financial Intermediary Fund for Pandemic Preparedness and Response, which had been established to strengthen capabilities in low- and middle-income countries, could help to fund the implementation of NAPHS where there were funding gaps in some Member States.

6. Other matters

6.1 Resolutions and decisions of regional interest adopted by the Seventy-fifth World Health Assembly and the Executive Board at its 150th and 151st Sessions *Agenda item 4(c), Document EM/RC69/11*

The Director of Programme Management provided a summary of the resolutions and decisions of regional interest adopted by the Seventy-fifth World Health Assembly, and by the Executive Board at its 150th and 151st sessions. Resolutions and decisions of regional interest had been adopted under all four of the WHO strategic priorities: achieving UHC, addressing health emergencies, promoting healthier populations and bringing about organizational shifts.

The Director of Programme Management concluded by highlighting four technical matters for regional follow-up which would also be discussed during the current session: (1) the global strategy on infection prevention and control; (2) strengthening of clinical trials; (3) the Global Health for Peace Initiative; and (4) well-being and health promotion.

Review of the draft provisional agenda of the 152nd Session of the WHO Executive Board *Agenda item 4(d), EM/RC69/11-Annex 1*

The Chef de Cabinet to the Regional Director provided a review of the draft provisional agenda of the 152nd session of the WHO Executive Board. The 152nd session of the WHO Executive Board would be held in person in Geneva from 30 January to 7 February 2023. The provisional agenda comprised 27 agenda items, most of which would be considered under the four GPW 13 pillars, namely: 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 inclusion of an agenda item on the antimicrobial resistance action plan for human health, and Morocco had requested the addition of an agenda item on extrapulmonary tuberculosis.

The final version of the agenda was expected by the end of November 2022.

6.2 Membership of WHO bodies and committees *Agenda item 4(e), Document EM/RC69/12*

The Chef de Cabinet provided an overview of the regional membership of a number of WHO bodies and committees. The current five regional members of the Executive Board are Afghanistan, Morocco, Oman, Syrian Arab Republic and Yemen. At the end of its term in 2023, Oman will be replaced by Qatar. A brief overview was provided of the procedure agreed in resolution EM/RC63/R.6 for selecting the five Executive Board members from the Region from three subregional groups.

A summary was then given of the history and selection criteria for regional appointments to the official posts of the World Health Assembly. In 2023, Health Assembly elective posts would be held by Saudi Arabia (Vice-President), Bahrain (Co-Chair, Committee A), Sudan (General Committee) and Djibouti (Committee on Credentials).

The recent composition of the membership of the Programme Subcommittee of the Regional Committee was also shown. Following a number of imminent outgoing and incoming in 2023, the eight members of the Subcommittee would be Bahrain, Djibouti, Iraq, Islamic Republic of Iran, Libya, Morocco, Palestine and Syrian Arab Republic.

The Standing Committee on Health Emergency Prevention, Preparedness and Response was established in May 2022 in accordance with decision EB151(2). This Standing Committee would comprise 14 members – two from each WHO region plus the Chair and Vice-Chair of the Executive Board. A brief overview of the progress made in setting up the Standing Committee was provided and, following solicitation among Executive Board members, Morocco and Yemen had submitted their candidatures to serve as the two inaugural regional members.

6.3 Transformation update

Agenda item 4(f), Document EM/RC69/13

The WHO Transformation Team Lead in the Region provided an update on implementation of the WHO Transformation Agenda. Work continued to operationalize the various aspects of transformation governance and to implement the regional transformation roadmap. Across a wide range of areas, progress had been made in transforming WHO and maximizing the positive impact of its work in countries. Among the activities highlighted were efforts to ensure a safe and respectful workplace, the provision of legal and leadership training, the restructuring and refinement of more agile organizational structures and approaches, strengthening of compliance and transparency processes, and the broadening of partnerships. In addition, a new Communication, Resource Mobilization and Partnership department had been created to harness synergies and harmonize functions. A second transformation newsletter had also recently been sent out to all WHO staff in the Region. The WHO Transformation Team Lead concluded by setting out a series of next steps which would place countries at the centre of transformation efforts in the Region.

The Regional Director noted that organizational transformation had been a long-standing aim of WHO and highlighted the central role of *Vision 2023* in guiding the actions required. The whole world was transforming and moving towards excellence and WHO must too. There was both willingness and strong support for such a process, and considerable know-how was now available to inform it. Significant gains had already been made, including in strengthening United Nations agency collaboration at country level, and WHO would continue its efforts in this vitally important area.

6.4 Global strategy on infection prevention and control

Agenda item 4(h), Document EM/RC69/15

The COVID-19 pandemic had shown once again that most national infection prevention and control programmes remain insufficient, with numerous gaps and inefficiencies in the implementation of infection prevention and control measures, especially in low- and middle-income countries. However, the pandemic had also provided an opportunity to learn lessons and to strengthen such measures, and it would now be timely to capture such lessons and experiences more systematically. Following a number of recent deliberations and decisions made at WHO governing body meetings, a draft global strategy on infection prevention and control in both health and long-term care settings 2023–2031 had been prepared by the WHO Secretariat.

The Regional Committee was invited to provide its inputs regarding the outline of the draft global strategy provided in paragraph 16 of Document EM/RC69/15.

6.5 Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination

Agenda item 4(i), Document EM/RC69/16

Despite the success of innovative approaches to the conduct of clinical trials during the COVID-19 pandemic, most notably the WHO Solidarity trial, it had become clear that in many settings the randomized controlled trials carried out were poorly designed and of low quality. Although this was a global issue, it was noted that in the Eastern Mediterranean Region very few countries have national registries for such trials.

The Regional Committee was invited to provide its inputs into the ongoing development of WHO guidance on best practices for clinical trials, as described in Document EM/RC69/16.

6.6 Global Health for Peace Initiative

Agenda item 4(j), Document EM/RC69/17

The Global Health for Peace Initiative was launched in November 2019 with the active support of Oman and Switzerland. The Initiative aims to position WHO and the health sector as contributors to peace through designing health interventions and programmes that are conflict sensitive and that deliver or contribute to peace outcomes, where context and resources allow. Following a number of recent deliberations and decisions made at WHO governing body meetings, a road map would now be developed structured around the six workstreams of the Global Health for Peace Initiative. It was noted that many of the resolutions relating to this initiative had been proposed by Member States of the Region, indicating the high level of regional engagement in this area.

The Regional Committee was invited to comment and provide inputs on the development of the road map and associated proposed priorities, as set out in Document EM/RC69/17.

6.7 Well-being and health promotion

Agenda item 4(k), Document EM/RC69/18

Healthier populations is the third strategic priority of the WHO GPW 13 with a target of helping 1 billion more people enjoy better health and well-being by the end of 2025. In order to operationalize the approach needed to achieve this target, WHO had now developed a global implementation framework.

In order to ensure continuing incorporation of the regional perspective in the framework development process set out in Document EM/RC69/18, the Regional Committee was invited to provide its inputs.

Discussions

Representatives thanked WHO for the presentations given and drew attention to a broad range of national initiatives and issues relating to all four of the agenda items that had been highlighted for feedback and discussion. Broad agreement and support was expressed for all the activities outlined. Specific inputs received in relation to infection prevention and control included recognition of the benefits of developing a global strategy to help align national efforts with international standards, the need for integrated national planning and the potential utility of a companion framework on evaluating the impact of interventions. The importance of strengthening the conduct of clinical trials was universally recognized, and the need to establish research priorities and build the required infrastructure highlighted. Support was also expressed for the implementation framework on health and well-being under development. It was noted that peace was an absolute prerequisite of health, well-being and development, and broad support was expressed for the corresponding initiative now under way. Representatives expressed their willingness and readiness to engage fully in the range of activities under way.

The Director of Programme Management welcomed the support and inputs received from delegates and highlighted a number of needs and aspirations in each of the four areas discussed. For infection prevention and control, effective governance mechanisms within ministries of health now needed to be established in all countries. A future aspiration for the conducting of clinical trials might be the establishment of a regional network to overcome a number of current obstacles and challenges at national level. Despite the gains made in strengthening health diplomacy and other related efforts to promote peace, more success stories were now needed along with increased implementation of such interventions. With regard to health and well-being interventions, the importance of noncommunicable diseases must not be overlooked.

6.8 Report of the sixth meeting of the Technical Advisory Committee to the Regional Director

Agenda item 5, Document EM/RC69/19

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.

6.9 Report of the thirteenth, fourteenth and fifteenth meetings of the Programme Subcommittee of the Regional Committee

Agenda item 6, Document EM/RC69/20 and EM/RC69/21

On behalf of Dr Ahmed Elsobky, Chair of the Programme Subcommittee of the Regional Committee, an overview of the recent work of the Subcommittee was provided by Mrs Noura Abdi. Mrs Abdi began by outlining the role and terms of reference of the Subcommittee, which had been established in response to resolution EM/RC63/R.6 of the 63rd session of the Regional Committee held in 2016. The current Members of the Subcommittee were Djibouti, Egypt, Libya, Palestine, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen. Mrs Abdi then outlined the objectives and outcomes of the thirteenth, fourteenth and fifteenth meetings of the Subcommittee. In summary, the Subcommittee had noted with satisfaction the progress being made in implementing the decisions and resolutions of the 68th session of the Regional Committee by the Secretariat. The sixteenth meeting of the Subcommittee would be held in February 2023, during which the arrangements for the 70th session of the Regional Committee, including the agenda and election of the Regional Director, would be considered.

6.10 Leveraging religious scholars to promote public health: report and future plans

Dr Yagob Al Mazrou, chairperson of the Islamic Advisory Group (IAG) Executive Committee, introduced the Group's history as a partnership between Al Azhar Al Sharif, International Islamic Fiqh Academy, the Organization of Islamic Cooperation and the Islamic Development Bank, initially established in 2013 to address misconceptions regarding polio eradication and to leverage religious scholars and imams as agents of change. This included the dissemination of fatwas on parents' role in vaccinating their children and denouncing attacks on polio workers, as well as ulema conferences on supporting polio eradication. There had been a subsequent decline in parent refusals and a drop in the number of targeted killings of vaccinators. Noting the expansion of IAG's mandate beyond polio in 2016, Dr Al Mazrou gave details of IAG's campaigns dispelling misconceptions related to COVID-19 vaccination and on the importance of handwashing and social distancing at religious mass gatherings and congregational prayers. The Group had also engaged in social media campaigns to dispel misconceptions from a religious perspective on routine immunization, breastfeeding, mothers' mental health, child spacing and safely celebrating Eid Al Adha and Ramadan. IAG campaigns had reached more than 14 million users. He said the Group was also active in training future religious leaders to be public health advocates and engaging with Islamic leaders to inform policy across the interface between public health and religious/sociocultural beliefs. The presentation concluded with a summary of IAG's repositioning and plans for expansion in line with *Vision 2023*, the International Islamic Development Bank's health strategy and the Organization for Islamic Cooperation's Strategic Health Programme of Action.

