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Report of the

**70th session of
the WHO Regional
Committee for the
Eastern Mediterranean**

WHO Regional Office, Cairo, Egypt
9–12 October 2023

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**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

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

The following Members were represented at the 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: South Sudan, Türkiye.
- Observers representing United Nations organizations: Food and Agriculture Organization of the United Nations (FAO), International Atomic Energy Agency (IAEA), International Civil Aviation Organization (ICAO), International Organization for Migration (IOM), United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Economic Commission for Africa (UNECA), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Population Fund (UNFPA), World Bank, World Food Programme (WFP).
- Observers representing intergovernmental, international and national organizations: Observers representing intergovernmental, international and national organizations: Africa Centres for Disease Control and Prevention (Africa CDC), African Union (AU), Arab Hospitals Federation (AHF), Centers for Disease Control and Prevention (CDC), Eastern Mediterranean Public Health Network (EMPHNET), Gulf Federation for Cancer Control (GFFCC), Gulf Health Council (GHC), Gulf CDC, Hamdard Foundation, Institute for Health Metrics and Evaluation (IHME), Islamic Advisory Group (IAG), Islamic Development Bank (ISDB), League of Arab States, Lebanese HealthCare Management Association (LHMA), NCD Alliance, WHO Collaborating Centre for Public Health Education and Training, WHO Framework Convention on Tobacco Control (WHO FCTC).
- Non-State Actors in official relations with WHO: Alzheimer’s Disease International (ADI), Bill & Melinda Gates Foundation (BMGF), International Alliance of Patients Organizations (IAPO), International Federation of Medical Students’ Associations (IFMSA), International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), International Pharmaceuticals Students’ Federation (IPSF), Iodine Global Network (IGN), Rotary International, World Federation of Societies of Anesthesiologists (WFSA), World Organization of Family Doctors (WONCA).

Technical meetings were held on the day preceding the session on subjects of current interest and concern. A summary of the outcomes is included as an annex to this report.

2. Opening session and procedural matters

2.1 Opening of the Session

Agenda item 1

The opening session of the 70th 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 in Cairo, Egypt, on 9 October 2023.

2.2 Formal opening of the session by the Chair of the 69th session

The 70th session of the Regional Committee was formally opened by H.E. Dr Firas Abiad, Minister of Public Health of Lebanon, on behalf of H.E. Dr Mai Al-Kaila, Minister of Health of Palestine and Chair of the 69th Session of the WHO Regional Committee for the Eastern Mediterranean Region. He delivered a message from Dr Al-Kaila that recalled last year's deliberations and resolutions of the Committee and noted that this year's report by the Regional Director would cover the key developments not only in the last year, but during the entire five-year implementation period for WHO's regional vision, Vision 2023. Although there had been achievements, almost half the countries of the Region were facing complex challenges as they responded to humanitarian emergencies and disease outbreaks and tried to maintain essential services. Reflecting on the theme of this year's Regional Committee, "Moving forward towards a healthier future in the Eastern Mediterranean Region: promoting, protecting and delivering health for all by all", Dr Al-Kaila said that to move forward, a focus on the health of future generations was needed. This should be done collectively and by building on previous successes, such as the lessons learned and capacities developed during the COVID-19 pandemic. Dr Al-Kaila concluded by expressing her appreciation to the WHO Regional Director, Dr Ahmed Al-Mandhari, for his inspiring dedication, tireless efforts and visionary leadership, saying the Region would continue to collaborate, innovate and advocate for better health for all and by all, and that together it could overcome the challenges that lay ahead.

Joining the session online from Palestine, Dr Al-Kaila spoke of the destructive impact of the current conflict on health care facilities and workers in the Gaza Strip, and called for a cessation of hostilities, noting that access to health care was a human right.

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 for the final time as Regional Director. He reflected on recent successes achieved despite the Region's challenging context and expressed his pride in serving the Region. It was important to work together to achieve Health for All by All, and he called on Member States to contribute to the health solidarity fund endorsed in 2010 by the Committee. He called for renewed momentum in the Region to achieving universal health coverage through a primary health care approach, as recently reaffirmed at the General Assembly, noting WHO's convening power, and reminded the Committee that the Sustainable Development Agenda included health and well-being as a cross-cutting priority.

The Regional Director highlighted the power of political leadership for health, citing examples from across the Region, and called for placing health at the centre of political agendas, investment priorities and national plans, as well as increasing per capita spending on health and addressing persistent inequalities in access to health within the Region. There was a need for the adoption of forward-looking approaches, even during crises, and it was vital to incorporate behavioural insights into WHO's work, keep abreast of technological developments and build public trust. Recognizing that health and climate change were inextricably linked, and that average temperatures in the Region were rising faster than the global average, he pointed out that the upcoming 28th United Nations Climate Change conference (COP28) in the United Arab Emirates, with its first-ever health day on 3 December 2023, represented an important opportunity. Health for all by all meant recognizing health was an inherent and universal right that should be afforded to all people in the Region and accepting that we all had a role to play, including young people. In closing, Dr Al-Mandhari expressed his intention to continue to advocate for collective solidarity and a healthier future for all.

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

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, opened his address by saying that it was a particularly important moment for the Region, as Member States prepared to elect a new Regional Director, and for Egypt, as it celebrated its success in massively reducing hepatitis C incidence which showed how major public health challenges could be overcome through a combination of political leadership and modern tools. He expressed concern over the current conflict in the occupied Palestinian territory and Israel, which would only be solved through dialogue, understanding and peace. He was painfully aware that this was just one crisis in a region that had suffered so much, saying we must not give in to despair but should continue to seek common ground and the common good. Noting the recent political declarations of high-level meetings of the United Nations General Assembly on pandemic prevention, preparedness and response, universal health coverage and tuberculosis, he said all were dependent on a strong WHO.

The Director-General welcomed the Regional Director's report on implementing Vision 2023, noting that WHO was working with Member States to develop the 14th General Programme of Work for 2025 to 2028, based on five priorities (the five Ps) – to promote, provide, protect, power and perform for health. The first priority included the existential threat of climate change, and he welcomed the proposed regional framework for action on climate change, health and the environment and looked forward to COP28 in the United Arab Emirates in December, which for the first time would include a day dedicated to health, and urged Member States to participate actively. The second priority was to provide health by reorienting health systems towards primary health care, as the foundation of universal health coverage. The Region had made significant improvements in service coverage, particularly in upper-middle and high-income countries, but there had also been an alarming increase in catastrophic health spending and he urged Member States to focus on financial protection for their populations, especially for women and children. He noted that the backbone of a strong health system was a strong health workforce, and said that there should be a focus on maternal, newborn, child and adolescent health, including restoring routine immunization to pre-pandemic levels. WHO had launched the “Big Catch Up” campaign with UNICEF and Gavi, the Vaccine Alliance, to support the most-affected countries to catch-up, recover and strengthen their immunization infrastructure. The third priority, to protect health by preparing countries to mitigate health risks and rapidly detect and respond to both acute and protracted health emergencies, was particularly relevant to the Region. WHO had developed a plan for a more equitable, inclusive and coherent global architecture for health emergency preparedness and response, with equity at its core. However, he was concerned that the negotiations on a new pandemic accord and amendments to the International Health Regulations were moving too slowly, and urged Member States to focus on resolving the most difficult issues.

The other two priorities were enablers of the first three, including harnessing the power of science, research and development, data and digital technologies, such as through the new Global Initiative on Digital Health, and performing for health through enhancing the work of the Secretariat to support Member States better, including by strengthening WHO's country presence. WHO was allocating more than half of the total Programme Budget for the next biennium to country offices, and their strengthening would benefit greatly from more flexible funding, the 20% increase in assessed contributions and the proposed Investment Round. WHO was also continuing its efforts to strengthen its workforce, achieve gender equity at all levels, and ensure zero tolerance for all forms of sexual misconduct. The Director-General concluded by expressing his appreciation for the work of the Regional Director, Dr Al-Mandhari, over the past five years, noting he had served the Region with distinction and humility, and thanking him for his dedicated service. He wished him every happiness in the future and said he looked forward to working with the Regional Director's successor.

2.5 Address by Ms Amina Mohammed, Deputy Secretary-General of the United Nations and Chair of the United Nations Sustainable Development Group

Ms Amina J. Mohammed, Deputy Secretary-General of the United Nations and Chair of the United Nations Sustainable Development Group, noted that setbacks such as the COVID-19 pandemic and the

effects of climate change highlighted the need for solidarity, shared innovation and avoiding siloes. It was critical to unite for a healthy future and work together on the Sustainable Development Goals (SDGs). Acceleration and cooperation were particularly important to meet targets in areas that were not currently on track. The Regional Health Alliance of 17 United Nations agencies facilitated by WHO was a shining example of collaboration. Investing in primary health care was essential to deliver universal health coverage and build resilience for future pandemics. Ms Mohammed urged leaders to rise to their responsibility to offer effective solutions.

2.6 Address by Dr Mostafa El Feki, Egyptian journalist and political thinker

Dr Mostafa El Feki, an Egyptian politician, journalist and political thinker, said health needed to be high on political agendas, as did sustainable development. There were no dividing lines between politics, economics, health and education and a change in one sector always eventually affected other sectors. The United Nations Climate Change Conference showed the numerous interconnections between politics and the environment. Equally, all knowledge fields and disciplines were interconnected in multiple ways, so good health care was connected to good education and enlightened political discourse. Dr El Feki expressed his appreciation of WHO and recognized the contributions and efforts of the Director-General and Regional Director. He noted that all people seek safe, peaceful and secure lives, and that while conflicts could wound humanity indelibly, WHO could help to build partnerships and bridges between all actors in society.

2.7 Address by Dr Omnia El Omrani, COP27 President's Youth Envoy

Dr Omnia El Omrani, the COP27 President's Youth Envoy, described the impact of climate change on health and well-being, including mental health. The Eastern Mediterranean Region was acutely affected by food insecurity, scarcity of resources, lack of safe drinking water, disease and fragility. Increasing temperatures were predicted to make emerging infectious diseases more common and severe. Climate change and conflict were driving wide-scale displacement, with a disproportionate impact on women. People, especially younger people, were calling on governments and public institutions to enact evidence-based, radical solutions to deal with the changing climate. It was critical to institutionalize youth participation in government and in other formal roles such as the new WHO Youth Council. The Egyptian Presidency of COP27 had set an example in appointing the first official youth envoy to the President of the United Nations Conference of Parties. COP28 offered further opportunities to draw attention to climate and health interventions. Dr El Omrani called for integration and intergenerational collaboration, and for climate and health policies grounded in the needs and insights of the most vulnerable youth.

2.8 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	Dr Ali Haji Adam Abubakar (Somalia)
Vice-Chair:	Dr Ahmed Robleh Abdilleh (Djibouti)
Vice-Chair:	Dr Khaled Abdel Ghaffar (Egypt).

2.9 Adoption of the agenda

Agenda item 1(b), Document EM/RC70/1-Rev.3, Decision 2

The Regional Committee adopted the agenda of its 70th session. In line with rule 6 of the Committee's rules of procedure, it was further decided that attendance in those sessions identified as closed sessions in the provisional timetable would be restricted to members of the Committee and the minimum necessary Secretariat presence, with no observers, in an exception to the normal practice of open meetings.

2.10 Decision on establishment of the Drafting Committee

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

- Dr Riyadh Abdul Amer Al-Hilfi (Iraq) (Chair)
- Dr Ejlal Alalawi (Bahrain) (Vice-Chair)
- Dr Nicknam Mohammad Houssein (Iran, Islamic Republic of)
- Dr Azzam ElHadi Omar Hussein (Libya)
- Dr Rana Hajjeh (World Health Organization)
- Dr Christoph Hamelmann (World Health Organization)
- Dr Richard John Brennan (World Health Organization)
- Dr Maha El-Adawy (World Health Organization)
- Dr Asmus Hammerich (World Health Organization)
- Dr Awad Mataria (World Health Organization)
- Dr Arash Rashidian (World Health Organization)
- Mr Tobias Boyd (World Health Organization) (Secretary)

3. Reports and statements

3.1 The work of the World Health Organization in the Eastern Mediterranean Region— Final report on implementing *Vision 2023*

Agenda item 2(a), Document EM/RC70/2, Resolution EM/RC70/R.1

Progress reports on: poliomyelitis eradication and polio transition; regional approach to implementing the Thirteenth General Programme of Work, 2019–2025; scaling up mental health care: a framework for action; the implementation of the regional tobacco control strategy; implementing the regional framework on ending preventable newborn, child and adolescent deaths and improving health and development; the implementation of the framework for action for the hospital sector in the Eastern Mediterranean Region; implementing the framework for improving national institutional capacity for evidence-informed policy-making for health in the Eastern Mediterranean Region, 2020–2024; accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, 2018; the regional framework for action to strengthen the public health response to substance use; implementing the framework for strengthening health laboratory services, 2016–2023; health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005); implementing the regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region; building resilient communities for better health and well-being in the Eastern Mediterranean Region – implementation of the roadmap; and addressing diabetes as a public health challenge in the Eastern Mediterranean Region.

Agenda item 2 (b–o), Documents EM/RC70/INF.DOC.1–14

The Regional Director presented his report to the Regional Committee on implementation of WHO's vision for the Eastern Mediterranean Region, *Vision 2023*, during the period 2018–2023, and noted a new report on progress towards the health-related SDGs in the Region. Overall, the Region was not on track to achieve the SDGs, but the situation could be transformed if all resources were mobilized through strong leadership and partnership. The Region's impressive response to COVID-19 and the many other examples of success in the *Vision 2023* report had shown what could be achieved. He called on all Member States and partners to build on recent successes and lessons to meet public health commitments. Wild poliovirus was on the verge of being eradicated and many other communicable diseases had been eliminated from different countries. There had been progress in tackling noncommunicable diseases and their associated risk factors, and WHO was working with countries and partners to address the underlying determinants of health.

Concerted efforts were now required to eradicate polio, address evolving threats from communicable diseases, and promote health in all policies and healthy lifestyles to reduce the burden of both communicable and noncommunicable diseases. Countries must invest more in emergency preparedness and response, and should also engage fully in ongoing discussions to strengthen the global architecture for health emergency preparedness, prevention, response and resilience. Knowledge, research and information were essential to drive informed health policies and services, and countries were embracing digital technology to transform health care. WHO was continuing its transformation to become more effective, responsive, transparent and accountable. Leveraging strategic partnerships was critical, as was strengthening WHO's engagement with and for every country of the Region. In closing, the Regional Director thanked Member States, partners and the WHO workforce for their support, and pledged to help his successor realize the vision of health for all by all.