Discussion

Representatives welcomed the presentation and affirmed that religion had a unique role to play in the Region regarding health-related attitudes and behaviours, including through awareness raising and correcting religious misconceptions. It was noted that this applied to all religious leaders and institutions of all faiths in the Region. They called on the IAG to broaden its remit to include a range of health issues such as tobacco use, substance abuse and healthy lifestyles. The crucial role of religious leaders in the response to the COVID-19 pandemic was highlighted, such as in relation to physical distancing and other restrictions during mass religious gatherings and Friday prayers, as well as in

supporting vaccination and health care-seeking behaviours. Religious institutions had also been involved in supporting health service provision, the distribution of medical supplies and health surveys.

The WHO Regional Director noted that faith-based organizations had been critical in a number of health areas, including HIV and COVID-19, and that their public health role needed support from policy-makers. He thanked Dr Al Mazrou and the IAG for their dedication, positive impact and leadership, and said that the Regional Office was honoured to host the IAG Secretariat.

The Director, Communications, Resource Mobilization and Partnership, said that it was important to build on what works and to join forces with religious leaders and institutions to build the health of communities and build bridges between work at the local and global levels. She looked forward to working together on an expanded agenda for health.

Dr Al Mazrou said he was heartened at the positive response to his presentation and that he would take the points raised into consideration. He noted that the IAG was working with all leaders and organizations of all faiths as they shared common goals.

6.11 Relocation of the WHO Regional Office for the Eastern Mediterranean to the UN Common Premises project, to be located in the New Administrative Capital of Egypt, as proposed by the Government of Egypt
Agenda item 11, Document EM/RC69/25, Decision 9

The Regional Committee received a briefing from the Regional Director on a proposal from the Government of Egypt to relocate the WHO Regional Office to a new premises in the New Administrative Capital of Egypt. It was explained that the Government of Egypt was offering a 99-year lease on new premises which would form part of a purpose-built Common Premises for United Nations agencies. Thirty-four out of thirty-eight international organizations that had been invited to relocate had already agreed in principle. The financial and administrative implications were set out in a briefing note that had been shared with Member States before the meeting.

Discussion

Representatives welcomed the proposal and agreed to it in principle, noting the importance of retaining and if possible strengthening the close links between WHO and other United Nations agencies. The importance of careful planning to ensure business continuity was emphasized, and it was noted that the existing Regional Office premises in Nasr City, Cairo, belonged to all Member States. The Regional Director was requested to provide updates to future sessions of the Regional Committee on ongoing arrangements to implement the relocation and on plans for the future of the current Regional Office premises.

6.12 Nomination of a Member State to the Joint Coordinating Board of the Special Programme of Research and Training in Tropical Diseases
Agenda item 8, Document EM/RC69/24, Decision 7

The Regional Committee nominated Morocco to serve on the Policy Coordination Committee of the Special Programme for Research and Training in Tropical Diseases for a four-year period from 1 January 2022 to 31 December 2026.

6.13 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
Agenda item 9, Document no. EM/RC69/INF.DOC.8, Decision 8

The State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region was awarded to Dr Arif Abulla Al Nooryani (United Arab Emirates) in the area of cardiovascular diseases, Dr Afshin Ostovar (Islamic Republic of Iran) in the area of diabetes, and Dr Randah Ribhi Hamadeh (Bahrain) in the area of cancer, based on the recommendation of the Foundation Committee.

6.14 Place and date of future sessions of the Regional Committee

Agenda item 10, Document EM/RC69/INF.DOC.9, Decision 4

The Regional Committee decided to hold its 70th session at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, from 9 to 12 October 2023.

7. Closing session

7.1 Review of draft resolutions, decisions and report

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

7.2 Adoption of resolutions and report

The Regional Committee adopted the resolutions and report of the 69th session.

7.3 Closing of the session

Agenda item 12

The Regional Committee thanked the Regional Director for his efforts in hosting the session.

8. Resolutions and Decisions

8.1 Resolutions

EM/RC69/R.1 Annual report of the Regional Director for 2021

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2021¹ and the progress reports requested by the Regional Committee;²

Welcoming the many examples of progress across a wide variety of programme areas, showing that successful action to improve health is possible in every country of the Region; but also

Noting with concern that the Region is not on track to achieve the health-related Sustainable Development Goals;

Recognizing that the health and well-being of refugees, migrants and internally displaced populations is critical to advance universal health coverage in the Region, given the large numbers of such populations in the Region and the multiple impacts of population displacement on communities and economies;

Recognizing that the elimination of cervical cancer as a public health problem is an attainable goal that has been globally endorsed, but noting with concern that implementation of the WHO global strategy to accelerate the elimination of cervical cancer as a public health problem remains low in the Region;

Recognizing that the Region is falling behind many targets on HIV, hepatitis and sexually transmitted infections, and that strategies geared to the cultural and social context of the Region are required to address these challenges;

1. **THANKS** the Regional Director for his comprehensive report on the work of WHO in the Region;
2. **ADOPTS** the annual report of the Regional Director for 2021;
3. **ENDORSES** the strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region;
4. **SUPPORTS** the implementation of the regional cervical cancer elimination strategy, which has been developed in close consultation with Member States and partners and is aligned with the WHO global strategy to accelerate the elimination of cervical cancer as a public health problem;
5. **SUPPORTS** the regional action plan for the implementation of the Global Health Sector Strategies on HIV, hepatitis and sexually transmitted infections, to accelerate their implementation towards achieving the related 2030 targets.

EM/RC69/R.2 Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region;³

Recalling Regional Committee resolutions EM/RC59/R.3 on health systems strengthening, EM/RC60/R.2 on universal health coverage, EM/RC61/R.2 on global health security and the International Health Regulations (2005), and EM/RC68/R.2 on ending the pandemic: preventing future health emergencies;

¹ EM/RC69/3.

² EM/RC69/INF.DOC.1–7.

³ EM/RC69/4.

Recalling that in 2015 all Member States of the Region committed to achieving universal health coverage as part of the 2030 Agenda for Sustainable Development and that in 2018 all Member States signed the UHC2030 Global Compact and endorsed the Salalah Declaration on Universal Health Coverage;

Concerned about progress in achieving the Sustainable Development Goal (SDG) targets for universal health coverage, including target 3.8.1 on service coverage and target 3.8.2 on financial protection; and that the UHC service coverage index in the Region was estimated at 57 (out of 100) in 2019, which was below the global average of 68 and the second lowest among the six WHO regions; and noting that the number of people facing financial hardship in the Region increased from 11.8% of the population in 2015 to 12.5% in 2017;

Concerned about the Region's vulnerability to emergencies from multiple hazards including disease outbreaks and natural disasters, and noting with particular concern the multiple protracted conflicts and humanitarian crises across the Region that have caused major health system disruption and pose enormous obstacles to universal health coverage and health security;

Noting that many health systems in the Region are facing challenges related to: weak governance arrangements; high out-of-pocket payments and inadequate financial protection arrangements; service delivery arrangements and models of care that are not fit for purpose and which are designed to focus on curative care rather than health promotion; shortage of and imbalances in the health workforce and inadequate capacity; limited access to essential medicines and technologies with variable quality and fragile medical supply chains; and inadequate health information systems;

Recognizing that COVID-19 has highlighted how ill prepared the world and the Region were to face a pandemic of such magnitude and demonstrated the vulnerability of national health systems in ensuring continuous access to essential health services amid such emergencies;

Aware that the pandemic has already cost US\$ 12 trillion and is projected to cost up to US\$ 28 trillion globally by 2025, a cost that could largely have been avoided with adequate investment in health system strengthening for emergency preparedness, universal health coverage and health security, and noting that health system strengthening is the most efficient and sustainable approach to achieve universal health coverage and health security goals, and that investing in health systems also offers economic, social and political benefits;

Noting that evidence related to the operationalization of health systems resilience is limited and there is a need for actionable recommendations to enhance the efforts of Member States in building and rebuilding health systems while recovering from the pandemic;

Recognizing that many countries of the Region are reviewing their health systems to develop new strategies toward the recovery phase of the COVID-19 pandemic and are incorporating a "build back better" approach;

Noting the regional agenda for building resilient health systems towards universal health coverage and health security set out in technical paper EM/RC69/4;

1. **ENDORSES** the regional agenda as set out in the paper including the seven regional priorities and the related goals, objectives and priority actions for supporting Member States;
2. **URGES Member States to:**
 - 2.1 Strengthen health emergency and disaster risk management in line with the plan of action for ending the COVID-19 pandemic and preventing and controlling future health emergencies in the Eastern Mediterranean Region;
 - 2.2 Optimize ministries of health and build institutions for public health, to advance the dual goals of universal health coverage and health security;
 - 2.3 Establish primary health care-oriented models of care;
 - 2.4 Enhance and scale up a fit-for-purpose, fit-to-practice health workforce;

- 2.5 Promote equity and enhance financial protection;
- 2.6 Improve access to medicines, vaccines and health products;
- 2.7 Foster an integrated approach in policy, planning and investments for long-term health system resilience.

3. REQUESTS the Regional Director to:

- 3.1 Engage in technical cooperation with Member States to adapt the regional priority actions to each national context and ensure their effective implementation;
- 3.2 Build regional and national expertise in health system strengthening and health emergency and disaster risk management to build resilient health systems towards universal health coverage and health security;
- 3.3 Support Member States in tracking progress on each of the seven regional priorities and the associated priority actions, and collate and regularly disseminate data from across the Region, including establishing regional and national observatories as appropriate;
- 3.4 Facilitate resource mobilization in support of national efforts to ensure effective implementation of priority actions and progress towards achieving the health-related SDGs; and
- 3.5 Report on progress in implementing this resolution to the 71st, 73rd and 75th sessions of the Regional Committee and present a final report to the 77th session in 2030.

EM/RC69/R.3 Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund

The Regional Committee,

Having reviewed the technical paper on accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund;⁴

Referring to the commitment of Member States of the Region to the Salalah Declaration on Universal Health Coverage of 2018, to scale up immunization and to achieve the Sustainable Development Goal (SDG) 3 targets related to ending tuberculosis, HIV and malaria;

Recalling Regional Committee resolution EM/RC68/R3 on integrated disease surveillance;

Noting that progress in programme-specific coverage of HIV, tuberculosis and malaria interventions has stalled over the last decade while there remain children in the Eastern Mediterranean Region who have not received a single dose of any routine vaccine, reflecting underserved communities in the Region;

Acknowledging the essential role of Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria in the provision of funding to eligible Member States to scale up programme-specific priority services and health system strengthening;

Considering the Gavi strategy for 2021–2025⁵ and the Global Fund strategy for 2023–2028;⁶

Recognizing the importance of coordination, defragmentation and alignment of support from Gavi and the Global Fund to Member States in order to improve efficiencies and increase coverage through integrated, people-centred primary health care for universal health coverage;

⁴ EM/RC69/5.

⁵ <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025>.

⁶ https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf.

1. **ENDORSES** the strategic framework to coordinate and integrate support from Gavi and the Global Fund and its framework for action (annexed to this resolution);
2. **URGES** Member States to take the necessary steps to accelerate the prevention, control and elimination of communicable diseases through integration and optimization of support from Gavi and the Global Fund, and to:
 - 2.1 Lead with national health policies, strategies and plans that will frame the contribution of the Global Fund and Gavi through multisectoral coordination and consolidation of the work of Country Coordinating Mechanisms (CCMs) and Interagency Coordinating Committees (ICCs) in planning, financing, monitoring and evaluation;
 - 2.2 Increase domestic public funding allocations to HIV, tuberculosis, malaria and immunization;
 - 2.3 Improve cross-programmatic efficiencies, ensuring sustainability and planning for transition;
 - 2.4 Include interventions in national essential packages of health services to which the Global Fund and Gavi could contribute;
 - 2.5 Use integrated PHC for UHC, people-centred care approaches (with appropriate referral mechanisms) to increase coverage and prioritize vulnerable populations and underserved communities characterized by “zero-dose” children for delivery;
 - 2.6 Build national capacities rooted in an understanding of health labour market conditions, strategic planning and implementation using innovative, comprehensive human resources for health approaches;
 - 2.7 Develop national, integrated capacity for procurement and supply chain management, including procuring from global systems and improving financial management, starting with a need assessment;
 - 2.8 Consolidate data systems used for monitoring, evaluation and surveillance in the context of integrated disease surveillance and health information systems;
3. **REQUESTS the Regional Director to support Member States in the above, and to:**
 - 3.1 Support countries in the establishment of consolidated coordination mechanisms to optimize contributions from the Global Fund and Gavi as part of a coherent national approach;
 - 3.2 Provide technical support to increase and improve domestic public funding allocation and conduct cross-programmatic efficiency analyses;
 - 3.3 Develop a model list of essential HIV, tuberculosis, malaria and immunization interventions and ensure their inclusion in national essential packages of health services along with reorganizing services by beneficiary as part of people-centred models of care;
 - 3.4 Facilitate and support training needs and analyses of the health care worker labour market;
 - 3.5 Assess and plan for consolidated national procurement and supply chain management;
 - 3.6 Propose roadmaps for the convergence of data systems (monitoring, evaluation, surveillance); and
 - 3.7 Report on progress in implementing this resolution to the 71st and 73rd sessions of the Regional Committee.

EM/RC69/R.4 Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals

The Regional Committee,

Having reviewed the technical paper on promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals;⁷

Reaffirming that health, which is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right, and that the attainment of the highest possible level of health is a critically important social goal worldwide, the realization of which requires action by other social and economic sectors in addition to the health sector;

Recognizing that in order to reach a state of complete physical, mental and social well-being, an individual, group or community must be able to identify and realize aspirations, satisfy needs and play an active role in adapting to their environment;

Mindful of the vast implications that the current health, environmental, political and humanitarian crises have on people's ability to take control over and improve their health;

Noting the outcomes of the 10th Global Conference on Health Promotion in 2021, contained in the Geneva Charter for Well-being;

Underlining that governments have a responsibility for the health of their people through a whole-of-government approach, which can be fulfilled only by the provision of adequate health and social measures through multisectoral action, and that national efforts need to be supported by an enabling international environment;

Reaffirming that health inequities within and between countries are unacceptable and largely avoidable, and that the promotion of health equity is essential for sustainable development and a better quality of life and well-being for all, which in turn can contribute to peace and security;

Recalling that multisectoral action on social, environmental and political determinants of health, both for the general population and for vulnerable groups, is essential to create inclusive, equitable, economically productive and healthy societies;

Building on the Report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region and its recommendations on building back fairer, as well as the priorities outlined by WHO's Director-General in his address to the Seventy-fifth World Health Assembly in May 2022;⁸

1. URGES Member States to:

- 1.1 Strengthen health promotion and disease prevention through good governance and health system strengthening;
- 1.2 Identify national priorities for health and well-being, based on local context and mandates to ensure healthy lives and promote well-being for all throughout the life course hand in hand with achieving universal health coverage by 2030;
- 1.3 Support research and studies for evidence creation to inform effective planning and assessment of different interventions related to promoting health and well-being;
- 1.4 Promote community empowerment and engagement to improve health-seeking behaviours;

⁷ EM/RC69/6.

⁸ Director-General's report to Member States at the 75th World Health Assembly, 23 May 2022; <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-address-at-the-75th-world-health-assembly---23-may-2022>.

- 1.5 Establish mechanisms to share evidence on developing high-impact policies to promote and protect people's physical, mental and social well-being;
- 1.6 Leverage multisectoral mechanisms to foster healthy environments and promote healthy settings for healthy lifestyles;
- 1.7 Ensure that national plans of action aim to achieve the highest attainable standard of physical and mental health, and advance action across sectors at all levels;
- 1.8 Monitor progress in promoting health and well-being, including establishing or adapting mechanisms as appropriate.

2. REQUESTS the Regional Director to:

- 2.1 Support interdisciplinary research and develop measurement frameworks to monitor progress in the field of health and well-being promotion, building on the measurement systems for the Sustainable Development Goals;
- 2.2 Propose a regional roadmap to guide Member States in implementing the well-being agenda in the Region;
- 2.3 Report on progress in promoting health and well-being to the 71st and 73rd sessions of the Regional Committee and present a final report to the 75th session in 2028.

EM/RC69/R.5 Advancing the implementation of One Health in the Eastern Mediterranean Region

The Regional Committee,

Having considered several WHO resolutions culminating in resolution WHA74.7 of the Seventy-fourth World Health Assembly, which highlighted the urgent need to build on and strengthen existing cooperation among the Quadripartite⁹ to develop options for consideration by their respective governing bodies;

Having reviewed the technical paper on advancing the implementation of One Health in the Eastern Mediterranean Region, including the regional operational framework for One Health presented in Annex 1 of the paper;¹⁰

Concerned that around 75% of emerging infectious diseases among humans are zoonotic in origin, and cognizant of the escalating public health risks posed by emerging and re-emerging zoonotic diseases and their epidemic and pandemic potential, including the COVID-19 pandemic;

Underlining that diseases caused by foodborne and waterborne pathogens continue to constitute a worldwide public health concern and that antibiotic-resistant microorganisms have been increasing in humans, animals, food and the environment, making antimicrobial resistance a complex and escalating threat to health security; and that both these issues threaten the achievement of the Sustainable Development Goals;

Noting the complex and challenging situation in the Eastern Mediterranean Region due to conflict, social unrest, climate-related events, political instability and economic constraints, and the resultant health system disruption, human migration, forced displacement and transboundary animal movements that have implications for the emergence, control and management of zoonotic diseases;

⁹ In addition to WHO, members of the Quadripartite include the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (WOAH) and the United Nations Environment Programme (UNEP).

¹⁰ EM/RC69/7.

Acknowledging that One Health is an evolving concept globally with several dimensions and that for the Eastern Mediterranean Region the most important elements are controlling zoonotic disease, curbing antimicrobial resistance and improving food safety;

Bearing in mind that health threats at the human-animal-environment interface and their associated adverse effects can be minimized or even avoided if countries are properly prepared and able to early detect and efficiently respond to both human and animal diseases;

Understanding the urgent need to implement a multidisciplinary cross-sectoral One Health approach that aims to balance and optimize the health of people, animals and the environment;

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

1. **ENDORSES** the regional operational framework for One Health;
2. **URGES Member States to:**
 - 2.1 Institutionalize the One Health approach through a system to govern, manage, coordinate and oversee all activities, including a legislative framework and adequate budgetary allocations;
 - 2.2 Build on or establish mechanisms for multisectoral collaboration and coordination for One Health involving all relevant government ministries, and multisectoral stakeholders, including civil society, academic institutions and the private sector;
 - 2.3 Implement an adapted national One Health operational framework with linkages to related strategies, frameworks and action plans such as national action plans for health security;
 - 2.4 Prioritize interventions on zoonotic diseases of public health concern, antimicrobial resistance and food safety;
 - 2.5 Build the capacity of a workforce at the national and subnational levels to perform collaborative and coordinated activities to prevent, detect, investigate and respond to endemic and emerging health threats at the human-animal-environment interface;
 - 2.6 Drive action on the basis of data, including disease reporting and timely information-sharing among relevant sectors;
 - 2.7 Monitor progress and impact using a predetermined set of indicators;
3. **REQUESTS the Regional Director to:**
 - 3.1 Establish a regional Quadripartite One Health Coordination Mechanism¹¹ to oversee and manage One Health-related activities within the Region and facilitate the implementation of the global One Health joint plan of action (2022–2026) in liaison with WHO country offices, other WHO regional offices and WHO headquarters;
 - 3.2 Support Member States of the Eastern Mediterranean Region to develop, implement, operationalize and evaluate a national One Health framework and plan, in line with the regional framework;

¹¹ The regional coordination mechanism for Quadripartite One Health coordination includes the WHO Regional Office for the Eastern Mediterranean and regional offices of the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and the United Nations Environment Programme.

- 3.3 Support Member States to operationalize the One Health approach for the control of zoonotic diseases of public health concern, antimicrobial resistance and food safety using a One Health approach involving all relevant stakeholders;
- 3.4 Report on progress in implementing this resolution to the 71st, 73rd and 75th sessions of the Regional Committee and present a final report to the 77th session in 2030.

EM/RC69/R.6 Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027)

The Regional Committee,

Having reviewed the technical paper on fostering digital health in the Eastern Mediterranean Region;¹²

Recalling resolution WHA71.7 of the Seventy-first World Health Assembly on digital health, Executive Board decision EB146(15) on data and innovation, and decision WHA73(28) of the Seventy-third World Health Assembly on the Global strategy on digital health;

Recognizing that effective implementation of digital health technologies is crucial for efficient national and subnational health systems, and that such technologies offer important opportunities for health innovation, but also present potential risks;

Noting that countries across the world are seeking to establish a sound evidence base for optimal investment in digital health to address national and subnational health priorities, and that this is particularly important in the Eastern Mediterranean Region given the wide socioeconomic disparities and protracted conflicts and emergencies in many Member States;

Concerned about the implications of implementing digital health as well as governance challenges, issues of data security and privacy, and potential risks to health systems and individuals from the inappropriate use of digital technology, and noting that the COVID-19 pandemic has brought these challenges and opportunities into stark relief;

Cognizant that achieving *Vision 2023* and WHO's triple billion targets requires use of limited health care resources to reach those who are most in need, and that the efficiency gains offered by digital health can support Member States' efforts to achieve the targets;

Recognizing the need to develop ethically sound policies on innovative digital technologies to protect at-risk populations from the potential adverse impacts of the inappropriate use of technology and to enhance governance capacity and mechanisms to implement and uphold those policies;

1. **ENDORSES** the regional strategy for fostering digital health in the Eastern Mediterranean Region and its action plan, as proposed in document EM/RC69/8;
2. **URGES Member States to:**
 - 2.1 Establish structures and processes to strengthen digital health governance, norms and standards at national and subnational levels as applicable;
 - 2.2 Develop national digital health strategies, national architecture blueprints and related action plans, based on national situation analyses and assessments;
 - 2.3 Build capacity in digital health within the ministry of health and among health workforce as related to country priorities;
 - 2.4 Allocate resources and encourage national investment into interoperable digital health systems at national and subnational levels;

¹² EM/RC69/8.