Discussions

Commenting on the report, WHO's Director-General thanked the Regional Director and the Organization's workforce in the Region for their efforts in recent years, as highlighted in the report. He was pleased to see encouraging signs of progress despite challenges. He summarized some key points based on the "five Ps". Promoting health must include action to address social determinants of health and gender-based violence, while promoting health across the life course, physical activity and health for peace. Providing health encompassed numerous efforts to advance universal health coverage in the Region, including preventing and treating both communicable and noncommunicable diseases. Protecting health in emergencies was a particular priority in the Region, and the Director-General called on Member States and partners to sustain momentum to eradicate polio. Powering health entailed a range of initiative to strengthen health information systems, improve data quality and embrace digital health, while WHO's transformation in the Region in recent years was essential for the fifth P: performance. The Director-General emphasized that WHO has been founded in the aftermath of a major crisis, the Second World War. While individuals could not necessarily prevent conflict, everyone could do something to advance health through the five Ps, and this would help to boost both health and peace.

Representatives paid fulsome tribute to the Regional Director and thanked him for his inspiring leadership of WHO in the Region. They expressed their appreciation of Vision 2023 and its accompanying strategy, and cited numerous examples of initiatives relating to each of the four regional strategic priorities. The importance of developing primary health care as the cornerstone of universal health coverage was mentioned repeatedly. Many countries were working to enhance immunization programmes and tackle communicable diseases; examples of coordinated action on noncommunicable diseases and mental health were also provided; and several representatives noted significant advances in developing essential health service packages. Investing in the health workforce was also highlighted as a precondition for effective health coverage.

The need to invest in emergency preparedness and response was mentioned repeatedly, especially given the multiple impacts of climate change and other threats, but countries also gave examples of enhanced capacities such as the establishment of public health emergency operations centres. The critical need for regional solidarity in this and other areas was reiterated. Representatives also cited wide-ranging initiatives to promote health and curb risk factors including, among others, robust tobacco control measures, promoting nutrition and healthy lifestyles and embracing healthy settings such as healthy cities, villages and universities. Several representatives noted national programmes to enhance health information systems, and many recorded their appreciation for their WHO country office.

Statements were made on behalf of the following observers: Eastern Mediterranean NCD Alliance, the Government of Türkiye, Gulf Federation for Cancer Control, Hamdard Foundation Pakistan, International Alliance of Patients' Organizations (IAPO), IAPO Patients for Patient Safety Observatory, International Atomic Energy Agency, International Federation of Pharmaceutical Manufacturers and Associations, NCD Alliance, Rotary International, and the Secretariat of the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products.

The Regional Director thanked representatives for their comments. He had taken careful note of all feedback, but in the limited time available wished to focus his remarks on three key issues: challenges, strengths and threats. The most prominent challenges in the Region included political instability and conflict and the escalating frequency and scale of natural disasters. Emergencies damaged or destroyed infrastructure such as water and sewerage systems as well as health systems, and any such damage to infrastructure would have health consequences in the form of an increased burden of both communicable and noncommunicable diseases. In response, Member States and all partners had to take every opportunity to reiterate the importance of peace and the central role of health in all policies. The planned health day at COP28 represented one such opportunity. The Region had many strengths, but solidarity and strong political commitment were key. Countries should continue to work together and to advocate for more financial support. The list of threats was long, and all needed to be addressed, but

the Regional Director singled out several important issues including persistent silo mentalities, lack of funding, pandemics and lack of health workforce. Political lobbying was a particularly insidious problem, but the Regional Director remained optimistic that solidarity would win out.

3.2 Special update on emergencies in the Eastern Mediterranean Region *Agenda item 2(l), Document EM/RC70/INF.DOC.11*

The Regional Emergency Director, WHO Health Emergencies Programme, presented an update on emergencies in the Region. He said the Region faced multiple health emergencies from a variety of causes, leading to an overwhelming burden of morbidity and mortality. As of mid-2023, WHO was responding to 20 graded emergencies across the Region, eight of which were classified as grade 3 and five of which affected multiple regions and countries. In this complex and challenging context, WHO had further professionalized its approach to managing emergencies, including by adopting a comprehensive all-hazards approach, and had learned lessons from the COVID-19 pandemic. Improving country capacities to prepare for, detect and respond to emergencies remained a priority in the Region and progress had been made in the areas of disease surveillance, laboratory and clinical capacity, and emergency operations centres, with notable successes in averting cholera mortality, improving outcomes from severe acute malnutrition and preventing famine and the related excess mortality. The development of safe and disaster-resilient health facilities and hospitals was also a focus of support, and WHO had increased its engagement in the One Health approach in response to threats from zoonoses and the environment. Operational readiness needed to be improved, International Health Regulations (IHR) (2005) capacities strengthened, and fragmentation and duplication addressed. It was essential to sustain the gains made during the COVID-19 pandemic, build greater resilience and redouble efforts to improve preparedness.

Dr Jaouad Mahjour, Head of WHO Secretariat to the Intergovernmental Negotiating Body and International Health Regulations Amendments, described the progress of the Working Group on Amendments to the IHR (WGIHR) and the work of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. He updated Representatives on the status and upcoming milestones of both processes, noting that they were interlinked and complimentary. In terms of the INB, he emphasized the need to have a draft text ready for consideration at the World Health Assembly in 2024, and urged greater participation of Member States from the Region in the process to ensure that equity was placed at the centre of the proposal.

Discussions

Representatives thanked WHO for its support and welcomed the strengthening of the global architecture for health emergency preparedness, response and resilience, calling for it to be based on the principles of equity and access. Many countries, with WHO support, had been developing their IHR (2005) core capacities and capacities for health emergency preparedness, response and resilience, building on the lessons learned and capacities developed during the COVID-19 pandemic. It was pointed out that the number of refugees in many countries was higher than the number of registered refugees and therefore the official numbers WHO was using underestimated the actual burden on the health infrastructure; therefore, a mechanism was needed to assess the true numbers in countries. WHO was also requested to ensure that activities to strengthen capacities for health emergency prevention, preparedness, response and recovery were equally accessible to all countries, and to help share country success stories, such as in integrated disease surveillance. There was a call to avoid building a compartmentalized, vertical, global architecture. The support of WHO and its partners was needed, especially in countries experiencing fragility, conflict and violence, but greater country ownership and regional self-sufficiency was also important. There was a call for solidarity and to build regional capacities, such as in vaccine, diagnostics and medicines production, laboratory, and research and development, and to hold interregional simulation exercises.

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

The Regional Emergency Director welcomed the interventions and thanked Member States for their commitment to building their IHR and all-hazards emergency preparedness and response capacities. He noted that the WHO used official UNHCR figures for the size of refugee populations, but acknowledged this only included registered refugees and was mindful of the additional burden on some countries, saying that WHO would convey this message to donors. He agreed on the need to have an integrated approach to building the global architecture for health emergency preparedness, response and resilience and welcomed the involvement of Member States of the Region in the ongoing IHR amendment and INB processes.

The WHO Regional Director thanked Member States for the achievements made, including those prompted by the COVID-19 pandemic, noting that the Region had become a global model in some areas, such as through the WHO-led initiative in Somalia to use solar power in health care facilities. It was important to build on these successes and continue advocating for the people of the Region. WHO was committed to addressing the challenges posed by the huge regional refugee burden, and would continue to strive for the best solutions to the many challenges faced by the countries of the Region.

3.3 Special update on polio eradication and outbreaks in the Eastern Mediterranean Region

Agenda items 2b and 6, Document EM/RC70/17-Rev.1

The Director, Polio Eradication, presented an update on the status of polio eradication in the Region, describing how the highest ever levels of political commitment and regional coordination had brought the Region and the world to the brink of polio eradication and stating that the most recent child paralysed by wild poliovirus may already be the very last. While the Technical Advisory Group reported in June 2023 that the interruption of wild poliovirus transmission remained possible by the end of 2023, a month later the Independent Monitoring Board had predicted that the goal of stopping endemic wild poliovirus transmission would be met later than planned, in mid-2024, and that the goal of stopping the transmission of vaccine-derived poliovirus type 2 globally would be missed. Although wild poliovirus type 1 persisted, the end remained possible within six months and 2023 had seen only nine cases of the virus, six in Afghanistan and three in Pakistan, while traditional reservoirs of the disease had been without circulation for two years.

Although the outbreak of vaccine-derived poliovirus in Yemen was declining, without permission for outbreak response vaccination in the northern governates, modelling predicted a resurgence by mid-2024, probably accompanied by outbreaks of measles and diphtheria. The strong response to the recent vaccine-derived poliovirus outbreak in Sudan had been disrupted by conflict, but the risk of spread was now low and there had been no detection since January, attributable in particular to the courage of health care workers. The response to the vaccine-derived poliovirus event in Egypt had been equally impressive, and the outbreak was declared closed in August 2023, with a more recent limited outbreak also meeting with an excellent response. He noted that surveillance was a key strategy, and the capacity of almost all the countries in the Region to carry this out had now recovered from the COVID-19 pandemic, meaning that the certification of polio eradication could be prepared for. Other important goals included sustaining and further focusing regional and national commitments to stop endemic polio; charting a pathway to protect children in Yemen; and enhancing national ownership of polio transition.

The Director, Polio Eradication, concluded his presentation by expressing his appreciation for the Regional Director's leadership in the area of polio eradication and urging the new Regional Director to bring this vital work to its conclusion.

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 sixth and seventh meetings were held in October 2022 and February 2023, respectively.

Discussions

Representatives described their recent polio eradication efforts. The first three quarters of 2023 had been characterized by more steady progress than 2022. Addressing polio eradication in a region so affected by disasters, crises and conflicts was not easy, and a sustained focus was necessary. The authorities in Afghanistan and Pakistan were called on to make every effort to achieve vaccination coverage, using appropriate modalities and with regional support, and to react swiftly to any outbreaks. The polio programmes in the Region had shown great resilience in the face of considerable challenges, and surveillance had reached both a broad geographical reach and a high standard of quality in many areas.

The vaccination programme in Pakistan had been particularly successful, but three challenges remained: localized wild virus circulation; importation of the virus from Afghanistan; and resistance and waning immunity among the population. Virus circulation was being addressed through a localized hub, with the goal of ending transmission by December 2023 or January 2024. Virus importation was being addressed by the use of formal and informal mechanisms of coordination to ensure that border areas received full vaccine coverage. The challenge of waning immunity, now at 60%, would be addressed by an integrated strategy to increase immunity to 80% in the next four months. A revamped, tailor-made communication strategy would reach pockets of refusal and win hearts and minds. Under the leadership of the Prime Minister and Health Minister, the maximum possible resources from the administration had been allocated to the programme through a whole-of-government approach. Community resistance and fatigue, leading to the rise of misperceptions, needed to be countered through accountability and transparency.

Representatives reaffirmed their commitment to high vaccination coverage and environmental surveillance, including early detection, to maintain the polio-free status of countries where this had been achieved. The importance of providing assistance to task forces, engaging communities and religious leaders, and coordinating efforts between the WHO Regional Offices for Africa and the Eastern Mediterranean was also emphasized. Surveillance of children with primary immunodeficiency and undertaking polio outbreak simulation exercises were advocated. The challenges of conflict, disaster and transit country status were also raised. Finally, Representatives expressed their thanks to the outgoing Regional Director for the decisive direction he had given on polio eradication.

Statements were made on behalf of the following observers: The Bill & Melinda Gates Foundation and Rotary International.

The Director, Polio Eradication, acknowledged the strength of the regional solidarity and the great resilience shown by countries persisting in their vaccination and surveillance efforts despite crises and disasters, calling for continued commitment from every country.

The Regional Director emphasized the health of future generations rested on the Regional Committee's shoulders and described the weakness in the immune system of a child who contracts polio as a leadership failure that had left them vulnerable to a preventable disease. The Director-General acknowledged the commitment of all involved and urged the world to grasp this excellent opportunity to end polio.

4. Technical matters

4.1 Addressing noncommunicable diseases in emergencies: a regional framework for action

Agenda item 3(a), Document EM/RC70/3-Rev.1, Resolution EM/RC70/R.2

The Medical Officer, Noncommunicable Diseases Management, gave a presentation on a regional framework for action for addressing noncommunicable diseases in emergencies. He noted that emergencies disrupted health systems, making adequate health care provision challenging and leading to increased morbidity and mortality from noncommunicable diseases, including diabetes, cancer, asthma and conditions treated with renal dialysis. The Eastern Mediterranean Region was experiencing an unprecedented level of emergencies, affecting the health of millions of people. While fragile, conflict-affected and vulnerable countries were particularly at risk, no country was immune to disruptive disasters, and the COVID-19 pandemic in particular had emphasized the vulnerability of noncommunicable disease service continuity worldwide. Ensuring continuity involved maintaining noncommunicable disease services, including specialized care such as dialysis and cancer therapy, providing medications and addressing acute complications such as heart attacks and strokes.

A regional framework was therefore proposed based on best buys and best practices, with prioritized strategic interventions and indicators across the domains of: leadership, coordination and advocacy; resource mobilization and financing; continuity of health services; information, data, research and digital health; and community engagement and trust building. Member States were recommended to recognize the increasing burden of noncommunicable diseases during emergencies and integrate noncommunicable diseases into their national emergency preparedness and response strategies and plans. Furthermore, it was suggested they strengthen coordination and collaboration among all stakeholders to effectively prioritize noncommunicable diseases in emergency preparedness response, according to an all-hazards approach. Securing sufficient funding for noncommunicable diseases during emergencies and ensuring that health care systems are resilient enough to provide the necessary support was also recommended. Member States were advised to ensure access to essential noncommunicable diseases care by adapting service delivery models and expanding primary care services, incorporating digital innovations to enhance health care access. They were also recommended to enhance data collection, monitoring and evaluation systems.

Discussions

Representatives acknowledged the importance of the topic and welcomed the proposed framework, sharing examples of service disruption, and increased morbidity and mortality, from noncommunicable diseases during emergencies, including the COVID-19 pandemic. In many countries of the Region, national plans and strategies that consider noncommunicable diseases in emergency situations are in preparation, being rolled out or, in several cases, already in place. As recommended, mental health interventions are included as a priority in many of these plans. Examples of successful solutions included having dedicated systems for home visits and the home delivery of medications; the deployment of ambulances; pre-disaster health literacy and education and the preparation of patients to self-manage their conditions; and the creation of digital solutions to maintain access to care, such as apps and telemedicine.