- 2.5 Use digital health solutions for enhancing access to health services for underserved populations, priority diseases or needs, or in accordance with key national health outcomes;
- 2.6 Monitor progress in implementing the national digital health strategy and evaluate its impact in enhancing health outcomes, knowledge sharing and research projects in support of health policy-making on digital health;

3. REQUESTS the Regional Director to:

- 3.1 Enhance WHO capacity for technical support for implementation of the regional strategy for digital health;
- 3.2 Support countries in the development of national digital health strategies and action plans;
- 3.3 Provide a platform for sharing knowledge and experience about effective and efficient digital health strategies and implementation experiences as well as monitoring and evaluation criteria and approaches for enhancing wider implementation in countries of the Region;
- 3.4 Provide technical support to Member States and encourage the involvement of relevant United Nations agencies and stakeholders in digital health, such as the International Telecommunication Union (ITU);
- 3.5 Report on progress made in implementing the strategy to the 71st and 73rd sessions of the Regional Committee, and present a final report to the 75th session in 2028.

8.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

Chair: H.E. Dr Mai Alkaila (Palestine)

Vice-Chair: H.E. Dr Hani Mousa Bader Al-Eqabi (Iraq)

Vice-Chair: H.E. Dr Firas Abiad (Lebanon)

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

Dr Ahmed El-Sobky (Egypt), Dr Ahmad Dmeirieh (Syrian Arab Republic), Mrs Noura Abdi (Djibouti), Dr Yaser Bouzia (Palestine), Dr Hanadi Haydar Hassan (Sudan), Dr Hussain Alrand (United Arab Emirates), Dr Mohammed Mustafa Rajamanar (Yemen).

Secretariat: Dr Rana Hajjeh, Dr Christoph Hamelmann, Dr Richard Brennan, Dr Maha El-Adawy, Dr Yvan Hutin, Dr Awad Mataria, Dr Arash Rashidian, Mr Tobias Boyd.

DECISION NO. 2 SPECIAL PROCEDURES FOR THE HYBRID 69TH SESSION OF THE WHO REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Preamble

1. Given the ongoing COVID-19 pandemic, special procedures need to be put in place so that the WHO Regional Committee for the Eastern Mediterranean (the "Regional Committee") can pursue its work through a hybrid modality, with some Members attending in person and other Members and participants participating through a secure online platform. The proposed arrangements for a hybrid session were shared with members of the Programme Subcommittee of the Regional Committee at its fourteenth meeting, held on 29 June 2022, and the Subcommittee agreed to those arrangements.
2. The special procedures to regulate the conduct of the hybrid 69th session of the Regional Committee are set out in Annex 1 of the draft decision hereinafter. The special procedures shall apply to meetings of the hybrid 69th session of the Regional Committee opening on 10 October and closing not later than 13 October 2022.
3. The draft decision and the special procedures detailed in Annex 1 follow the arrangements adopted by the governing bodies of the World Health Organization (WHO) at their meetings held in 2022, considering the local circumstances.

In view of the foregoing, the Regional Committee,

- Recalling its decision to hold its 69th session in person if the COVID-19 pandemic status allowed;
- Taking note of the recommendation made by the Programme Subcommittee that the Regional Committee should meet in person with flexibility to accommodate members who cannot physically participate, and that the Regional Committee may therefore meet in a hybrid modality;
- DECIDES to adopt the special procedures to regulate the conduct of its hybrid 69th session set out in Annex 1.

Annex 1

Special procedures to regulate the conduct of the hybrid 69th 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 WHO Regional Committee for the Eastern Mediterranean (the "Regional Committee").

ATTENDANCE AND QUORUM

2. Attendance by Members of the Regional Committee shall be through physical attendance or secure access to videoconferencing or other electronic means allowing representatives to hear other participants and to address the meeting from the conference room or remotely.
3. For the avoidance of doubt, virtual attendance by Members shall be taken into account when calculating the presence of a quorum.
4. Up to three members of each delegation of Members can be physically present in the Kuwait Conference Hall in the Regional Office.
5. Attendance by invited States that are not Members of the Committee, invited representatives of regional bodies of the United Nations, other specialized agencies and other international regional organizations having interests in common with the World Health Organization (WHO), invited non-State actors admitted in official relations with WHO, or invited non-State actors not in official relations with WHO but accredited by the Regional Committee shall be through secure access to videoconferencing or other electronic means that allow representatives to hear other participants and to address the meeting remotely.

ADDRESSING THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

6. Members who are invited to the Regional Committee, including those who are unable to travel and attend in person, shall be provided with the opportunity to take the floor at the invitation of the Chair or on her or his acceding to a request from the Member concerned, in the case that no pre-recorded statement is submitted in advance. Members shall have the opportunity, if they so wish, to submit individual pre-recorded video statements of no more than three (3) minutes in duration, in advance of the opening session, by no later than 1 October 2022. The pre-recorded video statements so submitted will be broadcast at the hybrid session in lieu of a live intervention. In the event that, due to time limitations or connectivity issues, oral statements (whether live or pre-recorded) cannot be delivered on one or more agenda items on the agenda of the Regional Committee session, Members may submit written statements in accordance with paragraph 7 below, to be posted online in the language of submission.
7. Members, invited States that are not Members of the Committee, invited representatives of regional bodies of the United Nations, other specialized agencies, or other international regional organizations having interests in common with the World Health Organization, invited non-State actors that are in official relations with WHO, and invited non-State actors that are not in official relations with WHO but have been accredited by the Regional Committee, are invited to submit, if they so wish, written statements relating to one or more of the items on the agenda of the Regional Committee session, of no more than 600 words and in one of the working languages of the Regional Committee, for posting in the language of submission 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 shall be clearly marked with the words "unofficial translation". Written statements shall be sent in advance of the opening of the 69th session of the Regional Committee. They may be submitted in lieu of an oral intervention or to complement an oral intervention.

8. Written and pre-recorded video statements shall remain posted, in the language of submission, on the website of the Regional Committee until the adoption of the report of the 69th session of the Regional Committee. The content of the written and pre-recorded video statements submitted in lieu of an oral intervention will be summarized, as appropriate, in accordance with the usual practice in the report of the 69th session of the WHO Regional Committee for the Eastern Mediterranean.
9. Any Member wishing to take the floor should signal their wish to speak. 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 or for the 69th session of the Regional Committee should signal their intention to do so. The right of reply to an oral statement or a pre-recorded statement shall be exercised orally at the end of the relevant meeting. Any Member wishing to exercise a right of reply in relation to a written statement submitted in lieu of an oral intervention to the hybrid 69th session of the Regional Committee 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 it responds. The content of statements so submitted will be summarized, as appropriate, in accordance with the usual practice in the report of the 69th session of the WHO Regional Committee for the Eastern Mediterranean.

REGISTRATION AND CREDENTIALS

10. Online registration will follow the normal practice. Additional information is provided in the related circular letter.
11. In accordance with Rule 3, the names of representatives, including all alternates and advisers, shall be communicated electronically to the Regional Director, if possible no later than 15 September 2022. Credentials of representatives, including all alternates and advisers, shall be submitted electronically to the Regional Director no later than 26 September 2022. Given the hybrid nature of the 69th session of the Regional Committee, credentials so submitted electronically shall be considered as formal credentials.
12. The Officers of the 68th session of the Regional Committee will assess, before the opening of the 69th session of the Regional Committee, whether the credentials of Members are in conformity with the requirements of the Rules of Procedure, and shall report to the Regional Committee accordingly during the opening with a view to the Committee making a decision thereon.
13. The Officers of the 69th session of the Regional Committee shall be invited, during the 69th session, to assess whether credentials submitted by representatives of Members following the decision of the Regional Committee at the opening of its session are in conformity with the requirements of the Rules of Procedure, and shall report to the Regional Committee accordingly with a view to the Regional Committee making a decision thereon.

MEETINGS

14. All meetings of the Regional Committee shall be held in public, except for those clearly indicated on the programme as closed meetings, which shall be limited to Members of the Regional Committee.

DECISION-MAKING

15. All decisions of the Regional Committee taken in the 69th hybrid session should, as far as possible, be taken by consensus. In any event, given the hybrid nature of the session, no decision shall be taken by a show of hands vote or by a secret ballot, unless a member of the delegation of each Member of the Regional Committee entitled to vote is physically present at the meeting at which the vote is to be taken. In the event that a vote is required, it is understood that delegates of Members who are physically present for the purposes of the session are deemed to be duly authorized to speak and vote on behalf of their respective Members.
16. In case of a roll-call vote, should any delegate (physically attending or attending via secure online platform) fail to cast a vote for any reason during the initial 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

17. 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 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.
18. 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 having been 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 of the outcome of the written silence procedure as soon as possible after the set date referred to in paragraph 18(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) so adopted.

USE OF LANGUAGES

19. For the avoidance of doubt, Rule 22 of the Rules of Procedure of the Regional Committee 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 69th session.

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

The Regional Committee decided to hold its 70th session at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, from 9 to 12 October 2023.

DECISION NO. 5 NOMINATION OF TWO MEMBER STATES TO THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE

The Regional Committee endorsed the nomination of Morocco and Yemen to serve on the Standing Committee on Health Emergency Prevention, Preparedness and Response for a two-year period.

DECISION NO. 6 VERIFICATION OF CREDENTIALS

In accordance with the Rules of Procedure of the WHO Regional Committee for the Eastern Mediterranean and Decision No. 2 on special procedures for the hybrid 69th session of the WHO Regional Committee for the Eastern Mediterranean, the Vice-Chair of the 68th session of the Regional Committee reported to the Regional Committee that the credentials submitted by the Members attending the 69th session of the Regional Committee were reviewed and found in compliance with the Committee's Rules of Procedure, as amended by the Special Rules of Procedure. The report of the Vice-Chair of the 68th session on the verification of credentials was accepted by the Regional Committee.

DECISION NO. 7 NOMINATION OF A MEMBER STATE TO THE JOINT COORDINATING BOARD OF THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

The Regional Committee endorsed the nomination of Morocco to serve on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases for a four-year period from 1 January 2023 to 31 December 2026.