Representatives noted that the impact of different types of emergency on health system infrastructure should be anticipated, and plans developed to provide services in settings such as camps. Challenges such as the internal displacement of people during crises were described. Surveillance to enhance the response during an emergency was also seen as vital, as was the capacity-building of health care professionals to deliver NCD services during crises. Representatives also emphasized the need to exchange experiences and lessons learned between countries, and called for further research on the topic. WHO was requested to develop models for noncommunicable diseases service provision in primary health care, with a focus on fragile settings, and to provide technological and financial support to vulnerable countries to implement the recommended NCD “best buys”.

Statements were made on behalf of the following observers: African Union, Eastern Mediterranean NCD Alliance, EMPHNET NCD Alliance, International Atomic Energy Agency, International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), International Federation of Medical Students' Associations, and World Federation of Societies of Anaesthesiologists.

The Medical Officer, Noncommunicable Diseases Management, welcomed the interventions of Representatives and looked forward to working together on this issue.

The Director, Noncommunicable Diseases and Mental Health, expressed his appreciation of the actions and deep experience of Member States, many of which are already implementing plans within the scope of the proposed framework, and also acknowledged the contribution of partner organizations.

The Director, Programme Management, emphasized the importance of ensuring good prevention and management of NCDs within health systems in both normal times and as part of emergency preparedness plans for maintaining essential health services.

The Regional Director concluded by saying that the tools to convert suffering to success were already available and that he was optimistic that the needless suffering caused by NCDs in emergency contexts would be reduced.

4.2 Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region

Agenda item 3(b), Document EM/RC70/4-Rev.1, Resolution EM/RC70/R.3

The Programme Area Manager, Emergency Preparedness and International Health Regulations, gave a presentation on strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region. She said the Region was host to some of the world's largest recurring mass gatherings, including religious, sports, cultural and political events, including the Hajj in Saudi Arabia, Ashura and Arba'een in Iraq, and Grand Prix races in several countries, and was hosting more and more non-recurring mass gatherings, such as COP27 in Egypt, Dubai Expo 2020 in United Arab Emirates, and the 2021 FIFA Arab Cup and 2022 FIFA World Cup in Qatar. Mass gatherings could stretch the health system's capacity, posing challenges in managing health risks such as communicable and noncommunicable diseases, psychosocial disorders and injuries resulting from extreme weather conditions, structural or transportation accidents, and terrorism incidents. However, mass gatherings also presented opportunities for long-term benefits for the health system, and experience across the Region demonstrated that risks could be effectively mitigated by effective risk assessment and planning. In many countries in the Region, mass-gathering management processes lacked effective risk assessment, multisectoral coordination, and risk communication and community engagement, and challenges existed in systematically documenting and exchanging experiences. Addressing these challenges was crucial to effectively managing public health risks and to building sustainable improvements within the health infrastructure and system of host countries. Building on the extensive experiences and achievements in the Region, a regional framework for action was proposed to enhance the readiness of the Region's health systems for mass gatherings and to minimize the associated public health risks.

Discussions

Representatives welcomed the framework and described their experiences of preparing for and managing mass gatherings; there was accumulated institutional experience within the Region that could be built upon. Many success stories in the Region were described, but also the burden placed by such events on health systems in some countries. Risk assessment, building surveillance capacities, simulation exercises, digital planning and information tools were all cited as being important, as well as assessing capacities, community engagement, staff training, cross-border coordination and taking a multisectoral approach. There was agreement that health system capacities should be strengthened to leave a lasting legacy, and it was noted that some of the related IHR (2005) and public health capacities

had been strengthened during the COVID-19 pandemic. It was observed that preparedness and response plans needed to be all-hazard in nature, and also needed to consider unplanned events such as mass population movements. Further WHO support was requested, including context-specific guidance and tools, and in the areas of risk communication and health workforce training. Countries were keen to document and share experiences, policies, best practices and lessons learnt.

The Programme Area Manager, Emergency Preparedness and International Health Regulations, thanked Representatives for their support for the proposed framework and highlighted the need to better document and share the success stories and best practices in the Region. It was important to integrate these lessons into existing plans, including those for IHR implementation, and to see risk assessment as a continuous process. WHO was ready to support countries in areas such as risk assessment, health worker capacity-building, risk communication and community engagement, and building capacities at points-of-entry for mass population movements. She noted that an operational framework for cross-border collaboration was being finalized and work was underway with the WHO Global Center for Mass Gatherings Medicine in Saudi Arabia to adapt a mass gathering tool for different country contexts. She pointed out that public health emergency operation centres could be used as platforms for managing mass gathering events. She also highlighted the importance of risk profiling and multisectoral mitigation planning and said that the capacities built for mass gatherings were an opportunity to strengthen the health system and implementation of the IHR. She concluded by saying that all these areas were addressed in the proposed framework.

The Director, WHO Health Emergencies Programme, noted that mass gathering planning had advanced significantly over the decades, with enhanced risk assessments and modelling proving their value. Large mass gatherings had been held in the Region during the COVID-19 pandemic without public health events due to effective planning and mitigation measures. Indeed, the Hajj had not seen a major event for many years. He emphasized the importance of not setting up parallel systems for mass gatherings but rather strengthening the capacities of the health system to leave a lasting legacy, and noted the need to improve research on the subject.

The Director, Programme Management, noted the significance of the work in the Region on mass gatherings for other regions. She said it showed that prevention worked, and that planning and preparedness worked. She noted that just one public health incident could tarnish a major event.

4.3 Health workforce in the Eastern Mediterranean Region: from COVID-19 lessons to action

Agenda item 3(c), Document EM/RC70/5, Resolution EM/RC70/R.4

The Coordinator, Health Workforce, gave a presentation on the health workforce in the Eastern Mediterranean Region. She said the COVID-19 pandemic had highlighted the importance of health workers in maintaining population health, providing essential health services, delivering essential public health functions and responding to health emergencies. The Region faced longstanding health workforce shortages, and while its health workforce production capacities had increased, they had not kept pace with population growth. Limited employment capacities, imbalances in health workforce distribution and skill mix, weak governance and regulatory capacities, and insufficient information and evidence to inform policy affected many countries. The Region's protracted crises and deteriorating working conditions had increased the international mobility of health workers, while the COVID-19 pandemic had exacerbated these challenges, exposing chronic underinvestment in the health workforce. Action to accelerate implementation of the framework for action for health workforce development in the Eastern Mediterranean Region 2017–2030 was called for. Priorities included: increasing and sustaining investment in the production and employment of health workers; strengthening the health workforce at the primary care level; reorienting and transforming health professional education to address the competency needs of current and future health workers; improving retention of health workers and responding to the increasing mobility of health professionals; protecting and safeguarding the health and well-being of the health workforce; and promoting regional solidarity.

Discussions

Representatives acknowledged the pivotal role of the health workforce and welcomed the technical paper and resolution for accelerated action. They identified several challenges, including absorbing sufficient numbers of qualified graduates in the health workforce, governance issues, chronic underinvestment and persistent shortages exacerbated by the COVID-19 pandemic. Not only the numbers of health workers but also their skill mix and distribution were widely shared concerns. Geopolitical instability further prevented the movement of personnel to some areas in fragile States in the Region, exacerbating these inequities. There was a need to expand the scope of planning, improve coordination and performance, undertake situational analyses, create mechanisms for absorption of the workforce, develop careers pathways, ensure surge capacity, and devise incentives to join the professions and to specialize in areas of shortage after initial qualification. There was also an acute need to invest in developing and building capacity and to implement regulatory oversight. Education and training was another area where quality as well as quantity mattered. Both the number and the quality of health care professionals needed to be increased. While a blended educational system could offer efficiencies and opportunities, it could not replace face-to-face training in practical skills. Many countries were preparing or had implemented national strategic plans that included these areas and were conducting surveys to understand the needs of their health workforce in the hope of finding a balance between workforce supply and demand. This balance is impacted throughout the Region by migration. As well as recognizing the dedication and courage of health care workers, due care and attention must be paid to their working conditions, for example by providing sufficient personal protective equipment and respecting mental health needs.

Statements were made by the following observers: Eastern Mediterranean NCD Alliance, International Federation of Medical Students Associations, NCD Alliance, and World Federation of Societies of Anaesthesiologists.

The Coordinator, Health Workforce, welcomed the comments and was reassured that significant actions to prioritize the health workforce had already been taken. She was pleased to offer the Region a tool, in the form of the regional framework, to help in the development of national strategic plans for long term action.

The Director, Universal Health Coverage/Health Systems, emphasized the long-standing need to invest in the health workforce, calling such investment an engine for economic development.

The Director, Programme Management, reminded the Committee of the crucial role of the health workforce in achieving the SDGs, noting the recent WHO report on regional progress towards achievement of the SDGs.

4.4 Climate change, health and environment: a regional framework for action, 2023–2029

Agenda item 3(d), Document EM/RC70/6, Resolution EM/RC70/R.5

The Regional Advisor, Climate, Health and Environment, presented a proposed regional framework for action on climate change, health and environment, 2023–2029. He said that climate change was the greatest health challenge of the 21st century. In the Eastern Mediterranean Region, the mean temperature increase had already reached an alarming level, with further increase expected. The consequences for health were substantial and included increases in deadly extreme weather events, cases of noncommunicable diseases, the emergence and spread of water-, food- and vector-borne diseases, injuries resulting from extreme weather conditions, malnutrition, the health impacts of air pollution, mental health problems and the movement of people from their home countries and cities. This was already impacting the Region's health workforce and infrastructure, reducing capacity to achieve universal health coverage.

In order to fully achieve the agenda of the previous 2017–2021 regional framework for action and meet the demands of the ambitious climate change and health programme, WHO was proposing a new framework for action in the Region with five objectives: to build climate-resilient and environmentally-sustainable health systems; to prioritize health in climate-change policies; to engage the health sector effectively to support climate action by other sectors; to improve the health sector's access to climate-change funding; and to build a robust evidence base for policy-making. The role of the health community in achieving the framework would include: working within formal health systems; collaborating with health-determining sectors, such as energy, food, agriculture, water, transport, social affairs, security and finance; and engaging with the wider community and civil society, including nongovernmental organizations and youth groups, to make a critical contribution to adapting and combating climate change and accelerating progress towards health for all. WHO would also coordinate contributions from all related United Nations, international and regional partners towards the implementation of the framework, including through the Regional Health Alliance.

Discussions

Representatives thanked WHO and partners for the guidance on climate change and health that had helped to inform the development of national plans and strategies. They commended WHO-supported training that had strengthened national capacities and improved the resilience and adaptive capacity of health systems to deal with the adverse health effects of climate change. Direct and indirect climatic factors known to affect human health in the Region included extreme heat, cyclones, rising sea levels, water shortages and contamination, air quality, food insecurity, floods, drought and changing epidemiology of vectors. In some countries, climate change was a major determinant of health and the largest driver of population displacement. Countries cited the need to generate evidence to inform policies and plans through the development of national profiles, conducting vulnerability assessments, strengthening surveillance and monitoring systems, integrating environmentally-driven morbidity and mortality data, and fostering networks for monitoring and controlling the spread of infectious diseases and disease vectors. All countries stressed the importance of multisectoral action to build capacity in addressing the effects of climate change on human health, reducing health vulnerability to climate change and promoting health while reducing carbon emissions.

The Regional Advisor, Climate, Health and Environment, said he was encouraged by the support for the proposed framework for action and urged countries to ensure that their voices were heard at COP28 as regional achievements needed to be reflected in the Conference's final declaration as examples for international cooperation and action on climate change and health.

The Director, Healthier Populations, highlighted that climate change affected the social and environmental determinants of health and that although the framework focused on the health sector, it was multisectoral in nature involving the engagement of all stakeholders. However, she noted that ministries of health were responsible for generating evidence on the health impacts of climate change.

The Director, Programme Management, said that no country was safe from the impact of climate change due to a range of different threats, including food insecurity, flash floods, drought and the changing epidemiology of vectors. Member States needed to adopt the elements of the proposed framework that were the "best fit" for them. She emphasized the importance of taking multisectoral action and adopting a One Health approach.

Statements were made on behalf of the following observers (in order): NCD Alliance, International Federation of Medical Students Associations.

5. Programme budget and governance matters

5.1 Proposed approach for a draft full plan for the WHO investment round

Agenda item 4(a), Document no. EM/RC70/7

The Director, Communication, Resource Mobilization and Partnership, presented the proposed approach for a draft full plan for the first WHO investment round, which will be a key step in WHO's transformation towards sustainable financing. A new resource mobilization approach for WHO was developed and approved by WHO's governing bodies during 2020–2023, against the backdrop of the COVID-19 pandemic. It is a unique initiative within the United Nations system and, in this sense, is also acting as a test case, that aims to make WHO's funding more sustainable while diversifying its donor base, increasing its internal fundraising efficiency and driving political commitment to health. In decision WHA76(19) (2023), the Health Assembly urged Member States and other donors to ensure the full financing of the base budget segment of the Fourteenth General Programme of Work (GPW14) and requested the Director-General to proceed with the planning of a WHO investment round and prepare a report for consideration by the Executive Board at its 154th session. Subject to the Executive Board's and World Health Assembly's approval, the next steps are an investment round in 2024 and a second assessed contributions increase in 2025 for 2026–2027. During this process, the Secretariat will repeatedly engage with Member States to collect their inputs and co-construct the investment round, as co-ownership and co-creation with Member States is a key aspect of WHO's approach to resource mobilization. The investment round also offers Member States an opportunity to respond to the overlapping crises afflicting the world by investing in health.

Discussions

Representatives questioned the complexity of the consultation process and its multiple rounds, asking whether the number of consultations could be streamlined to fast-track the process.

The Director, Communication, Resource Mobilization and Partnership, explained that the process was a collaborative one, and the different rounds provided Member States with the opportunity to have input into the different stages of development of the budget envelope, investment case and strategy.

6. Other matters

6.1 Nomination of the Regional Director

Agenda item 8, Document EM/RC70/WP.1, Resolution EM/RC70/R.7

The Regional Committee, in a private session, nominated Dr Hanan Hassan Balkhy to serve as Regional Director for the Eastern Mediterranean and requested the Director-General to submit the nomination to the Executive Board.

6.2 Expression of appreciation

Resolution EM/RC70/R.8

The Regional Committee expressed its appreciation to Dr Ahmed Al-Mandhari for his commitment to international public health and his contributions and achievements during his tenure as Regional Director for the Eastern Mediterranean. The Committee decided to make Dr Al-Mandhari Regional Director Emeritus.

6.3 Resolutions and decisions of regional interest adopted by the Seventy-sixth World Health Assembly and the Executive Board at its 152nd and 153rd Sessions

Review of the draft provisional agenda of the 154th Session of the WHO Executive Board

Agenda item 4(b, c and g), Documents EM/RC70/8-Rev.1, EM/RC70/8-Annex 1 and EM/RC70/12

The Director, Programme Management, provided a summary of the resolutions and decisions of regional interest adopted by the Seventy-sixth World Health Assembly, and by the Executive Board at its 152nd and 153rd sessions. She noted some key resolutions and decisions of regional interest, including those on: the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health; substandard and falsified medical products; the global strategy on infection prevention and control; the WHO traditional medicine strategy 2014–2023; achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach; strengthening diagnostics capacity; integrated emergency, critical and operative care for universal health coverage and protection from health emergencies; and behavioural sciences for better health. A resolution on the health of Indigenous peoples, which has some limited relevance to the Region, was also mentioned.

The Chef de Cabinet gave a presentation reviewing the draft provisional agenda of the 154th session of the WHO Executive Board. The 154th session will be held in person in Geneva, Switzerland, from 22 to 27 January 2024, and will have 26 agenda items under the four pillars of the Thirteenth General Programme of Work, 2019–2025: 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. Proposals from the Eastern Mediterranean Region suggested for inclusion on the agenda include: Iraq (on authorizing the country office to implement health programme budgets according to country priorities, nutrition for patients at Iraqi hospitals and emergency medical services); Morocco (on promotion of health of refugees and migrants, haemophilia and others); Qatar (on health and sports) and Somalia (on acceleration towards SDG targets for maternal health and child mortality).

Discussions

Representatives expressed concern about interventions for noncommunicable diseases carried out at the secondary level of health care that were not cost-effective.

Statements were made on behalf of the following observers: International Federation of Pharmaceutical Manufacturers and Associations, World Federation of Societies of Anaesthesiologists.

The Director, Programme Management, responded by urging Member States to take part in upcoming opportunities to discuss and provide feedback on different areas, such as the “best buys” for noncommunicable diseases, before these are presented to the World Health Assembly.

The Director, Universal Health Coverage/Health Systems, emphasized that the resolution on falsified medical products was of particular relevance to the Region and mentioned a forthcoming meeting on the topic for regulatory authorities in the Region, to be held in November. He also commented on the breadth of work being done in the field of emergency care.

The Director, Noncommunicable Diseases and Mental Health, reminded the Committee of the fourth high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases in 2025, and said that WHO would soon launch an updated, enlarged list of “best buy” interventions for noncommunicable diseases.

6.4 Membership of WHO bodies and committees

Agenda item 4(d), Document EM/RC70/9

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 WHO Executive Board are Afghanistan, Morocco, Qatar, Syrian Arab Republic and Yemen. At the end of their term in 2024, Afghanistan and the Syrian Arab Republic will be replaced by Lebanon and Somalia. 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 2024, Health Assembly elective posts would be held by Somalia (Vice-President), Jordan (Chair, Committee B), United Arab Emirates (General Committee) and the Islamic Republic of Iran (Committee on Credentials).

The recent composition of the membership of the Programme Subcommittee of the Regional Committee was also presented. Following a number of imminent outgoings and incomings in 2024, the eight members of the Subcommittee would be Bahrain, Iraq, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Morocco and Tunisia. A brief overview of the Standing Committee on Health Emergency Prevention, Preparedness and Response was provided. The Committee was established in May 2022 in accordance with decision EB151(2) and comprises 14 members – two from each WHO region plus the Chair and Vice-Chair of the Executive Board. Morocco and Yemen will continue as members of the Standing Committee until the expiration of their terms as Executive Board members in 2025.

6.5 Transformation update

Agenda item 4(e), Document EM/RC70/10

WHO’s Transformation Team Lead in the Region presented an update on the regional implementation of the WHO global transformation agenda. A regional Action for Results Task Force was established in June 2023 to translate the global Action for Results Group (ARG) action plan into a regional action plan. The regional transformation roadmap aims to advance change by taking a bottom-up approach, putting countries at the centre and strengthening the engagement of Member States in WHO’s decision-making processes. Key areas include enhancing the core predictable country presence, improving human resources management and ensuring financial needs are met. The Regional Director has signed a new Delegation of Authority to empower WHO Representatives to become responsible for implementing and managing the resources entrusted to them in country offices, and work has progressed on the development, monitoring and evaluation of country cooperation strategies and their alignment with the biennial programme budget planning. This internal overhaul will support effective delivery to make a measurable impact in countries, advance the attainment of the health-related SDGs and provide value for money. WHO has also expanded its partnerships to accelerate action on the ground, including through the new Regional Health Alliance (RHA), a regional platform spearheaded by WHO to coordinate implementation of the health-related SDGs.

Discussions

The WHO Regional Director said that the work of WHO in the Region was being guided by the regional Transformation roadmap, with 10 action points that sought to maximize WHO's impact at the country level and modernize the Organization to be an accountable and catalytic leader for health. Upholding WHO values was a top priority for the Region and key staff had been recruited to maintain a respectful workplace, in alignment with the WHO Values Charter. WHO Representatives, focal points from country offices and ministries of health were all well oriented on Transformation initiatives.

6.6 Fourteenth General Programme of Work, 2025–2028*Agenda item 4(f), Document EM/RC70/11*

The Director, Programme Management, presented Member States with an overview of the development of the Fourteenth General Programme of Work (GPW 14). She described the dramatically different, post-COVID-19 world for which this Programme is being designed, with its complex global environment, evolving health ecosystem and transformed WHO. Feedback from this and previous Regional Committees will feed into the upcoming second consultation on GPW 14 and a paper will be drafted to be presented to the Executive Board in early 2024. More focused discussions with Member States will be scheduled as the process evolves.

GPW 14 will accelerate progress towards the SDGs in a more complex environment to compensate for delays caused by the COVID-19 pandemic, aligning all health players on a global agenda. It will enhance the impact of country and regional offices and will engage key health-determining sectors. The three pillars emerging from the overarching goal of GPW 14 are “promote”, “provide” and “protect”, each with their own scope and action areas, and these are combined with two cross-cutting pillars that represent WHO's technical and management functions. Working groups for the first three pillars have already been formed, and those for the other two pillars will soon be convened to define WHO's major cross-cutting deliverables. The financing envelope for GPW 14 is US\$ 11.15 billion, implying funding needs of US\$ 8 billion to be secured in the WHO investment round, on which discussion will follow. The regional financing envelope will be defined in the coming months.

The Director, Programme Management, appealed for Member States to share their thoughts on their alignment with the proposed goal and strategic objectives; on the improvement to the GPW development process, in particular the co-development of joint outcomes with Member States and the engagement of partners; and on any other issues the secretariat should be considering.

Discussions

Representatives stressed the need for innovation and demanded greater integration across all phases, particularly in service delivery, avoiding duplication. They also enquired whether other stakeholders across the United Nations system and in the donor community were on board, emphasizing the importance of shared and coordinated activities with other agencies such as UN Women and UNAIDS to maximize the impact of funding. Representatives questioned the timeline of the GWP 14 and suggested it be aligned with the completion of the SDGs. They requested that attention be paid to conflict-affected and fragile countries, and that further details on the increase in resources provided to country offices be given.

The Director, Programme Management, assured Member States that they would find integrated service delivery, avoidance of duplication and coordination with other United Nations agencies in the fine detail of the plan, along with a focus on fragile and conflict-affected countries, as the Regional Office, in particular, had already brought these aspects to the table, informed by the Region's particular context. Similarly, country offices were already being strengthened. She explained that the planned timeline of the introduction of GPW 14 envisaged 2025 as a transition year, and committed to passing on Representatives' suggestions on the end date of the Programme during the consultation process.

The WHO Representative to Jordan urged Member States and their technical teams to participate in the consultation rounds, in particular in the online meetings on 16 October and 14 November 2023, as the Region had not been well-represented at previous consultation meetings.

The Director, Universal Health Coverage/Health Systems, highlighted that GPW 14 defined not only the outcomes it wished to achieve but also a process to reach them, and that the integration of health services was already included as an outcome.

The Director, Noncommunicable Diseases and Mental Health, expressed optimism that Member States would welcome the contents of the GPW 14 given that they had already approved several resolutions with similar outcomes.

6.7 Report of the sixteenth, seventeenth and eighteenth meetings of the Programme Subcommittee of the Regional Committee; amended and restated terms of reference of the Programme Subcommittee of the Regional Committee for the Eastern Mediterranean Region

Agenda item 5 and 7, Documents EM/RC70/13, EM/RC70/15 and EM/RC70/16, Decision 6

Dr Riyadh Al-Hilfi, Chair of the Programme Subcommittee of the Regional Committee, provided an overview of the recent work of the Subcommittee. He began by outlining the role 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 Bahrain, Djibouti, Iran (Islamic Republic of), Iraq, Libya, Morocco, Palestine and the Syrian Arab Republic. Dr Al-Hilfi then outlined the objectives and outcomes of the sixteenth, seventeenth and eighteenth meetings of the Subcommittee. The Subcommittee had reviewed and agreed proposed arrangements for the 70th session of the Regional Committee, including proposed items for the technical agenda and drafts of technical documents. It was noted that the Programme Subcommittee had requested that Regional Committee documents be shared with Member States earlier than in previous years, and that WHO Representatives from countries of the Region attend the Regional Committee session. The Programme Subcommittee had also received and reviewed early-stage draft technical resolutions for the Regional Committee session, and had emphasized in its feedback the need to include clear indicators and arrangements to monitor and evaluate progress in implementation at county level. It was noted that, in an innovation on previous years, draft resolutions had also been shared with other Member States in the Region for their feedback. In addition, at its eighteenth meeting the Programme Subcommittee had received a report by the Secretariat on implementation of the decisions and resolutions of the 69th session of the Regional Committee, and had noted with satisfaction the progress made so far.

It was pointed out that the Programme Subcommittee played a critical role in supporting the work of the Regional Committee and the ongoing collaboration between the WHO Secretariat and Member States in the Region more generally. In response to concerns that the Programme Subcommittee's formal terms of reference as set out in document EM/RC63/8 Rev.2 did not adequately capture its role, amended and restated terms of reference had been prepared by the Secretariat and considered and approved by the Subcommittee at its sixteenth meeting. The Regional Committee decided to approve the amended and restated terms of reference of the Programme Subcommittee. It was noted that the nineteenth meeting of the Subcommittee will be held in February 2024.

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

Agenda item 9(a), Document no. EM/RC70/INF.DOC.15, Decision 7

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

6.9 Award of the Down Syndrome Research Prize

Agenda item 9(b), Document EM/RC70/INF.DOC.16, Decision 8

The Down Syndrome Research Prize is awarded every other year. There was no call for nominations in 2022 and no prize was awarded this year.

6.10 Award of Dr A.T. Shousha Foundation Prize and fellowship

Agenda item 9(c), Document EM/RC70/INF.DOC.19

The call for nominations for the award of the Dr A.T. Shousha Foundation Prize and fellowship has been postponed until the accumulated interest on the Foundation's capital reaches a sufficient sum for the prize.

6.11 Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

Agenda item 10, Document EM/RC70/INF.DOC.17, Decision 9

The Regional Committee nominated Morocco for Category 2 of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction to serve for a three-year period commencing 1 January 2024.

6.12A review of the status of resolutions adopted by the Regional Committee during the periods 2000–2017, and recommendations for sunseting and reporting requirements

Agenda item 11, Document EM/RC70/14-Rev.2, Resolution EM/RC70/R.6

The Chef de Cabinet, gave a presentation on the review of the status of resolutions adopted by the Regional Committee during the period 2000–2017, and recommendations for sunseting and reporting requirements. The review falls under the terms of reference of the Programme Subcommittee of the Regional Committee. The review exercise involved classification of resolutions into the categories of sunset or active. Of the 127 resolutions examined, 72 were proposed for sunseting and 54 were left active to be revisited in two years for re-assessment. Predefined exemption criteria were applied if a resolution exceeded six years of age; these included: reporting related to ongoing efforts for the eradication or elimination of diseases, such as poliomyelitis and dracunculiasis; standing items on the agendas because of their strategic relevance to the governing bodies; or the alignment of reporting with the duration of an existing strategy or action plan. Action required by the Regional Committee included adopting recommendations made in document EM/RC70/14, with specific reference to sunseting 72 resolutions on strategies, frameworks and technical documents adopted during 2000–2017 and agreeing to requests for the Regional Director, which included continuous monitoring of active resolutions and submitting a detailed report to the 72nd session of the Regional Committee in 2025.

Discussions

Representatives welcomed the electronic platform and the mutual accountability it enabled and requested WHO support for country reporting on the implementation of resolutions.

The Regional Director urged Member States to work with WHO to monitor the implementation of Regional Committee decisions and resolutions, noting that the WHO Regional Office had created an electronic database as a mechanism to monitor the status of implementation of resolutions. WHO headquarters was also in the process of doing so.

The Chef de Cabinet described the electronic platform, noting that the status of resolutions (sunset, active, exempt) are indicated using a traffic light system. The regional database will also include a financial module/assessment to indicate if additional resources are required for implementation. He

noted that WHO and Member States have mutual accountability in ensuring that the implementation of resolutions is monitored, and the platform will serve as a useful tool for this process.

6.13 Place and date of future sessions of the Regional Committee

Agenda item 12 Document EM/RC70/INF.DOC.18, Decision 4

The Regional Committee decided to hold its 71st session in Doha, Qatar, from 14 to 17 October 2024.

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 70th session.

7.3 Closing of the session

Agenda item 14

The Regional Committee thanked the Regional Director for his efforts in hosting the session and expressed their gratitude for his dedicated service to the Region. It was announced that Somalia had ratified the WHO Framework Convention on Tobacco Control. Representatives noted with concern the situation in Palestine, as well as the numerous emergency situations across the Region, including the current crisis in Sudan, acknowledged the link between peace and health, and expressed their belief that regional solidarity was needed. There was a call for countries to support the WHO Global Health and Peace Initiative.

The Regional Director thanked Member States for placing their trust in him, and echoed the call for solidarity, saying that together it would be possible to build on the successes, seize the opportunities and place health at the heart of building societies. He expressed his honour in working for WHO and called on Member States to continue supporting its important work.