DECISION NO. 8 AWARD OF THE STATE OF KUWAIT PRIZE FOR THE CONTROL OF CANCER, CARDIOVASCULAR DISEASES AND DIABETES IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee decided to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region to Dr Arif Abulla Al Nooryani (United Arab Emirates) in the area of cardiovascular diseases, Dr Afshin Ostovar (Islamic Republic of Iran) in the area of diabetes, and Dr Randah Ribhi Hamadeh (Bahrain) in the area of cancer, based on the recommendation of the Foundation Committee for the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean. The Prize will be presented to the laureates during the 70th session of the Regional Committee in 2023.

DECISION NO. 9 RELOCATION OF THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

The 69th session of the WHO Regional Committee for the Eastern Mediterranean, having considered the report of the Regional Director on the proposal made by the Government of Egypt to relocate the WHO Regional Office for the Eastern Mediterranean (the “Regional Office”) to the UN Common Premises to be located in the New Administrative Capital within the Governorate of Cairo:

1. Welcomes the offer made by the Government of Egypt;
2. Supports in principle the relocation of the Regional Office to the UN Common Premises to be located in the New Administrative Capital within the Governorate of Cairo, and recommends that further information and analysis of the financial and other implications arising out of the relocation be undertaken to inform the Regional Director’s implementation of the relocation, and the development of a phased plan for achieving such relocation in a way that takes into account these implications, and in particular the implications for staff as well as safeguarding business continuity; and
3. Requests the Regional Director to provide updates to future sessions of the Regional Committee on ongoing arrangements to implement the relocation of the Regional Office and the plans for the future of the current premises of the Regional Office.

Annex 1**Agenda**

- | | | |
|----|---|--------------------|
| 1. | Opening of the session | |
| | (a) Election of Officers | EM/RC69/1-Rev.1 |
| | (b) Adoption of the Agenda | EM/RC69/2-Rev.1 |
| 2. | (a) Annual Report of the Regional Director 2021 | EM/RC69/3 |
| | Progress reports on: | |
| | (b) Eradication of poliomyelitis | EM/RC69/INF.DOC.1 |
| | (c) Regional approach to implementing the Thirteenth General Programme of Work, 2019–2023 | EM/RC69/INF.DOC.2 |
| | (d) Private sector engagement for advancing universal health coverage | EM/RC69/INF.DOC.3 |
| | (e) Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region: a call for action | EM/RC69/INF.DOC.4 |
| | (f) Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic | EM/RC69/INF.DOC.5 |
| | (g) Strategic framework for blood safety and availability 2016–2025 | EM/RC69/INF.DOC.6 |
| | (h) Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005) | EM/RC69/INF.DOC.7 |
| 3. | Technical papers | |
| | (a) Building resilient health systems to advance universal health coverage and promote health security in the Eastern Mediterranean Region | EM/RC69/4 |
| | (b) Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund | EM/RC69/5 |
| | (c) Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals | EM/RC69/6 |
| | (d) Advancing the implementation of One Health in the Eastern Mediterranean Region | EM/RC69/7 |
| | (e) Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027) | EM/RC69/8 |
| 4. | World Health Assembly and Executive Board | |
| | (a) Extending the Thirteenth General Programme of Work, 2019–2023, to 2025 | EM/RC69/9 |
| | (b) Member State consultations on Programme Budget 2024–2025 | EM/RC69/10 |
| | (c) Resolutions and decisions of regional interest adopted by the Seventy-fifth World Health Assembly and the Executive Board at its 150th and 151st sessions | EM/RC69/11 |
| | (d) Review of the draft provisional agenda of the 152nd session of the WHO Executive Board | EM/RC69/11-Annex 1 |
| | (e) Membership of WHO bodies and committees | EM/RC69/12 |
| | (f) Transformation update | EM/RC69/13 |
| | (g) Update on the Director-General’s proposals for strengthening the global architecture of health emergency preparedness, response and resilience | EM/RC69/14 |
| | (h) Global strategy on infection prevention and control | EM/RC69/15 |
| | (i) Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination | EM/RC69/16 |
| | (j) Global Health for Peace Initiative | EM/RC69/17 |
| | (k) Well-being and health promotion | EM/RC69/18 |

- | | | |
|-----|---|--------------------------|
| 5. | Report of the sixth meeting of the Technical Advisory Committee to the Regional Director | EM/RC69/19 |
| 6. | Report of the thirteenth, and fourteenth meetings of the Programme Subcommittee of the Regional Committee | EM/RC69/20
EM/RC69/21 |
| 7. | Report of the fourth and fifth meetings of the Regional Subcommittee for Polio Eradication and Outbreaks | EM/RC69/22
EM/RC69/23 |
| 8. | Nomination of a Member State to the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Disease (TDR) | EM/RC69/24 |
| 9. | Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region | EM/RC69/INF.DOC.8 |
| 10. | Place and date of future sessions of the Regional Committee | EM/RC69/INF.DOC.9 |
| 11. | Relocation of the WHO Regional Office for the Eastern Mediterranean to the UN Common Premises project, to be located in the New Administrative Capital of Egypt, as proposed by the Government of Egypt | EM/RC69/25 |
| 12. | Other business | |
| 13. | Closing session | |

Annex 2

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

MEMBER STATES

BAHRAIN

Representative

H.E. Dr Jaleela AlSayed Jawad Hasan
Minister of Health
Ministry of Health

Manama

Alternate

Dr Lulwa Rashid Shuwaiter
Acting CEO of Primary Health Care
Ministry of Health

Manama

Advisers

Mrs Maryam Ali Al-Manaseer
Director of Communication
Ministry of Health

Manama

Dr Ejlal Faisal Alalawi
Head of Anti-Smoking and Tobacco Group
Ministry of Health

Manama

Dr Maryam Ibrahim Al-Hajri
Assistant Undersecretary for Public Health
Ministry of Health

Manama

Dr Najat Mohamed Abu Al-Fateh
Director of Public Health Directorate
Ministry of Health

Manama

Dr Wafa Ebrahim Al-Sharbati
Director of Health Promotion Directorate
Ministry of Health

Manama

Dr Adel Salman Al-Sayyad
Chief of Disease Control Section
Ministry of Health

Manama

Dr Jameela Mohamed Al-Salman
General Chief of Internal Medicine
Ministry of Health

Manama

Dr Basma Mahmood Al-Saffar
Head of Immunization Group
Ministry of Health

Manama

Dr Waheeba Hasan Al-Halow
Chief of Nursing Services, Primary Health Care
Ministry of Health

Manama

Dr Kubra Sayed Naser Mohamed
Head of Communicable Disease Group
Ministry of Health
Manama

Mrs Fakhreya Ali Darwish
Head of Blood Bank
Ministry of Health
Manama

Mr Hamad Jaafar Badow
Chief of Organization Development and Manpower
Ministry of Health
Manama

Mr Mohamed Ateya Neema
Senior Computer Security Administrator
Ministry of Health
Manama

Mrs Ameera Isa Nooh
Senior International Health Relations Specialist
Ministry of Health
Manama

Mrs Hana Ghazi Al-Shakar
International Health Relations Specialist
Ministry of Health
Manama

Mrs Fai Salman Bakheet
International Health Relations Specialist
Ministry of Health
Manama

Mrs Maryam Yousif Zoheir
Translator
Ministry of Health
Manama

DJIBOUTI

Representative

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

Alternate

Mme Noura Abdi Farah
Director of Studies, Planning and International Cooperation
Ministry of Health
Djibouti

EGYPT

Representative

H.E. Dr Khaled Abdel Ghaffar
Minister of Health and Population
Ministry of Health and Population
Cairo

Alternate

Dr Ahmed El-Sobky
Chairman of the General Authority of Healthcare,
Assistant Minister for Control and Follow-up Affairs
Ministry of Health and Population
Cairo

Advisers

Dr Mohamed Hassany
Assistant Minister for Public Health Initiatives
Ministry of Health and Population
Cairo

Dr Mohamed El-Tayeb
Assistant Minister for Governance and Technical Affairs
Ministry of Health and Population
Cairo

Dr Hossam Abdel Ghaffar
Spokesman of the Ministry of Health and Population
Ministry of Health and Population
Cairo

Dr Amr Kandeel
Head of the Preventive Sector
Ministry of Health and Population
Cairo

Dr Suzan El-Zanaty
General Director of the Foreign Health Relations Department
Ministry of Health and Population
Cairo

Dr Heba El-Sayed
National AIDS Programme Manager
Ministry of Health and Population
Cairo

Dr Hatem Amer
Technical Bureau of the Minister of Health and Population
Ministry of Health and Population
Cairo

Dr Dina Mostafa Mohamed
Foreign Health Relations Department Officer
Ministry of Health and Population
Cairo

Dr Baher Eldesouki
Preventive Sector Technical Officer
Ministry of Health and Population
Cairo

IRAN, ISLAMIC REPUBLIC OF

Representative

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

Alternate

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

Advisers

Dr Mohamed Hossei Niknam
Special Assistant to the Minister/Director-General for International
Cooperation
Ministry of Health and Medical Education
Tehran

Dr Payman Hemmati
Expert, Communicable Diseases Surveillance Office
Ministry of Health and Medical Education
Tehran

Dr Amir Pourbabaei
Head of Protocol Department
Ministry of Health and Medical Education
Tehran

Dr Mahdi Mahdavi
Head of Guard Team of the Minister
Ministry of Health and Medical Education
Tehran

Dr Mohamad Hossein Soltanifard
Head of Iranian Interest Section Office
Ministry of Health and Medical Education
Tehran

IRAQ

Representative

H.E. Dr Hani Mousa Bader
Minister of Health and Environment
Ministry of Health & Environment
Baghdad

Alternate

Dr Riyadh Abd Al-Amir Al-Hilfi
Director, Public Health Directorate
Ministry of Health and Environment
Baghdad

Adviser

Dr Wisam Hussein El-Tamimi
Director of International Health Department
Ministry of Health and Environment
Baghdad

Dr Alyaa Khalid Abbas
Manager of Organization Division
International Health Department
Ministry of Health and Environment
Baghdad

JORDAN

Representative

H.E. Dr Feras Hawari
Minister of Health
Ministry of Health
Amman

KUWAIT

Representative

Dr Buthaina Al-Mudhaf
Assistant Undersecretary for Public Health
Ministry of Health
Kuwait

Alternate

Dr Rihab AlWotayan
Director, Department of International Health Relations
Ministry of Health
Kuwait