8. Resolutions and Decisions

8.1 Resolutions

EM/RC70/R.1 Report on the implementation of *Vision 2023* for the Eastern Mediterranean Region for 2018–2023

The Regional Committee,

Having reviewed the report on the implementation of *Vision 2023* for the Eastern Mediterranean Region¹ and the progress reports requested by the Regional Committee;²

Welcoming the many examples of progress made across a wide variety of programme areas during the period 2018–2023, 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 and that huge disparities in health and life chances persist within and between countries of the Region;

Further noting and encouraging efforts by Somalia to submit a resolution on maternal and child mortality to the upcoming Seventy-seventh World Health Assembly in 2024;

Gravely concerned about the impact of the COVID-19 pandemic and the escalating scale of disasters, conflicts and other crises in the Region;

Emphasizing the importance of peace and solidarity to improve health and well-being throughout the Region, including the possibility of establishing a regional fund for humanitarian support;

Recognizing that while progress has been made in implementing the regional strategy and action plan for tobacco control 2019–2023, challenges remain, including the need to control and restrict the use of novel nicotine and tobacco products and combat tobacco industry interference and influence over tobacco control policies; and noting that in decision WHA72(11) (2019) the Seventy-second World Health Assembly decided to extend the term of WHO's global action plan for the prevention and control of noncommunicable diseases from 2020 to 2030, and that the WHO NCD Accountability Framework for the NCD Implementation Roadmap was updated to align with this decision;

Recognizing the serious public health burden in the Region from road traffic injuries, noting the Global Plan for the Decade of Action for Road Safety (2021–2030), which calls for a comprehensive, whole-of-government and whole-of-society, Safe System approach to improving the safety of roads, and further noting that a strategic action framework to strengthen road safety systems in the Region has been developed through extensive consultation with Member States;

1. **THANKS** the Regional Director for his comprehensive report on the work of WHO in the Region over the last five years;
2. **ADOPTS** the report on the implementation of *Vision 2023* for the Eastern Mediterranean Region;
3. **URGES Member States** to accelerate efforts to achieve the health-related Sustainable Development Goals and realize the vision of health for all by all;
4. **URGES Member States** to support efforts to submit a resolution on maternal and child health to the World Health Assembly;
5. **ENDORSES** the proposed extension of the implementation period of the regional strategy and action plan for tobacco control 2019–2023 to 2030;

¹ EM/RC70/2.

² EM/RC70/INF.DOC.1–14.

6. **ENDORSES** the regional strategic action framework to strengthen road safety systems;
7. **REQUESTS the Regional Director to:**
 - 7.1 report on progress in implementing the regional strategy and action plan for tobacco control to the Regional Committee at its 73rd and 77th sessions;
 - 7.2 provide support to Member States to implement the regional strategic action framework to strengthen road safety systems; and
 - 7.3 report on progress in implementing the regional strategic action framework to strengthen road safety systems to the Regional Committee at its 75th, 77th, 79th and 81st sessions.

EM/RC70/R.2 Addressing noncommunicable diseases in emergencies: a regional framework for action

The Regional Committee,

Having reviewed the technical paper on addressing noncommunicable diseases (NCDs) in emergencies, including the regional framework for action on addressing NCDs in emergencies;¹

Recalling United Nations General Assembly resolution A/RES/73/2 (2018), the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs, in which Member States reaffirmed their commitment to “strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with noncommunicable diseases and prevent and control their risk factors in humanitarian emergencies”;

Further recalling decision WHA75(11) of the Seventy-fifth World Health Assembly (2022) on the follow-up to the political declaration, which adopted recommendations for WHO, Member States and implementing partners;

Noting the updated Global action plan for the prevention and control of NCDs 2013–2030, which includes actions related to NCDs in humanitarian settings;

Recalling resolution EM/RC68/R2 (2021) of the Regional Committee on accelerating health emergency preparedness and response – a plan of action, which includes recommendations to Member States and the Regional Director for integrating health emergency preparedness into health system strengthening to achieve the goals of health security and universal health coverage;

Mindful that the fourth United Nations General Assembly high-level meeting on the prevention and control of NCDs will take place in 2025;

Gravely concerned that NCDs are the leading cause of death in the Eastern Mediterranean Region, causing 66.5% of all deaths annually, and noting that NCDs are responsible for one in four premature deaths in the Region;

Recognizing the complex and challenging situation in the Region due to conflict, social unrest, climate-related events, political instability and economic constraints, and the resultant health system disruption, human migration and forced displacement;

Noting that the Eastern Mediterranean Region is highly diverse and prone to emergencies caused by various hazards, including conflicts, political fragility and natural disasters, and that it is home to 38% of all those who need humanitarian assistance globally;

Further noting that almost half of all countries and territories in the Region are considered fragile, conflict-affected and vulnerable (FCV), and eight countries are currently facing Grade 3 emergencies;

¹ EM/RC70/3-Rev.1.

Recognizing that the health component of humanitarian responses to emergencies has long focused on communicable diseases and injury management;

Mindful that capacity and resources for NCD diagnostic and service provision are often already inadequate in lower- and middle-income countries and in FCV settings, especially at the primary care level, and that NCDs have not yet been formally included in many national health agendas or efforts to expand national benefit packages as part of the all-hazards approach and building back better for emergency preparedness and response;

Recognizing that humanitarian emergencies often disrupt the provision of health services, especially for those with NCDs, due to damage to or destruction of health facilities, limited access to health personnel, unavailability of medication and other supplies, and difficulties in physically accessing health facilities, and that NCD management is generally difficult in humanitarian settings;

Recognizing the lack of comprehensive guidance on essential health services for NCDs during emergencies, service delivery models, and financial and logistical arrangements to ensure delivery of those services;

Acknowledging that challenges faced by people living with NCDs during emergencies can lead to excess mortality and morbidity, that NCD-related complications are higher in emergency settings, and that people living with NCDs are considered more vulnerable during emergencies;

Recognizing that emergency settings are considered the biggest threat to achieving the Sustainable Development Goals (SDGs) due to the consequent major disruption of health services, leading to worse health outcomes and dramatic increases in direct needs;

Acknowledging that addressing NCDs in emergencies is critical to realizing Vision 2030 and meeting SDG target 3.4 to reduce premature NCD-related deaths by 30% by 2030;

Aware that the COVID-19 pandemic has affirmed the importance of basic public health, strong health systems and emergency preparedness, as well as the resilience of populations to the emergence of a new virus or pandemic;

Noting the global and regional meetings that took place in Cairo, Egypt, in December 2022 and the input received during the consultative meeting with Member States held in June 2023, and the resulting recommendations on addressing NCDs in emergency preparedness and response plans;

1. **ENDORSES** the regional framework for action on addressing NCDs in emergencies;
2. **URGES Member States** to implement a set of strategic interventions and priority actions for addressing NCDs in emergencies in the Region as an integral part of efforts to ensure the continuity of all essential health services, with a particular emphasis on:
 - 2.1 Integrating NCD care into the standard operating procedures and guidelines for emergency response;
 - 2.2 Strengthening coordination and collaboration with all stakeholders to effectively integrate NCDs in all aspects of emergency response, preparedness and recovery, adopting an all-hazards approach, and addressing priority health needs related to NCDs;
 - 2.3 Securing adequate emergency and transitional funding for NCD care in emergency response and recovery and building health system resilience;
 - 2.4 Ensuring access to essential NCD care, including for acute complications, by adapting NCD service delivery models and expanding essential primary care services for NCDs as part of a minimum benefits package, incorporating digital technology and innovative solutions;

- 2.5 Prioritizing, procuring and deploying essential, safe, affordable, available, quality and effective NCD medicines, technologies and supplies, and maintaining continuity of medication in emergencies;
- 2.6 Consistently involving communities and individuals with lived experience in addressing NCD needs during emergencies;
- 2.7 Engaging operational partners such as other United Nations agencies, nongovernmental organizations and the private sector that provide front-line health services, and collaborating to ensure that NCD care is prioritized;
- 2.8 Building the capacity of the health workforce to effectively manage NCDs, including by adapting and utilizing relevant WHO packages and tools, such as the WHO package of essential noncommunicable disease interventions for primary health care (WHO PEN) and the WHO HEARTS technical package for cardiovascular disease management in primary health care;
- 2.9 Conducting effective monitoring, surveillance and assessment of the provision of NCD services during the preparedness, response and recovery phases;
- 2.10 Taking a proactive role in leading and advancing the research agenda on NCDs in emergencies, including operational evaluations, implementation research and drawing insights from past experiences, such as the COVID-19 pandemic and country-specific cases;

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

- 3.1 Provide adequate technical support to Member States to implement the regional framework as an integrated part of national preparedness and response plans and humanitarian response plans, and monitor progress towards its targets;
- 3.2 Strengthen partnerships and collaboration with all stakeholders, including United Nations agencies, civil society organizations and operational actors, in order to support Member States in implementing the regional framework for action, and advocate for increased resource allocation to addressing NCDs in emergencies;
- 3.3 Report on progress to the Regional Committee at its 72nd, 74th and 76th sessions.

EM/RC70/R.3 Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region, including the proposed regional framework presented in Annex 1,¹ and the annual progress reports on the implementation of the International Health Regulations (2005) in the Region, and recognizing the varying capacities of countries and territories of the Region to implement the International Health Regulations (2005) and discrepancies in health system capacities;

Mindful of the complex and challenging situation in the Eastern Mediterranean Region due to conflict, social unrest, political instability and economic constraints, along with the resulting disruption of the health care system, human migration and forced displacement;

Expressing concern regarding the potential emergence of various public health threats during mass gatherings, including but not limited to infectious diseases with the potential for cross-border

¹ EM/RC70/4-Rev.1.

transmission, noncommunicable diseases and other health risks arising from environmental and host-related factors, in addition to natural, accidental and deliberate hazards;

Understanding that many countries in the Region host planned and unplanned mass gatherings of different sizes and nature, each carrying its unique set of risks, and the increasing international attendance at many such events, as well as the varying capacities to manage large-scale mass gatherings;

Taking into account the impact of COVID-19, which necessitated the cancellation, postponement, modification and restriction of mass gathering events, and highlighting the need for a risk-based approach that effectively balances public health measures with the socioeconomic contexts of countries;

Recognizing the importance of sharing and disseminating best practices and lessons learned from mass gatherings among countries and territories, aiming to foster knowledge exchange, promote collaboration and enhance the collective capacity of the Region in effectively managing mass gatherings;

Recognizing the highly successful conduct of large-scale mass gathering events by several countries in the Region, characterized by careful planning, preparedness and the implementation of mitigation measures, despite the COVID-19 pandemic and other challenges;

Recognizing that effective management and all-hazards preparedness and planning for public health risks during mass gatherings require leadership and a comprehensive and coordinated approach, involving various stakeholders, including public health authorities, event organizers, local communities, health care providers and the relevant governmental agencies to ensure the safe conduct of events;

Emphasizing the need for countries in the Region to enhance their capacities and capabilities in effectively managing mass gatherings, including in areas of risk assessment, command, control and communication, all-hazards preparedness and response, early warning, surveillance and information management, points of entry and cross-border collaboration, risk communication and community engagement, and generating legacy and exchange of experience;

Stressing the importance of integrating public health considerations into the overall event planning and management process, and of aligning public health preparedness for mass gatherings with national action plans for health security and national multihazard preparedness plans;

1. **ENDORSES** the framework for strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region, 2023–2028;
2. **URGES Member States** to: enhance public health readiness for mass gathering events to minimize public health risks and ensure the safety of events, and to integrate the capacities developed during these events into longer-term health system strengthening activities, by implementing the actions laid out in the framework, including:
 - 2.1 Establishing and promoting command, control and communication (C3) structures, with the engagement of stakeholders, ensuring clear roles and responsibilities during mass gatherings;
 - 2.2 Integrating comprehensive risk assessment into mass gathering planning, effectively mitigating and minimizing potential public health risks associated with the events, and developing contingency plans that address all identified risks;
 - 2.3 Strengthening public health and health system capacity to prevent, prepare for, detect and respond to public health risks posed by mass gatherings, including enhancing early warning functions of existing surveillance systems, promoting the use of innovations and digital technologies and applications across the different public health interventions, and strengthening capacities to manage mass casualties in pre-hospital and hospital settings;
 - 2.4 Establishing capacity-building programmes to ensure the availability of skilled workforce at the national and subnational levels to manage public health risks that may arise during mass gatherings and ensuring the availability of resources and logistical support;

- 2.5 Collaborating and sharing experiences in the field of mass gathering readiness, including through the establishment of a regional network or platform for exchanging information, expertise and best practices to enhance regional and global cooperation and coordination in this crucial area of public health;
- 2.6 Developing a public health research agenda for mass gatherings to generate evidence to inform public health interventions, including documentation of best practices and organizing scientific conferences to exchange knowledge and inform public health preparedness and readiness;

3. REQUESTS the Regional Director to:

- 3.1 Support Member States of the Eastern Mediterranean Region to adapt, implement and monitor the framework at country level;
- 3.2 Provide technical support to Member States in the Region, as needed, to develop and implement risk-based approaches and to strengthen their capacity and preparedness for managing public health risks during mass gatherings;
- 3.3 Provide technical support to enhance the capacity of countries and facilitate cross-border and regional collaboration to promote the exchange of experiences during mass gatherings and country-to-country support and learning;
- 3.4 Report on progress to the Regional Committee at its 72nd, 74th and 76th sessions.

EM/RC70/R.4 A call for action to enhance and scale up the health workforce in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on health workforce in the Eastern Mediterranean Region: from COVID-19 lessons to action;¹

Acknowledging Regional Committee resolution EM/RC69/R.2 (2022) on building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region, in which investing in health workforce was identified as one of seven regional priorities;

Recalling Regional Committee resolutions EM/RC64/R.1 (2017) endorsing the framework for action on health workforce development in the Eastern Mediterranean Region to accelerate progress in addressing health workforce challenges towards the 2030 Agenda, and EM/RC66/R.3 (2019) on strengthening the nursing workforce to advance universal health coverage in the Eastern Mediterranean Region;

Recalling also the Arab Region Nursing and Midwifery Strategic Framework 2022–2030, which was developed jointly by the League of Arab States, the United Nations Population Fund and WHO, and adopted by the Council of the League of Arab States in 2022;

Recalling that in 2015 all Member States of the Region committed, as part of the 2030 Agenda for Sustainable Development, to achieving universal health coverage and to substantially increasing health financing and the recruitment, development, training and retention of the health workforce in developing countries, and also recalling that in 2018 all Member States of the Region signed the UHC2030 Global Compact and endorsed the Salalah Declaration on Universal Health Coverage;

Recalling World Health Assembly resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, resolution WHA70.6 (2017) on human resources for health and

¹ EM/RC70/5.

implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth, resolution WHA72.3 (2019) on community health workers delivering primary health care: opportunities and challenges, decision WHA72(19) (2019) on 2020: International Year of the Nurse and the Midwife, decision WHA73(30) (2020) on human resources for health and the International Year of Health and Care Workers 2021, document WHA73/9 (2020) on the WHO Global Code of Practice on the International Recruitment of Health Personnel: Report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel, resolution WHA74.14 (2021) on protecting, safeguarding and investing in the health and care workforce, and resolution WHA74.15 (2021) on strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery;

Noting that many health systems in the Region are facing health workforce challenges related to shortages of health workers, skills imbalances, shortages of certain specialties and subspecialties, inadequate production capacities and increasing international mobility of health workers;

Recognizing that the COVID-19 pandemic highlighted health workforce shortages as a major challenge in pandemic response and maintaining essential health services;

Noting that the countries in the Region are prone to emergencies and that almost half the countries are experiencing protracted crises;

Concerned about the extensive migration of health workforce from many countries of the Region to higher-income countries;

Aware that health is a key economic and employment sector, with a global economic contribution of over US\$ 9 trillion in 2020, and that investments in health systems, including in health workforce, stimulate economic growth, create jobs and promote social protection, cohesion and health security;

Concerned that progress in achieving the Sustainable Development Goal (SDG) targets related to universal health coverage, including target 3.c on health workforce, is not happening at the desired pace, and that implementation of the framework for action on health workforce development in the Eastern Mediterranean Region (2017–2030) is at the halfway mark;

Acknowledging the need for immediate and accelerated action to invest in and empower health workforce;

1. **ENDORSES** the call for action: priority areas and actions to enhance and scale up a fit-for-purpose health workforce in the Eastern Mediterranean Region;
2. **CALLS FOR ACTION and URGES Member States to:**
 - 2.1 Accelerate the framework for action for health workforce development in the Eastern Mediterranean Region (2017–2030), by taking action to:
 - 2.1.1 Undertake health labour market analysis to inform and guide the development of health workforce strategic plans and focus policy interventions.
 - 2.1.2 Conduct evidence-based multisectoral, multi-stakeholder policy dialogues on health workforce policies and strategies.
 - 2.1.3 Develop and implement comprehensive health workforce strategic plans addressing current health workforce needs and providing a strategic vision of the future health workforce.
 - 2.1.4 Develop and implement strategies to improve the recruitment, deployment, retention, career development, motivation and performance of health workers.
 - 2.1.5 Invest in strengthening health workforce information systems and analysis, using National Health Workforce Accounts and health workforce observatories.
 - 2.1.6 Strengthen capacities for health workforce governance and regulation.

- 2.1.7 Establish/strengthen mechanisms and processes for the regulation of health workforce practice and education to ensure a quality response to population needs, public protection and patient safety.
 - 2.1.8 Empower health workforce departments within ministries of health with adequate mandate, human and financial resources, and an enabling environment, and develop leadership and technical capacities through relevant training programmes.
 - 2.1.9 Take into account the significant and increasing participation of women in the health labour market and ensure appropriate opportunities for them when developing health workforce policies, strategies and interventions.
- 2.2 Increase and sustain investment in the production and employment of health workers, ensuring better alignment with the needs of health systems, by taking action to:
- 2.2.1 Mobilize more domestic resources for the health workforce, including diversifying funding sources.
 - 2.2.2 Prioritize health workforce in the allocation of domestic and external resources, including significant allocation from global health initiatives where relevant.
 - 2.2.3 Align investments with the needs of health systems, in scaling up health professional education at all levels together and in job creation and employment.
 - 2.2.4 Orient investments to address skills gaps giving special attention to scaling up education and employment of nurses and midwives.
- 2.3 Prioritize the strengthening of the health workforce at primary care level to ensure the competent delivery of essential public health functions and emergency response, and to fill gaps exposed by the COVID-19 pandemic, by taking action to:
- 2.3.1 Build or strengthen multidisciplinary primary care teams in line with the model of care in the country.
 - 2.3.2 Ensure that health workforce requirements are met for the delivery of essential public health functions.
 - 2.3.3 Build surge capacities for emergency response.
 - 2.3.4 Scale up and professionalize the health workforce, with special focus on the public health workforce, through competency frameworks and practice-based models of education and training.
- 2.4 Reorient and transform health professional education to address the competency needs of current and future health workers, by taking action to:
- 2.4.1 Reorient health professional education towards socially accountable, competency-based models, ensuring synergies between education and health services, with a life-long learning approach.
 - 2.4.2 Introduce interprofessional education and collaborative practice to prepare health professionals to be part of a multidisciplinary team.
 - 2.4.3 Prioritize the scaling-up of production of nurses, midwives and primary care cadres to address service gaps and skill-mix imbalances.
 - 2.4.4 Equip the health workforce with skills in line with the requirements of digital transformation and adapt health professional education accordingly.

- 2.5 Improve the retention of health workers, giving special attention to the increasing international mobility of health professionals within and outside the Region, by taking action to:
 - 2.5.1 Develop and adopt strategies for the retention of health workers, taking into account regulatory, educational, financial, personal and professional support interventions, using WHO guidelines on retention strategies.
 - 2.5.2 Provide support for fair and equitable compensation, social protection and employment security.
 - 2.5.3 Manage international migration of health workers through bilateral and multilateral agreements.
 - 2.5.4 Harness the diaspora for engagement in strengthening national health systems.
 - 2.5.5 Strengthen international collaboration among countries and stakeholders on health workforce data and information exchange, research and policy dialogue.
- 2.6 Protect and safeguard the health and well-being of the health workforce, by taking action to:
 - 2.6.1 Adopt measures to protect health workers from all occupational hazards and support their mental and psychosocial well-being.
 - 2.6.2 Adopt measures to prevent violence and harassment against health workers and ensure their safety and security, including through cooperation with relevant and competent bodies.
 - 2.6.3 Ensure healthy and decent work conditions and safe, healthy, supportive work environments, including safe staffing levels, decent working hours and adequate remuneration to enable health workers to deliver respectful and quality care to all.
- 2.7 Promote regional solidarity in support of national strategies, by taking action to:
 - 2.7.1 Establish mechanisms to facilitate regional collaboration, especially to support the countries of the Region on the WHO health workforce support and safeguards list.
 - 2.7.2 Facilitate technical cooperation among countries and with other WHO regions, ensuring that they benefit from each other's strengths.
 - 2.7.3 Harmonize partnership and development assistance to health workforce strengthening in line with regional and national priorities.

3. REQUESTS the Regional Director to:

- 3.1 Provide technical support to Member States to adapt and implement priority actions, according to national context;
- 3.2 Establish a multisectoral advisory committee to guide and advise on the implementation of the call for action;
- 3.3 Build regional and national expertise in health labour market analysis and health workforce governance and planning;
- 3.4 Facilitate a mechanism to ensure regional collaboration to strengthen health workforce across the Region, fostering regional solidarity;
- 3.5 Facilitate resource mobilization in support of national efforts to ensure the effective implementation of the call for action;
- 3.6 Report on progress in implementing this resolution to the 73rd and 76th sessions of the Regional Committee.

EM/RC70/R.5 Climate change, health and environment: a regional framework for action, 2023–2029

The Regional Committee,

Having reviewed the technical paper on climate change, health and environment: a regional framework for action, 2023–2029;¹

Recalling resolutions WHA61.19 (2008) of the Sixty-first World Health Assembly and EM/RC55/R.8 (2008) of the Regional Committee on climate change and health, as well as Regional Committee resolution EM/RC60/R.5 (2013) on the regional strategy on health and the environment 2014–2019 and resolution EM/RC64/R.3 (2017), which endorsed the framework for action on climate change and health in the Eastern Mediterranean Region (2017–2021);

Further recalling the outcomes of the 2021 Global Conference on Health and Climate Change, which launched the WHO COP26 Health Programme for building climate-resilient and environmentally sustainable health systems and facilities;

Noting that 14 countries and territories of the Eastern Mediterranean Region (Bahrain, Egypt, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Palestine, Somalia, Tunisia, United Arab Emirates and Yemen) have already adopted the COP26 Health Programme;

Wishing to build further on the momentum generated by the 2022 Global Conference on Health and Climate Change (COP27), and mindful that health will be on the agenda of the upcoming 2023 Global Conference (COP28);

Recognizing that climate change is already driving an increase in morbidity and mortality and that if no additional action is taken, a significant further increase is expected in coming decades, and that it will affect the functioning of public health and health care systems;

Recognizing that ministries of health have a leadership role not only in the governance, regulation and surveillance of health, but also in triggering the actions and interventions needed by other sectors to protect health from climate change and environmental risks;

1. **ENDORSES** the framework for action on climate change and health in the Eastern Mediterranean Region (2023–2029);
2. **URGES Member States to:**
 - 2.1 Designate and empower national focal points to facilitate and coordinate climate change and health programmes at national level;
 - 2.2 Prepare, implement and monitor the progress of national plans of action on climate change and health 2023–2029 guided by the framework for action;
 - 2.3 Allocate adequate domestic resources and facilitate access to climate change funds for the implementation of national plans of action;
 - 2.4 Accelerate the planning and implementation of climate-resilient and environmentally sustainable public health systems, in line with the WHO COP26 Health Programme and adapted to their county context;
 - 2.5 Ensure that impacts on health are considered in all national climate change adaptation and mitigation programmes;

¹ EM/RC70/3-Rev.1

3. REQUESTS the Regional Director to:

- 3.1 Support Member States to develop and implement national plans of action to put health at the heart of climate action, through:
 - 3.1.1 supporting the participation of Member States in the technical dialogue, workshops and consultations for United Nations Framework Convention on Climate Change (UNFCCC)-related funds, processes and activities;
 - 3.1.2 providing technical support to countries to build climate-resilient and environmentally sustainable health systems, to protect their population's health from the devastating impacts of climate change;
 - 3.1.3 promoting the need to improve access to renewable energy in health care facilities;
- 3.2 Strengthen partnerships with regional and United Nations organizations and other stakeholders to facilitate implementation of the regional framework and the related national plans of action;
- 3.3 Establish a Technical Advisory Group to monitor and document to monitor the direct and indirect impacts of climate change on health in the Region;
- 3.4 Report on progress in implementing the regional framework to the Regional Committee at its 72nd, 74th and 76th sessions.

EM/RC70/R.6 A review of the status of resolutions adopted by the Regional Committee during the period 2000–2017, and recommendations for sunseting and reporting requirements

The Regional Committee,

Having considered document EM/RC70/14 on reviewing the status of resolutions adopted by the Regional Committee during the period 2000–2017, and recommendations for sunseting and reporting requirements;

Noting that a number of resolutions have an open-ended requirement for reporting back to the Regional Committee;

Acknowledging that, with the increasing number of resolutions where reporting is required, there are repercussions for the agenda and programme of future sessions of the Regional Committee, and desiring to make optimal use of time during sessions of the Regional Committee;

1. **ADOPTS** the recommendations made in document EM/RC70/14, with specific reference to sunseting 72 resolutions on strategies, frameworks and technical documents adopted before the 64th session of the Regional Committee for which reporting is recommended for sunseting, as included in Annex 1 of the document.
2. **REQUESTS the Regional Director:**
 - 2.1 to ensure that requirements for reporting on the implementation of resolutions are clearly defined;
 - 2.2 to propose, for each resolution, specified reporting years to the Regional Committee;
 - 2.3 when advising the Regional Committee of the technical, administrative and financial implications, to consider the entire proposed lifespan of the resolution;
 - 2.4 to revisit active resolutions resulting from the exercise and submit a detailed report to the 72nd session of the Regional Committee.

EM/RC70/R.7 Nomination of the Regional Director

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure,

1. **NOMINATES** Dr Hanan Hassan Balkhy as Regional Director for the Eastern Mediterranean Region;
2. **REQUESTS** the Director-General to propose to the Executive Board the appointment of Dr Hanan Hassan Balkhy from 1 February 2024.

EM/RC70/R.8 Expression of appreciation to Dr Ahmed Al-Mandhari

The Regional Committee,

Appreciating the commitment of Dr Ahmed Al-Mandhari to international health and his contributions and achievements during his tenure as Regional Director for the Eastern Mediterranean;

1. **THANKS** Dr Ahmed Al-Mandhari for his dedicated leadership and invaluable contribution to health development in the Eastern Mediterranean Region;
2. **DECIDES** that, in view of his immense contribution, he be made Regional Director Emeritus.

8.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

The Regional Committee decided to elect the following as the Officers of its 70th session:

Chair: H.E. Dr Ali Haji Adam Abubakar (Somalia)

Vice-Chair: H.E. Dr Ahmed Robleh Abdilleh (Djibouti)

Vice-Chair: H.E. Dr Khaled Abdelghaffar (Egypt)

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

Dr Ejlal Alalawi (Bahrain), Dr Nicknam Mohammad Houssein (Islamic Republic of Iran), Dr Riyadh Abdul Amer Al-Hilfi (Iraq), Dr Azzam ElHadi Omar Hussein (Libya).

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

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its 70th session.

DECISION NO. 3 CLOSED MEETINGS

In accordance with Rule 6 of its Rules of Procedure, the Regional Committee agreed that sessions identified as closed sessions in the timetable would be limited to members of the Committee and the necessary minimum Secretariat presence, with no observers, in an exception to its normal practice of open meetings.

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

The Regional Committee decided to hold its 71st session in Doha, Qatar, from 14 to 17 October 2024.

DECISION NO. 5 VERIFICATION OF CREDENTIALS

In accordance with the Rules of Procedure of the WHO Regional Committee for the Eastern Mediterranean, the Vice-Chair of the 69th session of the Regional Committee reported to the Regional Committee that the credentials submitted by the Members attending the 70th session of the Regional Committee were reviewed and found in compliance with the Committee's Rules of Procedure. The report of the Vice-Chair of the 69th session on the verification of credentials was accepted by the Regional Committee.

DECISION NO. 6 TERMS OF REFERENCE OF THE PROGRAMME SUBCOMMITTEE OF THE REGIONAL COMMITTEE

The Regional Committee, mindful of the critical role of the Programme Subcommittee not only in supporting the preparatory work for sessions of the Regional Committee, but also in other important functions such as monitoring the implementation of resolutions and decisions of the Regional Committee;

DECIDES to adopt the amended and restated terms of reference of the Programme Subcommittee of the Regional Committee annexed to this decision.