Advisers	Dr Mohammed AlSeidan Head of Public Health Ministry of Health Kuwait
Representative	LEBANON H.E. Dr Firas Abiad Minister of Public Health Ministry of Public Health Beirut
Alternate	Dr Nadeen Hilal Adviser to the Minister of Public Health Ministry of Public Health Beirut
Advisers	Ms Hilda Harb Head of Statistics Department Ministry of Public Health Beirut
Representative	LIBYA H.E. Mr Ramadan Abu Jennah Minister of Health Government of National Accord Tripoli
Alternate	Dr Azam El-Hady Omar Director, International Office Ministry of Health Tripoli
Advisers	Mr Mohamed Ibrahim Saleh Director, Information Centre Ministry of Health Tripoli Dr Sanaa Hassan Al-Zaaedy Ministry of Foreign Affairs Representative Ministry of Health Tripoli Mr Moheddin Nweiji Director, Human Resources Ministry of Health Tripoli
Representative	MOROCCO Dr Mohammed Youbi Director of Epidemiology and Disease Control Ministry of Health Rabat
Alternate	Dr Laila Hakkou Director of Inspection Unit Ministry of Health Rabat
Advisers	Mr M. Anas Rihani Director of Medical Assistance Plan Implementation Monitoring Division Ministry of Health Rabat

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

Mme Sanaa Cherqaoui
Chief of the Cooperation Division
Ministry of Health
Rabat

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

Dr Nouredine Malmouze
Head of the Division of Maternal and Child Health
Population Directorate
Ministry of Health
Rabat

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

Ms Loubna Olouy
Programme Officer
Directorate of Planning and Financial Resources
Ministry of Health
Rabat

OMAN

Representative

H.E. Dr Mohammed Saif Sultan Al Hosni
Undersecretary for Health Affairs
Ministry of Health
Muscat

Alternate

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

Advisers

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

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

Mr Hamed Mohamed Al Amri
Director, Office of H.E. the Undersecretary
Ministry of Health
Muscat

PAKISTAN

Representative

H.E. Mr Abdul Qadir Patel
Minister for National Health Services, Regulations and Coordination
Ministry of National Health Services, Regulations, and Coordination
Islamabad

Alternate

Dr Aamir Ikram
Executive Director, National Health Institute
Ministry of National Health Services, Regulations, and Coordination
Islamabad

Adviser

Mr Muhamad Imran Ali
Director, Regional Cooperation
Ministry of National Health Services, Regulations, and Coordination
Islamabad

PALESTINE

Representative

H.E. Dr Mai Salem Al-Kaila
Minister of Health
Ministry of Health
Jerusalem

Alternate

Dr Kamal El-Shakhrh
Deputy Assistance for Public Health and Family Health
Ministry of Health
Jerusalem

Advisers

Dr Sawsan Abusharia
Director of Community Health
Ministry of Health
Jerusalem

Ibrahim Khraishi
Ambassador
Ministry of Health
Jerusalem

Ryad Awaja-Aouadja
Counsellor
Ministry of Health
Jerusalem

Doaa Nofal
Second Secretary
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 Ali Al-Marri
Assistant Minister for Medical Affairs
Ministry of Public Health
Doha

Advisers

Mr Abdullatif Ali Al-Abdulla
Manager, International Health Relations Department
Ministry of Public Health
Doha

Dr Tamador Abdelrahman Al-Thani
Counsellor
Ministry of Public Health
Doha

Mr Mohamed Mobarak Al-Naimi
Ministry of Public Health
Doha

Dr Mohammed Hamad Al-Thani
Director, Public Health Department
Ministry of Public Health
Doha

Sara Ahmed AlQahtani
International Relations Coordinator
Ministry of Public Health
Doha

Fatima Al-Mohammadi
International Relations Coordinator
Ministry of Public Health
Doha

SAUDI ARABIA

Representative

H.E. Fahad Al-Jalajel
Minister of Health
Ministry of Health
Riyadh

Alternate

Dr Hani Jokhdar
Deputy Minister for Public Health
Ministry of Health
Riyadh

Advisers

Mr Rakan Bin Dohaish
Assistant Deputy Minister for International Collaborations
Ministry of Health
Riyadh

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

Dr Kamal Althobaiti
International Collaboration Officer
Ministry of Health
Riyadh

Mr Sultan Ebn Mohamed Elsherif
Secretary of the Minister of Health
Ministry of Health
Riyadh

Dr Mohammed Al Zahrani
General Director of Communicable Diseases
Ministry of Health
Riyadh

Dr Saeed Al Qahtani
Ministry of Health
Riyadh

SOMALIA

Representative

H.E. Dr Ali Haji Adam Abubakar
Minister of Health and Human Services
Ministry of Health

Mogadishu

Alternate

Dr Mohamed Jama
Senior Adviser to the Minister
Ministry of Health

Mogadishu

Advisers

Mr Abdifatah Mohamed
Director of Policy and Planning
Ministry of Health

Mogadishu

Mohamed Osman Abdirahman
Secretary to the Minister
Ministry of Health

Mogadishu

Dr Abdinasir Mukhtar Ibrahim
Director-General
Ministry of Health

Mogadishu

Dr Ubah Ahmed Farah
Director of Family Health
Ministry of Health

Mogadishu

Ali Abdirahman Osman
Director of Public Health
Ministry of Health

Mogadishu

Mohamed Hussein Alasow
Director of Human Resources for Health
Ministry of Health

Mogadishu

Dr Abdulkadir Wehliye Afrah
Director of Medical Services Department
Ministry of Health

Mogadishu

Abdifatah Ahmed Diriye
Director, National Institute of Health
Ministry of Health

Mogadishu

Khadar Hussein Mohamud
Head of Coordination and Communication
Ministry of Health

Mogadishu

Dr Abdinasir Yusuf Osman
Ministerial Adviser
Ministry of Health

Mogadishu

Dr Ahmed Adem
Ministerial Adviser
Ministry of Health
Mogadishu

SUDAN

Representative

H.E. Dr Heitham Mohammed Ibrahim
Federal Minister of Health
Federal Ministry of Health
Khartoum

Alternate

Dr Hanadi Haydar
Director-General for International Health
Federal Ministry of Health
Khartoum

Advisers

Dr Sara Elyas
Advisor to the Federal Minister of Health
Federal Ministry of Health
Khartoum

Dr Ali Babikir Seied
General Secretary, National Medicines and Poisons Board
Federal Ministry of Health
Khartoum

Dr Dalya Eltayeb
Director-General for Primary Health Care
Federal Ministry of Health
Khartoum

Dr Muntasir Mohammed Osman Elhassan
Director-General for Health Emergencies
Federal Ministry of Health
Khartoum

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

Dr Zoheir ElSahwi
Director of Communicable and Chronic Diseases
Ministry of Health
Damascus

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

TUNISIA

Representative

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

Alternate

H.E Mohamed Ibn Youssef
Ambassador of Tunisia in Cairo
Tunis

Advisers

Dr Abderazek Bouzouita
Director-General of Health
Ministry of Health
Tunis

Dr Myriam Khrouf
Director of Medical Research
Ministry of Health
Tunis

Dr Hind Bouguerra
Head of Studies and Planning
Ministry of Health
Tunis

Dr Sina Haj Amor
Director-General
International Cooperation Unit
Ministry of Health
Tunis

Dr Nadia Assili
Deputy Director for Cooperation with Global Organizations
Ministry of Health
Tunis

Mr Wadie Ben Cheikh
Minister Plenipotentiary
Permanent Mission of Tunisia
Geneva

UNITED ARAB EMIRATES

Representative

Dr Hussain Al-Rand
Undersecretary Assistant (Public Health)
Ministry of Health and Prevention
Abu Dhabi

Alternate

Dr Fatima Hussain
Director, Epidemic and Surveillance Department
Ministry of Health and Prevention
Abu Dhabi

Advisers

Dr Buthaina BinBeila
Director, Noncommunicable Diseases Unit
Ministry of Health and Prevention
Abu Dhabi

Dr Aisha Musabah
Director, Wellbeing and Sustainable Development Office
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 Ali Ahmed Al-Walidi
Undersecretary for Public Health
Primary Health Care Directorate
Ministry of Public Health and Population
Aden

Advisers

Dr Abdenaser Naser Alnamir
Ministry of Public Health and Population
Aden

OBSERVERS

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

TÜRKIYE

Representative

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

Alternate

Banu Nesibe Konur
Health Expert
Ministry of Health
Ankara

Gul Mersinlioglu Serin
Health Expert
Ministry of Health
Ankara

Omar Faruk Sari
EU 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
Regional Office for Near East and North Africa
Egypt

INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)

Arsen Juric
Senior Programme Officer
Austria

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

Dr Chiaki Ito
Regional Migration Health Specialist
Regional Office for Middle East and North Africa
Cairo

INTERNATIONAL TELECOMMUNICATION UNION (ITU)

Mr Karim Abdelghani
Programme Coordinator
Regional Office for the Arab States
Cairo

Rouda Alamir Ali
Programme Officer
Cairo

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

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

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Ms Adele Khodr
Regional Director
Regional Office for Middle East and North Africa
Amman

Mr George Laryea-Adjei
Regional Director
Regional Office for South Asia
Nepal

UNITED NATIONS DEVELOPEMNT PROGRAMME (UNDP)

Ms Elena Panova
UN Resident Coordinator
Cairo

UNITED NATIONS POPULATION FUND (UNFPA)

Dr Laila Baker
Regional Director
Cairo

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

Mr Akihiro Seitani
Director of Health
UNRWA Headquarters
Amman

(Observers representing intergovernmental, nongovernmental and national organizations)

HAMDARD FOUNDATION

Mrs Sadia Rashid
Chairperson, Hamdard Foundation
Pakistan

Dr Hakim Abdul Hannan
Hamdard Laboratories (Waqf) Pakistan
Pakistan

Dr Ahsana Farooq
Adjunct Professor
Faculty of Eastern Medicine
Hamdard University
Pakistan

ISLAMIC DEVELOPMENT BANK (IDB)

May Aki Babiker Eltaher
Director, Regional Hub
Egypt

KING SALMAN HUMANITARIAN AND RELIEF CENTRE (KSRELIEF)

Dr Abdullah Alwadie
Assistant Director, Health and Environmental Aid Department
King Salman Humanitarian and Relief Centre
Jeddah

LEAGUE OF ARAB STATES

Dr Amal Monib
Vice President, Studies and Publications Unit, Arab Women Organization
Cairo

ORGANIZATION OF ISLAMIC COOPERATION

Dr Abdunur Mahmoud Sekindi
Professional Officer
Organization of Islamic Cooperation
Jeddah

WHO COLLABORATING CENTRE FOR PUBLIC HEALTH EDUCATION AND TRAINING

Professor Salaman Rawaf
Professor and Director of WHO Collaborating Centre, Imperial College
London

SAUDI FUND FOR DEVELOPMENT (SFD)

Mr Abdulrahman Alangemci
Jeddah
Ms Sara AlSaif
Partnerships Analyst
Jeddah

(Observers representing non-State actors in official relations with WHO)

ALZHEIMER'S DISEASE INTERNATIONAL (ADI)

Mr Chris Lynch
Deputy CEO and Director of Policy
United Kingdom
Mr Lewis Arthurton
Policy and Communications Manager
France

BILL & MELINDA GATES FOUNDATION (BMGF)

Dr Chris Elias
President
United States
Dr Michael Galway
Deputy Director, Polio Eradication
United Kingdom