Annex 1

Amended and restated terms of reference of the Programme Subcommittee of the World Health Organization (WHO) Regional Committee for the Eastern Mediterranean Region

1. In accordance with Rule 16 of the Regional Committee's Rules of Procedure, the Programme Subcommittee is a subsidiary body of the Regional Committee established by the latter for the study of, and to report on, any item on its agenda. Specifically, the Programme Subcommittee shall perform the following functions:
 - a. Support the preparatory work of the Regional Committee by reviewing the provisional agenda of the Regional Committee, working documents, reports, and draft resolutions and/or decisions submitted by the Regional Director.
 - b. Monitor the implementation of recommendations and decisions of the Regional Committee and advise the Regional Committee on sunsetting resolutions adopted by the Regional Committee.
 - c. Advise the Regional Director on proposals for designation of Member States on committees of governing bodies of WHO that require representation from the Eastern Mediterranean Region.
 - d. Review and make recommendations on matters related to the WHO General Programme of Work, Programme Budget, regional vision and other regional public health strategies before they are considered by the Regional Committee. Additionally, the Programme Subcommittee shall:
 - advise as to whether the proposed budget for and cost implications of draft resolutions and/or decisions are feasible within the timeframe proposed; and
 - advise as to whether an appropriate monitoring and evaluation system for draft resolutions and/or decisions has been established.
 - e. Recommend to the Regional Committee additional resources required by the Regional Office and propose mechanisms for Members to contribute additional funding for the implementation of Regional Committee resolutions and decisions.
 - f. Examine reports on implementation of the recommendations of internal and external auditors and advise the Regional Committee on any remedial action needed.
 - g. Consider and make recommendations on any other programmatic, administrative, budgetary or financial matters that the Regional Committee may deem appropriate.
 - h. Submit reports on its deliberations to the Regional Committee.

Membership and meetings

2. The Programme Subcommittee will consist of eight members selected from among Regional Committee Members, three each from among the Members of Group 2 and Group 3 countries, and two from among the Members of Group 1, as per resolution EM/RC63/R.6. Please see the table in Appendix 1.
3. Suggested Members of the Programme Subcommittee should be highly competent and experienced public health officials in senior management positions at the level of deputy minister or director of key technical programmes. Membership of the Programme Subcommittee will change on a rotating basis. The office bearers of the Regional Committee (i.e. the Chair and Vice-Chairs) may also participate as observers of Programme Subcommittee meetings or parts thereof.
4. The Programme Subcommittee will elect a Chair, Vice-Chair and Rapporteur from among its members. The office bearers of the Programme Subcommittee will serve for a nonrenewable period of one year.
5. In consultation with the Chair of the Programme Subcommittee, the Regional Director may invite one or more relevant experts to attend Programme Subcommittee meetings (or parts thereof) to enhance the discussion of particular agenda item(s) or technical paper(s) being considered by the Programme Subcommittee.
6. All Members of the Programme Subcommittee will be appointed by the Regional Committee and will serve for a period of two years. In order to maintain some institutional memory of the working

of the Programme Subcommittee, four members will be replaced each year following the English alphabetical order of country names within each Group.

7. The Regional Director will, in consultation with the Chair of the Programme Subcommittee, convene a meeting at least once annually for a duration ideally not exceeding three working days. The modality for holding each meeting will be discussed in advance.
8. The WHO Secretariat will provide any necessary technical and administrative support to the Programme Subcommittee.

Appendix 1
Membership of the Programme Subcommittee

Group 1	Group 2	Group 3
Egypt Libya Morocco Tunisia	Bahrain Iraq Kuwait Oman Qatar Saudi Arabia United Arab Emirates Yemen	Afghanistan Djibouti Islamic Republic of Iran Jordan Lebanon Pakistan Somalia Sudan Syrian Arab Republic
↓	↓	↓
Two members	Three members	Three members

DECISION NO. 7 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, 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, to award the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region to Dr Asem Hamzeh Mansour (Jordan) in the area of Cancer and Dr Davood Khalili (Islamic Republic of Iran) in the area of cardiovascular diseases. The Prize will be presented to the laureates during the 71st session of the Regional Committee in 2024.

The Regional Committee noted the decision of the Foundation Committee to double the amount of the award to US\$ 10 000, per laureate per disease group, to promote noncommunicable diseases research in the Region.

DECISION NO. 8 AWARD OF THE DOWN SYNDROME RESEARCH PRIZE

The Regional Committee decided not to award the Down Syndrome Research Prize this year based on the recommendation of the Down Syndrome Research Prize Foundation.

DECISION NO. 9 NOMINATION OF A MEMBER STATE TO THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

The Regional Committee endorsed the nomination of Morocco serve on the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction for a four-year period from 1 January 2024 to 31 December 2027.

Annex 1

Agenda

- | | | |
|----|---|--------------------------|
| 1. | Opening of the session | |
| | (a) Election of Officers | EM/RC70/1-Rev.3 |
| | (b) Adoption of the Agenda | EM/RC70/1-Rev.3 |
| 2. | (a) Report on the implementation of <i>Vision 2023</i> for the Eastern Mediterranean Region: Advancing Health for All by All | EM/RC70/2 |
| | Progress reports on: | |
| | (b) Poliomyelitis eradication and polio transition | EM/RC70/INF.DOC.1 |
| | (c) Regional approach to implementing the Thirteenth General Programme of Work, 2019–2025 | EM/RC70/INF.DOC.2 |
| | (d) Scaling up mental health care: a framework for action | EM/RC70/INF.DOC.3 |
| | (e) The implementation of the regional tobacco control strategy | EM/RC70/INF.DOC.4-Rev.1 |
| | (f) Implementing the regional framework on ending preventable newborn, child and adolescent deaths and improving health and development | EM/RC70/INF.DOC.5-Rev.1 |
| | (g) Implementing the framework for action for the hospital sector in the Eastern Mediterranean Region | EM/RC70/INF.DOC.6 |
| | (h) The implementation of the framework for improving national institutional capacity for evidence-informed policy-making for health in the Eastern Mediterranean Region, 2020–2024 | EM/RC70/INF.DOC.7 |
| | (i) Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018 | EM/RC70/INF.DOC.8-Rev.1 |
| | (j) Regional framework for action to strengthen the public health response to substance use | EM/RC70/INF.DOC.9-Rev.1 |
| | (k) The implementation of the framework for strengthening health laboratory services, 2016–2023 | EM/RC70/INF.DOC.10 |
| | (l) Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005) | EM/RC70/INF.DOC.11 |
| | (m) Implementing the regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region | EM/RC70/INF.DOC.12-Rev.1 |
| | (n) Building resilient communities for better health and well-being in the Eastern Mediterranean Region-implementation of the roadmap | EM/RC70/INF.DOC.13 |
| | (o) Addressing diabetes as a public health challenge in the Eastern Mediterranean Region | EM/RC70/INF.DOC.14 |
| 3. | Technical papers | |
| | (a) Addressing noncommunicable diseases in emergencies: a regional framework for action | EM/RC70/3-Rev.1 |
| | (b) Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region | EM/RC70/4-Rev.1 |
| | (c) Health workforce in the Eastern Mediterranean Region: from COVID-19 lessons to action | EM/RC70/5 |
| | (d) Climate change, health and environment: a regional framework for action, 2023–2029 | EM/RC70/6 |
| 4. | World Health Assembly and Executive Board Programme and budget matters | |
| | (a) Proposed approach for a draft full plan for the WHO investment round | EM/RC70/7 |

Governance matters		
(b)	Resolutions and decisions of regional interest adopted by the Seventy-sixth World Health Assembly and the Executive Board at its 152nd and 153rd sessions	EM/RC70/8-Rev.1
(c)	Review of the draft provisional agenda of the 154th session of the WHO Executive Board	EM/RC70/8-Annex 1
(d)	Membership of WHO bodies and committees	EM/RC70/9
(e)	Update on implementation of the Transformation agenda in the Eastern Mediterranean Region	EM/RC70/10
(f)	Fourth General Programme of Work, 2025–2028	EM/RC70/11
Technical matters		
(g)	Development of draft global action plan and monitoring framework on infection prevention and control, 2024–2030	EM/RC70/12
5.	Report of the sixteenth, and seventeenth meetings of the Programme Subcommittee of the Regional Committee	EM/RC70/15 EM/RC70/16
6.	Report of the seventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks	EM/RC70/17-Rev.1
7.	Amended and restated terms of reference of the Programme Subcommittee of the Regional Committee for the Eastern Mediterranean Region	EM/RC70/13
8.	Nomination of the Regional Director	EM/RC70/WP.1
9.	Awards	
(a)	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region	EM/RC70/INF.DOC.15
(b)	Award of the Down Syndrome Research Prize	EM/RC70/INF.DOC.16
(c)	Dr A.T. Shousha Foundation Prize and fellowships	EM/RC70/INF.DOC.19
10.	Nominations	
	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction	EM/RC70/INF.DOC.17
11.	A review of the status of resolutions adopted by the Regional Committee during the period 2000–2017	EM/RC70/14-Rev.2
12.	Place and date of future sessions of the Regional Committee	EM/RC70/INF.DOC.18
13.	Other business	
14.	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

H.E. Fawzia Bint Abdulla Zainal
Ambassador of the Kingdom of Bahrain
Embassy of the Kingdom of Bahrain

Cairo

Advisers

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

Manama

Dr Ejlal Faisal Alalawi
Assistant Undersecretary for Public Health
Ministry of Health

Manama

Dr Basma Mahmood Al Saffar
Public Health Consultant
Head of Immunization Group
Ministry of Health

Manama

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

Manama

DJIBOUTI

Representative

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

Djibouti

Alternate

S.E.M. Ahmed Ali Barreh
Ambassador of Djibouti
Embassy of Djibouti

Cairo

Advisers

Mr Abdoukader Mohamed Garad
Senior Technical Advisor
Ministry of Health

Djibouti

EGYPT

Representative

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

Cairo

Alternate

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Assistant Minister of Health and Population
for Preventive Medicine
Ministry of Health and Population

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Dr Mohamad Hassany
Assistant Minister of Health and Population
for Public Health Projects and Initiatives
Ministry of Health and Population

Cairo

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

Cairo

Dr Hossam Abdel Ghaffar
Assistant Minister of Health and Population
for Organizations and Institutional Reform and the
Official Spokesperson of the Ministry of Health
and Population
Ministry of Health and Population

Cairo

Dr Ahmed El Sobky
Chairman of the Egyptian Health Care Authority
Ministry of Health and Population

Cairo

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

Cairo

Dr Hatem Amer
Associate Minister of Health and Population
for International Relations
Ministry of Health and Population

Cairo

Mr Mohamed Sobhy
Director of Protocol and Public Relations
Ministry of Health and Population

Cairo

Dr Hussein Ahmed Hussein
Coordinator of External Relations and International Cooperation
Ministry of Health and Population

Cairo

Dr Gelane Zakhera
Coordinator of External Relations and International Cooperation
Ministry of Health and Population

Cairo

Mr Amr Ayman
Media Coordinator
Ministry of Health and Population
Cairo

Ms Iman Ahmed Allam
Media Coordinator
Ministry of Health and Population
Cairo

Mr Aly Haroun
Protocol Management
Ministry of Health and Population
Cairo

Mr Mohamed Abdelaziz
Protocol Management
Ministry of Health and Population
Cairo

Ms El Amira Heba El Sayed
Responsible for the External Support and Coordination Unit in
the Office of the Assistant Minister
Ministry of Health and Population
Cairo

IRAN, ISLAMIC REPUBLIC OF

Representative

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

Alternate

Dr Seyed Mohammad Pakmehr
Member of the Islamic Parliament
Tehran

Advisers

Dr Hossein Farshidi
Deputy Minister for Public Health
Ministry of Health and Medical Education
Tehran

Dr Behrooz Rahimi
Deputy Minister for Management Development
and Resources
Ministry of Health and Medical Education
Tehran

Dr Yunes Panahi
Deputy Minister for Research and Technology
Ministry of Health and Medical Education
Tehran

Dr Mohammad Hossein Nicknam
Special Adviser to the Minister and Director-General
of International Affairs
Ministry of Health and Medical Education
Tehran

Dr Ali Akbari Sari
Chairman of the National Health Research Institute
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Tehran

Dr Kouroush Etemad
Head of Center for Non-Communicable Diseases
Ministry of Health and Medical Education
Tehran

Dr Payman Hemmati
Expert for Communicable Diseases Surveillance
Office, CDC
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Tehran

Dr Amir Rastegar
Translator and Senior Expert of Bilateral
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Tehran

Mr Amir Pourbabaei
Head of Protocol Department
International Affairs Department
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Tehran

Mr Mahdi Mahdavi
Head of Guard Team of the Minister
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Tehran

Dr Mohsen Mohammad Zadeh
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Representative

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Minister of Health and Environment
Ministry of Health and Environment
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Alternate

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Iraqi Council of Representatives
Ministry of Health and Environment
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Ministry of Health and Environment

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Engineer Janab Abdul Nabi Ibrahim
Director of Public Relations and Protocol
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JORDAN

Representative

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

KUWAIT

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Minister of Health
Ministry of Health

Kuwait

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Advisers

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Ministry of Health

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Kuwait

Dr Rihab Alwotayan
Director of International Health Relations
Ministry of Health

Kuwait

Dr Abdulrahman Alqashaan
Director of Minister of Health Office
Ministry of Health

Kuwait

LEBANON

Representative

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Ministry of Public Health

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LIBYA

Representative

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Tripoli

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Tripoli

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Tripoli

Mr Alaa El Mabrouk El Ter
Secretary to H.E. the Minister
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Tripoli

MOROCCO

Representative

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Rabat

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Rabat

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Rabat

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Rabat

OMAN

Representative

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Undersecretary of the Ministry of Health
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Mr Muhammad Faisal Ilyas
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Ministry of Public Health
Doha
Dr Mohamed Mohamed Al-Hajari
Consultant, International Emergency Medicine
Strategy Planning and Performance Department
Ministry of Public Health
Doha
Mr Fahd Hamad Alaida
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Ministry of Public Health
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SAUDI ARABIA

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Minister of Health
Ministry of Health

Riyadh

Alternate

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Ministry of Health

Riyadh

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Riyadh

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Ministry of Health

Riyadh

Ms Shaheda Alsomal
Operations Officer
Ministry of Health

Riyadh

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Riyadh

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Ministry of Health

Riyadh

Mr Sultan Alshareef
Secretary of H.E. the Minister of Health
Ministry of Health

Riyadh

Mr Abdulaziz Almeshid
Media Officer
Ministry of Health

Riyadh

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First Secretary
Permanent Mission of Saudi Arabia

Geneva

Ms Maram Alshaikh
Health Attache
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Riyadh