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Dr Heather Burke
Regional Director
Oman

Dr John Vertefeuille
Acting Director for Global Immunization Division
Atlanta

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDi)

Ms Rachael Crockett
Policy Advocacy Manager
United Kingdom

EMPHNET

Dr Mohannad Al Nsour
Executive Director
Global Health Development (GHD)-EMPHNET
Jordan

Dr Magdi Al-Gunaid
Jordan

Nada Ahmad
Sudan

GAVI, THE VACCINE ALLIANCE

Dr Alex de Jonquieres
Director, Health Systems and Immunisation Strengthening
Geneva

Ms Amy LaTrielle
Director, Fragile and Conflict Countries, Country Programmes
Geneva

INSTITUTE FOR HEALTH METRICS AND EVALUATION

Dr Ali Mokdad
Chief Strategy Officer, Population Health
University of Washington
Lebanon

INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS (IAPB)

Dr Abdulaziz Ibrahim Alrajhi
Saudi Arabia

INTERNATIONAL ALLIANCE OF PATIENTS ORGANIZATIONS

Ms Kawaldip Sehmi
Chief Executive Officer
United Kingdom

Sawsan Al Madhi
Member Representative
United Arab Emirates

INTERNATIONAL COUNCIL OF NURSES

Hoi Shan Fokeladeh
ICN Policy Adviser, Nursing and Health Policy
Geneva

INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS (IFMSA)

Ms Arwa Sharaby
IFMSA Regional Director for the Eastern Mediterranean Region
Egypt

Ms Asma Benmrاد
Medical Student
Tunisia

Mr Mohamed Mohamed Elsaed Mohamed Atia Elzemety

Egypt

Mr Mohammed Saifaldeen Osama Hassan Abdelrahman

Sudan

Ms Sarah Beani

Medical Student

Lebanon

INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS (IFPMA)

Alessandro Lazdins

Switzerland

Melchior Jordan Kuo

Switzerland

INTERNATIONAL LEAGUE AGAINST EPILEPSY (ILAE)

Dr Ghaieb Aljandeel

ILAE Eastern Mediterranean Chair

The Iraqi Council for Higher Medical Specializations

Faculty of Epileptology and Clinical Neurophysiology

Iraq

Nirmeen Kishk

Egypt

NCD ALLIANCE

Dr Ibtihal Fadhil

Founder & Chair

Eastern Mediterranean NCD Alliance

Iraq

ROTARY FOUNDATION

Mr Mike McGovern

Chair of Rotary International's PolioPlus Committee

Pakistan

Dr Muhammad Saeed Shamsi

Zonal Coordinator – Rotary's Pakistan National PolioPlus Committee

Pakistan

THE COCHRANE COLLABORATION (COCHRANE)

Ms Bita Mesgarpour

Co-Deputy Cochrane Iran

Islamic Republic of Iran

Hamid-Reza Baradaran Attar Moghadam

Board Member

Islamic Republic of Iran

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)

Mr Ibrahim Faria

Regional Manager, Middle East and North Africa

Geneva

UNITED STATES PHARMACOPEIA CONVENTION

Mr Michael Schmitz

Director, International Advocacy

USA

Zakiya Kurdi
Regulatory Affairs and Public Policy Senior Manager, EMEA
Jordan

WOMEN IN GLOBAL HEALTH (WGH)

Dr Roopa Dhatt
Executive Director, Women in Global Health
United States

Shubha Nagesh
India

WORLD FEDERATION FOR MENTAL HEALTH (WFMH)

Mr Nasser Loza
President
Cairo

WORLD OBESITY FEDERATION (WOF)

Abdolreza Norouzy
Tehran

WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)

Professor Taghreed M. Farahat
WONCA Eastern Mediterranean Region President
Family Medicine, Menoufia University
Egypt

SPECIAL GUESTS/SPEAKERS/OTHER OBSERVERS

H.E. Dr Ali M. Fakhro
Former Minister of Health and Ambassador of the Kingdom of Bahrain
Bahrain

Dr Mahmoud Mohieldin,
Executive Director, International Monetary Fund and UN climate change high-level
champion for Egypt (climate change and COP27)
Egypt

Professor Ilona Kickbusch,
Founder and Chair of the Global Health Centre at the Graduate Institute in Geneva and
member of the WHO Council on the Economic of Health for All
Switzerland

Mr Ahmed Soliman
Vice-Chair of the INB
Egypt

Ms Precious Matsoso
Co-Chair of the INB
Johannesburg

Dr Awad Tag El Din
Senior Adviser
Egypt

Dr Maha Al Rabat
Former Special Envoy of WHO Director-General on COVID-19
Former Minister of Health
Professor Public Health, Cairo University
Egypt

Professor Ziad A Memish
Senior Infectious Disease Consultant, Director, Research and Innovation Centre
Saudi Arabia

Dr Maria Van Kerkhove,
Technical Lead on COVID-19 at WHO headquarters
Switzerland

Scott Douglas Pendergast
Director SPP/Focal point for Financial Intermediary Fund for Pandemic
Prevention, Preparedness & Response (FIF), WHO headquarters
Switzerland

Dr Yagob Al Mazrou,
Chair IAG Executive Committee
Saudi Arabia

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

1. Regional Committee documents

EM/RC69/1-Rev.1	Agenda
EM/RC69/2-Rev 1	Draft decision on special procedures for the hybrid 69th session of the Regional Committee for the Eastern Mediterranean
EM/RC69/3	Annual Report of the Regional Director 2021
EM/RC69/4	Building resilient health systems to advance universal health coverage and promote health security in the Eastern Mediterranean Region
EM/RC69/5	Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund
EM/RC69/6	Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals
EM/RC69/7	Advancing the implementation of One Health in the Eastern Mediterranean Region
EM/RC69/8	Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027)
EM/RC69/9	Extending the Thirteenth General Programme of Work, 2019–2023, to 2025
EM/RC69/10	Member State consultations on Programme Budget 2024–2025
EM/RC69/11	Resolutions and decisions of regional interest adopted by the Seventy-fifth World Health Assembly and the Executive Board at its 150th and 151st sessions
EM/RC69/11-Annex 1	Review of the draft provisional agenda of the 152nd session of the WHO Executive Board
EM/RC69/12	Membership of WHO bodies and committees
EM/RC69/13	Transformation update
EM/RC69/14	Update on the Director-General’s proposals for strengthening the global architecture of health emergency preparedness, response and resilience
EM/RC69/15	Global strategy on infection prevention and control
EM/RC69/16	Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination
EM/RC69/17	Global Health for Peace Initiative
EM/RC69/18	Well-being and health promotion
EM/RC69/19	Report of the sixth meeting of the Technical Advisory Committee to the Regional Director
EM/RC69/20	Report of the thirteenth, fourteenth and fifteenth meetings of the Programme Subcommittee of the Regional Committee
EM/RC69/21	Report of the fourth and fifth meetings of the Regional Subcommittee for Polio Eradication and Outbreaks
EM/RC69/22	
EM/RC69/23	

EM/RC69/24	Nomination of a Member State to the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Disease (TDR)
EM/RC69/25	Relocation of the WHO Regional Office for the Eastern Mediterranean to the UN Common Premises project, to be located in the New Administrative Capital of Egypt, as proposed by the Government of Egypt
EM/RC69/INF.DOC.1	Eradication of poliomyelitis
EM/RC69/INF.DOC.2	Regional approach to implementing the Thirteenth General Programme of Work, 2019–2023
EM/RC69/INF.DOC.3	Private sector engagement for advancing universal health coverage
EM/RC65/INF.DOC.4	Strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region: a call for action
EM/RC65/INF.DOC.5	Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic
EM/RC69/INF.DOC.6	Strategic framework for blood safety and availability 2016–2025
EM/RC69/INF.DOC.7	Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005)
EM/RC69/INF.DOC.8	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC69/INF.DOC.9	Place and date of future sessions of the Regional Committee
2.	Resolutions
EM/RC69/R.1	Annual report of the Regional Director for 2021
EM/RC69/R.2	Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region
EM/RC69/R.3	Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund
EM/RC69/R.4	Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals
EM/RC69/R.5	Advancing the implementation of One Health in the Eastern Mediterranean Region
EM/RC69/R.6	Regional strategy for fostering digital health in the Eastern Mediterranean Region (2023–2027)
3.	Decisions
Decision 1	Election of officers
Decision 2	Special procedures for the hybrid 69th 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	Nomination of two Member States to the Standing Committee on Health Emergency Prevention, Preparedness and Response
Decision 6	Verification of credentials

- Decision 7 Nomination of a Member State to the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases
- Decision 8 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
- Decision 9 Relocation of the Regional Office for the Eastern Mediterranean

Annex 4

Strategic directions, WHO outputs, country outcomes and indicators to increase the efficiency and impact of collaboration with Gavi and the Global Fund in the Eastern Mediterranean Region

Annex to resolution EM/RC69/R.3

Annex
Strategic directions, WHO outputs, country outcomes and indicators to increase the efficiency and impact of collaboration with Gavi and the Global Fund in the Eastern Mediterranean Region

Domain/topic	Strategic directions	Key WHO outputs	Country outcomes	Indicators	
				Baseline	Target
1. Governance	Start from the national health policy, strategy and plans to direct the contributions of the Global Fund and Gavi, including through a costed, multi-year health system strengthening plan	Normative approach to embed the Global Fund and Gavi contributions into national health policies, strategies and plans Gap analysis of health systems strengthening support	National health policy, strategy and plans embed the contributions, avoiding overlaps and duplication Costed, multi-year health system strengthening plan	Insufficiently coordinated input of the Global Fund and Gavi to national health policies, strategies and plans	National health strategy that embeds and optimizes the Global Fund and Gavi contributions with a costed, multi-year RSSH plan
	Integrate governance of Global Fund and Gavi contributions (planning, financing, monitoring, evaluation) in a single multisectoral coordination mechanism under the leadership of the ministry of health	Facilitate coordination in the context of the Global Action Plan (GAP)	Global Fund and Gavi proposals are prepared, managed and monitored from a health systems strengthening, PHC for UHC perspective	Separate committees for the Global Fund and Gavi	Coordinated approach in the work of the committees
2. Financing	Increase and improve domestic public financing	Health financing progress matrix Fiscal space for health assessments	Increased allocation of domestic resources through the national health financing strategy	General government expenditure on health as a share of general government expenditure	Increasing overall public funding for health
	Identify areas to improve cross-programmatic efficiencies, in particular those related to sustainability and transition planning, including follow-up with policy actions to improve impact with available resources	CPEA guidance and technical support	Inefficiencies identified and eliminated	CPEA not conducted	CPEA conducted and recommendations implemented
3. Service delivery	Ensure inclusion of HIV, tuberculosis, malaria and immunization interventions in essential packages of health services	Model list of essential HIV, tuberculosis, malaria and immunization interventions for inclusion in national packages	Inclusion of interventions in the national package	No or heterogeneous inclusion of interventions in the national package	Essential package of care includes HIV, tuberculosis, malaria and immunization interventions
	Use integrated PHC for UHC, people-centred care approaches and community engagement to increase intervention coverage, starting with vulnerable populations and underserved communities characterized by zero-dose children	Template approach to service reorganization	People-centred PHC for UHC perspective (e.g. Pakistan, Sudan and Tunisia)	Programme- or disease-specific approach to interventions	Interventions repackaged per beneficiaries and delivery platforms