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Assistant to H.E. the Minister of Health
Ministry of Health

Riyadh

SOMALIA

Representative

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Minister of Health and Human Services
Ministry of Health and Human Services

Mogadishu

Alternate

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Director-General
Ministry of Health and Human Services

Mogadishu

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Ministry of Health and Human Services

Mogadishu

Dr Mustafe Awl Jama
Director of Family Health
Ministry of Health and Human Services
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Annex 3

Final list of documents, resolutions and decisions

1. Regional Committee documents

EM/RC70/1-Rev.3	Agenda
EM/RC70/2	Report on the implementation of <i>Vision 2023</i> for the Eastern Mediterranean Region: Advancing Health for All by All
EM/RC70/3-Rev.1	Addressing noncommunicable diseases in emergencies: a regional framework for action
EM/RC70/4-Rev.1	Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region
EM/RC70/5	Health workforce in the Eastern Mediterranean Region: from COVID-19 lessons to action
EM/RC70/6	Climate change, health and environment: a regional framework for action, 2023–2029
EM/RC70/7	Proposed approach for a draft full plan for the WHO investment round
EM/RC70/8-Rev.1	Resolutions and decisions of regional interest adopted by the Seventy-sixth World Health Assembly and the Executive Board at its 152nd and 153rd sessions
EM/RC70/8-Annex 1	Review of the draft provisional agenda of the 154th session of the WHO Executive Board
EM/RC70/9	Membership of WHO bodies and committees
EM/RC70/10	Update on implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region
EM/RC70/11	Fourteenth General Programme of Work, 2025–2028
EM/RC70/12	Development of draft global action plan and monitoring framework on infection prevention and control, 2024–2030
EM/RC70/13	Amended and restated terms of reference of the Programme Subcommittee of the Regional Committee for the Eastern Mediterranean Region
EM/RC70/14-Rev.2	A review of the status of resolutions adopted by the Regional Committee during the period 2000–2017, and recommendations for sunseting and reporting requirements
EM/RC70/15	Report of the sixteenth, and seventeenth meetings of the Programme Subcommittee of the Regional Committee
EM/RC70/16	
EM/RC70/17-Rev.1	Report of the seventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks
EM/RC70/INF.DOC.1	Poliomyelitis eradication and polio transition
EM/RC70/INF.DOC.2	Regional approach to implementing the Thirteenth General Programme of Work, 2019–2025
EM/RC70/INF.DOC.3	Scaling up mental health care: a framework for action
EM/RC70/INF.DOC.4-Rev.1	The implementation of the regional tobacco control strategy

EM/RC70/INF.DOC.5- Rev.1	Implementing of the regional framework on ending preventable newborn, child and adolescent deaths and improving health and development
EM/RC70/INF.DOC.6	Implementing the framework for action for the hospital sector in the Eastern Mediterranean Region
EM/RC70//INF.DOC.7	The implementation of the framework for improving national institutional capacity for evidence-informed policy-making for health in the Eastern Mediterranean Region, 2020–2024
EM/RC70//INF.DOC.8- Rev.1	Accelerating regional implementation of the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, 2018
EM/RC70/INF.DOC.9- Rev.1	Regional framework for action to strengthen the public health response to substance use
EM/RC70/INF.DOC.10	The implementation of the framework for strengthening health laboratory services, 2016–2023
EM/RC70/INF.DOC.11	Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005)
EM/RC70/INF.DOC.12- Rev.1	Implementing the regional strategy for integrated disease surveillance: overcoming data fragmentation in the Eastern Mediterranean Region
EM/RC70/INF.DOC.13	Building resilient communities for better health and well-being in the Eastern Mediterranean Region- implementation of the roadmap
EM/RC70/INF.DOC.14	Addressing diabetes as a public health challenge in the Eastern Mediterranean Region
EM/RC70/INF.DOC.15	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC70/INF.DOC.16	Award of the Down Syndrome Research Prize
EM/RC70/INF.DOC.17	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction
EM/RC70/INF.DOC.18	Place and date of future sessions of the Regional Committee
EM/RC70/INF.DOC.19	Dr A.T. Shousha Foundation Prize and fellowships
2. Resolutions	
EM/RC70/R.1	Report on the implementation of <i>Vision 2023</i> for the Eastern Mediterranean Region for 2018–2023
EM/RC70/R.2	Addressing noncommunicable diseases in emergencies: a regional framework for action
EM/RC70/R.3	Strengthening public health readiness for mass gatherings in the Eastern Mediterranean Region
EM/RC70/R.4	A call for action to enhance and scale up the health workforce in the Eastern Mediterranean Region
EM/RC70/R.5	Climate change, health and environment: a regional framework for action, 2023–2029

EM/RC70/R.6	A review of the status of resolutions adopted by the Regional Committee during the period 2000–2017, and recommendations for sunseting and reporting requirements
EM/RC70/R.7	Nomination of the Regional Director
EM/RC70/R.8	Expression of appreciation to Dr Ahmed Al-Mandhari
3. Decisions	
Decision 1	Election of officers
Decision 2	Adoption of the agenda
Decision 3	Closed meetings
Decision 4	Place and date of future sessions of the Regional Committee
Decision 5	Verification of credentials
Decision 6	Terms of reference of the Programme Subcommittee of the Regional Committee
Decision 7	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
Decision 8	Award of the Down Syndrome Research Prize
Decision 9	Nomination of a Member State to the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

Annex 4

Technical meetings

Cairo, Egypt, 9 October 2023

Seventieth session of the Regional Committee for the Eastern Mediterranean

Introduction

Technical meetings were held on the day preceding the 70th session of the Regional Committee, 9 October 2023. 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.

Minimizing morbidity and mortality due to trauma in humanitarian settings

The objectives of the meeting were to: brief Member States on the substantial public health burden of trauma-related injuries in humanitarian settings and the need to invest in robust trauma care services in these settings to reduce avoidable death and disability; extend WHO technical support to low- and middle-income countries for the development of robust trauma care services in humanitarian settings; and discuss the need for a resolution on trauma care in humanitarian settings in the Eastern Mediterranean Region

Conclusions

Participants acknowledged that the Region was facing a significant public health burden of trauma, resulting from conflicts, natural disasters and other emergencies, which have been increasing in frequency and scale, and expressed their appreciation for the efforts of WHO to strengthen pre-hospital trauma care. Several countries offered to support low-income countries and those with fragile settings in the Region through investment and the transfer of expertise. Countries with extensive experience of dealing with a significant burden of emergency-related trauma offered to share the lessons learned to facilitate knowledge-exchange between countries, and Oman offered to serve as a training hub for trauma care in the Region. Participants agreed on the need to develop an end-to-end comprehensive trauma care approach tailored to the specific needs of the Region. Furthermore, commitments were made to establish an accredited training programme or course in collaboration with the Arab Board of Health Specializations.

Proposed actions

Member States

- Strengthen trauma care systems across the continuum of emergency care, inclusive of pre-hospital, hospital and post-hospital care, including rehabilitation.
- Support implementation of the Regional Trauma Initiative, including through ministry of health leadership on strengthening trauma care in countries.
- Work closely with WHO and other partners to enhance the effectiveness and impact of the Regional Trauma Initiative.
- Prioritize and support the training of health care staff, particularly in mass casualty management, to improve trauma care outcomes.
- Support the development of an accredited training programme or course in trauma care in collaboration with WHO and the Arab Board of Health Specializations.
- High- and middle-income countries in the Region, including Islamic Republic of Iran, Kuwait, Morocco, Oman, Qatar, Saudi Arabia and Tunisia, to support low-income countries and those with fragile settings to strengthen trauma care through investments and the transfer of expertise.
- Countries that have experienced a significant burden of trauma, including Iraq, Lebanon and Somalia, to share lessons learned and knowledge gained from dealing with emergencies.

WHO

- Launch the Regional Trauma Initiative to address the major gaps in trauma care and build a collective regional response.
- Explore the development of an accredited training programme or course in trauma care in collaboration with the Arab Board of Specialization.
- Facilitate support from high- and middle-income countries in the Region to low-income countries and those in fragile contexts for the strengthening of trauma care.
- Facilitate the sharing of lessons learned and knowledge gained from dealing with a significant burden of trauma during emergencies among countries in the Region.

The increasing threat of vector-borne diseases: the need for an integrated approach

The objectives of the session were to: brief Member States on an integrated approach to the prevention, control and elimination of vector-borne diseases, including vector surveillance; brief Member States on the technical framework for mainstreaming preparedness and response to vector-borne diseases, including vector control, as an essential component of a resilient health system; propose collaborative action for WHO and countries to build on the malaria programme platform and improve the prevention, management and control of vector-borne diseases beyond outbreak response.

Conclusions

Incidence of vector-borne diseases (VBDs) continue to increase in the Eastern Mediterranean Region, leading to the loss in 2019 of 1.4 million healthy years of life. Addressing this challenge necessitates a comprehensive, multisectoral approach that addresses all VBDs. Countries agreed on the need to build on the experiences and successes of the malaria control programme, emphasizing that “no one is truly safe until everyone is safe” and a unified, integrated strategy is imperative, especially in the regional context of ongoing emergency situations and population movements. Countries acknowledged WHO’s efforts in promoting an integrated approach to combat VBDs, noting that the escalating burden and expanding geographical reach of VBDs, and the influence of climate change, underscored the urgency of adopting this approach. They felt that integrated management of VBDs, within the framework of the “One Health” approach, is key to establishing resilient health systems capable of sustaining the response to VBDs. Countries also highlighted as essential components of an effective response, the role of community engagement in the planning, implementation and monitoring of vector control, sustainable capacity-building for vector surveillance and control, and the need for increased investment, including the establishment of career paths with sufficient status to build a cadre. The importance of strengthening networking between countries and cross-border collaboration was also emphasized, including for capacity-building, and data- and knowledge-sharing. Countries also called for investment in research to generate local evidence for effective vector control tools and the development of novel tools.

Proposed actions*Member States*

- Mobilize national resources through a multisectoral inter-ministerial task force to oversee, coordinate and strengthen vector control activities.
- Establish a dedicated vector control unit with a cross-disease mandate in line with the One Health multisectoral approach.
- Engage and mobilize the community for planning, resource mobilization and implementation of vector control.
- Build capacity through universities while creating career opportunities for entomology with adequate status in the Ministry of Health and other sectors to ensure that we have a cadre for vector control.
- Invest in research to enhance the effectiveness and quality of current and new tools.
- Establish and strengthen cross-border collaboration for response to VBDs.

WHO

- Ensure greater focus and coordination on work on VBDs as an emerging and ongoing threat in the context of the evolving regional situation.
- Develop the roadmap for guidance on integration of the different aspects of VBDs.
- Enhance the capacity of the current regional network to respond to VBDs using an integrated approach.
- Support capacity-building for vector surveillance control in collaboration with regional institutions.
- Support countries to have access to reagents/rapid tests through regional stocks and support at least one country in the Region to produce reagents/rapid tests.
- Support cross-border collaboration between countries especially those experiencing unrest/conflicts with influxes of refugees.
- Develop the eco-epidemiological mapping of vectors of VBDs in the Region and the connections with climate change.

Designing and implementing primary health care-oriented models of care in the Eastern Mediterranean Region: where do we go from here?

The objectives of the event were to: brief Member States on the latest knowledge on implementing primary health care-oriented models of care and the potential contribution toward advancing universal health coverage; define and reorient the key components of an effective model of care in the regional context; and gain inputs to the development of a framework of action for designing and implementing primary health care-oriented models of care, including a focus on multisectoral action and collaboration, and community engagement.

Conclusions

Participants welcomed the regional initiative on primary health care-oriented models of care as one of seven priorities for building resilient country health systems. Pilot projects have highlighted the importance of having a common understanding of a model of care, mapping initiatives at different levels of care and putting key components in place to help mobilize action. The extensive discussion demonstrated a willingness to develop country packages of health services as first step towards developing primary health care-oriented models of care. Four countries agreed to join the initiative in the next year.

Proposed actions

Member States

- Expand the primary health care-oriented models of care initiative to four more countries in 2024.
- Adapt the service delivery model to ensure effective delivery of a universal health coverage priority benefits package/essential health services package.
- Identify pilot sites and develop work plans during 2024–2025.

WHO

- Design an online training programme on primary health care-oriented models of care.
- Develop minimum requirements for primary care facilities.
- Draft a regional framework on primary health care-oriented models of care to be presented to the 71st session of the Regional Committee for the Eastern Mediterranean.

Developing and implementing national plans for the development and adaptation of clinical practice and public health guidelines.

The objectives of the meeting were to: raise awareness of Member States on the role and importance of national guideline development and adaptation programmes for evidence-based decision-making; highlight the need to establish or strengthen national guideline development and adaptation programmes as a key step toward universal health coverage via better use of resources and improved health outcomes; and discuss WHO strategies for supporting countries in the development and adaptation of evidence-based clinical practice and public health guidelines.

Conclusions

Clinical practice guidelines and public health guidelines are knowledge products developed to improve evidence-based decision-making at the clinical or public health levels. However, the majority of countries in the Eastern Mediterranean Region have not adequately invested in the development and adaptation of guidelines as a systematic tool for guiding clinical and public health decisions and enhancing service delivery. It is vital that they have a plan for the development and implementation of guidelines, which requires the involvement of all national programme stakeholders. Although WHO guidelines cover a wide range of public health, health system and clinical areas, the variety of national health systems and contexts in the Region means that guidelines need to be adapted at country level. It is also necessary to institutionalize integrated systems for generation and use of evidence for policy-making, including the establishment of national programmes for guideline development, adaptation and implementation. Resolution EM/RC66/R.5 (2019) endorsed a framework for enhancing institutional capacity for evidence-informed policy-making in different national contexts, and a regional action plan for the implementation of the framework was developed in 2021 that includes strategies and objectives to support the development of the technical capacity of Member States to adapt or develop guidelines. Globally, WHO is investing in innovative approaches to the development and delivery of guidelines, such as living guidelines and smart guidelines, that have the potential to enhance the guideline adaptation and implementation process and accelerate uptake.

Proposed actions

Member States

- Strengthen the ecosystem and infrastructure for the development, adaptation and uptake of guidelines by establishing a national programme for clinical and public health guidelines.
- Develop a national accountability framework for monitoring, evaluation and use of clinical and public health guidelines for decision-making.

WHO

- Provide technical support to Member States for capacity-building and establishing national programmes for clinical and public health guidelines.
- Enhance networking and collaboration among academic and research institutions and ministries of health to support evidence-informed policy-making.