Domain/topic	Strategic directions	Key WHO outputs	Country outcomes	Indicators	
				Baseline	Target
4. Health workforce	Build capacity using innovative comprehensive human resources for health approaches	WHO-facilitated training needs analysis	Sustainable national capacity-building for HIV, tuberculosis, malaria and immunization interventions within the national human resources for health plan	Fragmented, short-term in-service training plan	Consolidated health workforce-centred investment plan to support education and training
		WHO-facilitated analyses of the health care labour market	National policy for incentives and supplemental remuneration	Uncoordinated approach to incentives	Coordinated approach to incentives and remuneration to support investment in decent jobs
5. Access to commodities	Develop national strategies to build an integrated capacity for procurement and supply chain management	National assessment and consolidation plan	National procurement and supply management unit conducting optimized procurement or buying from global procurement systems	Programme-specific procurement and supply chains	Strengthened national procurement and supply management unit irrespective of the funding source
6. Health information systems	Consolidate data systems used for surveillance, monitoring and evaluation	WHO-facilitated workplan to facilitate convergence of data systems	Consolidated data systems used for monitoring and evaluation in the context of integrated disease surveillance and health management information systems	Fragmented, programme-specific data systems for surveillance, monitoring, and evaluation	Progressive convergence of data system towards integration

Annex 5

Technical meetings

Cairo, Egypt, 10 October 2022

Sixty-ninth session of the Regional Committee for the Eastern Mediterranean

Introduction

Technical meetings were held on the day preceding the 69th session of the Regional Committee, 10 October 2022. The overall aim was to discuss topics of current interest and concern, to update participants on the situation and progress in addressing those issues, and to discuss, where relevant, any strategic actions required.

Local vaccine production: a priority for the Eastern Mediterranean Region

The objectives of the session were to: brief Member States on the actions taken by WHO to promote and strengthen local vaccine production; highlight the strategic directions for moving forward together to scale up vaccine production in the Region; and share experiences and solicit input into the regional roadmap to strengthen vaccine production in Eastern Mediterranean.

Conclusions

The COVID-19 pandemic shows the importance of investing in local vaccine production, and several countries in the Region have therefore expressed interest in developing national capacities in manufacturing vaccines, particularly COVID-19 vaccines.

Member States highlighted the importance of developing a regional strategy to strengthen local vaccine production and agreed that there is a need to prioritize actions to enhance vaccine manufacturing capacities and strengthen national regulatory authorities.

Proposed actions

Member States

- Conduct a self-assessment and benchmarking exercise for the national regulatory authority (NRA) and formulate an institutional development plan to strengthen regulatory capacities and the enforcement of legislation.
- Develop a national strategy to promote the local production of vaccines, ensuring policy coherence and promoting an enabling business environment and mechanisms for scaling up production in emergency and pandemic situations.
- Conduct a feasibility assessment and situational analysis of the ecosystem and develop a business plan/model.
- Adopt a mechanism to enhance collaboration and information exchange with other countries in the Region and explore possibilities for partnerships.
- Strengthen research and development for vaccines and other biological products that meet public health needs, in addition to promoting the production of ingredients and health commodities.

WHO

- Conduct regional consultations to discuss and finalize the regional strategy to strengthen local vaccine production and to discuss the possibility of some countries investing in producing some ingredients and health goods needed for producing vaccines and biological products, whether by vaccine-producing countries or non-vaccine-producing countries.

- Finalize the regional strategy as part of the implementation of the regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean, 2020–2030.
- Support Member States to strengthen the capacity of NRAs to assess and monitor the quality, safety and efficacy of vaccines and provide training on Good Practices (GxP).
- Provide technical assistance and training on mRNA technology (control, production process, regulation).

Regional cervical cancer elimination strategy

The objectives of the session were to: provide an overview to Member States of the WHO global cervical cancer elimination initiative; share the regional situation; and introduce the proposed regional strategy and call to action.

Conclusions

Participants expressed their strong commitment to the regional strategy and shared informative experiences of implementing HPV vaccination. Eight Member States made supportive statements, and overall positive feedback on the proposed strategy was provided. Discussions focused on how to implement all streams of the strategy in synergy, and on barriers to implementing the agenda, such as fragile health systems, and vaccine costs and accessibility. Participants highlighted the need for technical as well as financial support. Opportunities for resolving some of the challenges countries faced included the SAGE one-dose HPV vaccination recommendation, leveraging of COVID-19 infrastructure for other immunization programmes, and GAVI eligibility. Regarding HPV screening, the shorter programme of two lifetime screenings and developments in self-collection of samples would provide opportunities to make screening more accessible for women in different settings.

In response to the comments received, WHO re-emphasized the importance of implementing vaccination, screening and management in synergy. In addition, the importance of incorporating HPV vaccination into national systematic immunization efforts was stressed. WHO also highlighted the importance of this initiative in preventing premature NCD deaths among young women and thus its contribution to achieving SDG target 3.4. Finally, WHO elaborated on the issue of diversity of burden in the Region and on the potential utility of relative reduction targets in ensuring the commitment and engagement of all countries in the Region regardless of incidence estimates.

Proposed actions

Member States

- Maintain political commitment and actively support the WHO regional cervical cancer elimination agenda in countries.
- Initiate the efforts needed to achieve the strategic objectives of the regional cervical cancer elimination strategy at country level, in line with national contexts, needs and priorities.
- Share implementation experiences, barriers and achievements with other countries of the Region.

WHO

- Provide technical support to Member States in implementing the five strategic pillars of the regional cervical cancer elimination strategy at country level, taking into consideration the national context in terms of relevant epidemiology, governance structures and health system capacities.
- Enable and promote strategic partnerships, including collaboration on market-shaping efforts for both HPV vaccines and HPV screening tests in countries of the Region.
- Improve communication strategies to increase awareness, community engagement and health literacy on HPV infection, vaccination, screening and cervical cancer treatment.

- Strengthen overall cancer care systems and networks, and ensure the integration of cervical cancer programmes into national cancer prevention and control programmes.
- Provide support to strengthen cancer registries, cervical cancer research and the integration of all related technical areas to contribute towards better-informed decision-making.

The regional approach to the Decade of Action for Road Safety 2021–2030

The objectives of the session were to: provide Member States with an overview of the regional health burden of road traffic injuries and the road safety situation; highlight the key role of the health sector in prevention and control efforts within a broader multisectoral approach; and build consensus on finalizing the proposed regional approach to the Decade of Action for Road Safety 2021–2030 (and associated Global Plan) and the regional strategic road safety system framework.

Conclusions

It is recognized that it is country action that will make the real difference in this area, and that country perspectives are key to ensuring the feasibility and relevance of any proposed framework for implementation in local contexts. Participants underlined that further action was needed by Member States to address this issue in the highly diversified context of the Region, and called for more investment in road safety. Participants also highlighted the need for WHO support to advance national road safety efforts in the Region.

Proposed actions

Member States

- Establish a structural and institutional multisectoral national foundation for addressing different aspects of road safety, while strengthening the role of the health sector in this regard.
- Develop/update existing strategies, policies and programmes in key action areas to achieve an effective national road safety system.
- Establish the process and quality surveillance systems for monitoring performance, evaluating outcomes and providing feedback to the national road safety system.

WHO

- Review the draft regional framework for road safety based on inputs provided during the session.
- Organize a regional consultation on the updated version of the draft framework involving technical experts from Member States as part of its finalization and official endorsement.
- Provide technical support to Member States in their efforts in road safety strategic planning in the new Decade.
- Facilitate experience and knowledge sharing among Member States, both in the Region and globally.

Improving the monitoring of response to public health events and emergencies in the Eastern Mediterranean Region

The objectives of the session were to: encourage Member States to improve the effectiveness, efficiency and timeliness of their responses to emergencies through the implementation of a monitoring framework at country and regional levels; and to receive their feedback on the national relevance and utility of a response monitoring framework implemented by the Regional Office.

Conclusions

Participants acknowledged the critical situation regarding emergencies in the Region and the challenges involved in monitoring responses to them, and welcomed the efforts of the Regional Office in this

regard. Participants also highlighted the inherent difficulties in collecting information in conflict-affected countries in which data were not easily available or shared. Emphasis was placed on the importance of collaboration with WHO and on the need for strong information management systems (including for disease surveillance) based on an integrated approach. It was noted that lessons had been learned from the COVID-19 pandemic, and that all countries faced emergencies. There was thus a need for collaboration and sharing of resources to better document and respond to such events. Participants also noted that countries have their own diverse mix of needs, capacities, risks and vulnerabilities, and stressed the importance of using existing bodies and structures to efficiently respond to emergencies.

Proposed actions

Member States

- Establish the required governance and build institutional capacities.
- Develop a national strategy for emergency response monitoring.
- Integrate response monitoring into emergency response planning and funding.
- Strengthen information systems and develop unified data platforms.
- Regularly assess and ensure the quality and validity of collected data.

WHO

- Scale up regional and global capacities to monitor response activities.
- Improve the availability and quality of data sources.
- Support national efforts to strengthen country response monitoring.

Strengthening hospital information systems in the Eastern Mediterranean Region

The objectives of the session were to: increase understanding of the strengths, weaknesses and potential of hospital information systems in the Eastern Mediterranean Region; and to discuss ways of strengthening such systems to increase the efficiency, safety and quality of health care delivery, reduce inequalities in access and contribute to monitoring progress towards UHC and SDG targets.

Conclusions

Countries face shortages of human resources trained in information systems for health as well as difficulties in retaining trained staff. The need to create training programmes and strengthen existing curricula to address these shortages was highlighted. Other issues highlighted included the highly variable degree of use of digitalized technologies, both between and within countries, with a mix of paper-based and electronic sources currently being used. Information system fragmentation was another recognized issue across the Region, impacting both data availability and governance due to the multitude of different providers operating in the hospital information system. The importance of data for decision-making, progressing towards UHC and responding to emergencies was widely recognized, and strong hospital information systems were needed to monitor progress against key indicators. Participants also highlighted the need to develop solutions specific to the national context.

Proposed actions

Member States

- Commit to mobilizing adequate financial, human, technical and other resources to improve hospital information systems.
- Strengthen the capacity of academic institutions to provide training in hospital information systems.

WHO

- Develop technical guidelines and related indicators to support countries in strengthening hospital information systems, including through appropriate data linkage.
- Assist countries in building the required capacities among hospital staff needed to strengthen hospital information systems.

