

Report of the

**71st session of
the WHO Regional
Committee for the
Eastern Mediterranean**

Doha, Qatar
14–17 October 2024

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1. Introduction

The 71st session of the Regional Committee for the Eastern Mediterranean was held in Doha, Qatar, from 14 to 17 October 2024.

The following Members were represented at the session:

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

In addition, observers from Türkiye, African Union, International Organization for Migration (IOM), United Nations Population Fund (UNFPA), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Economic Cooperation Organization (ECO), Eastern Mediterranean Region Youth Council/WHO Youth Council, Gulf CDC, Gulf Health Council, Organization of Islamic Cooperation (OIC), Al Sebai Group for Training, Arab Hospitals Federation, Gavi, The Vaccine Alliance, Hamdard Foundation Pakistan, International Agency for the Prevention of Blindness (IAPB), International Federation for Medical Students Associations (IFMSA), International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Iodine Global Network-MENA/EMR (IGN), NCD Alliance, Rotary International, The Eastern Mediterranean Public Health Network (EMPHNET), WHO Foundation, World Federation of Hemophilia (WFH), World Federation of Societies of Anaesthesiologists (WFSA), World Heart Federation (WHF), World Organization of Family Doctors (WONCA), and a number of national organizations from Qatar attended the session.

2. Opening session and procedural matters

2.1 Opening of the session

Agenda item 1

The opening session of the 71st session of the Regional Committee for the Eastern Mediterranean was held in Al Majles Hall, Sheraton Grand Hotel, Doha, Qatar on 14 October 2024.

2.2 Formal opening of the session by the Chair of the 70th session

The 71st session of the Regional Committee was formally opened by His Excellency (H.E.) Dr Ali Haji Abubakar, Minister of Health and Human Services of Somalia and Chair of the 70th session of the Regional Committee. Dr Abubakar emphasized that the journey towards a healthier, more resilient Region was not just a professional duty, but a personal commitment for each health minister. He praised the Walk the Talk event held the previous evening as an inspiring reminder of the connection between sport and health and the importance of physical exercise. He noted that the Regional Committee session was an opportunity not just to discuss pressing challenges, but also to celebrate successes. However, much work remained to be done to improve health and well-being, and crises in the Region posed a severe threat to health and health systems. It was critical to continue investing in health infrastructure and ensuring that everyone had access to health services, no matter their circumstances.

Dr Abubakar noted that Somalia had represented the Region at the Seventy-seventh World Health Assembly in May 2024 in discussions that resulted in the adoption of resolution WHA77.5 on Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal (SDG) targets 3.1 and 3.2. This was an area of critical concern in the Region; six countries were not on track to meet relevant targets and several others were struggling to stay on target. He called on WHO to maintain support in this area. Dr Abubakar welcomed the WHO Regional Director for the Eastern Mediterranean's three new flagship initiatives, which he believed could have a transformative impact, and called on all Member States to work together to improve health and well-being.

2.3 Address by Dr Hanan Balkhy, the Regional Director

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, welcomed Regional Committee participants for the first time as Regional Director and thanked Qatar for hosting the session. She also acknowledged those colleagues and partners unable to travel safely from their countries to the session and paid tribute to their courage, professionalism and dedication. She welcomed the opportunity that Regional Committee session provided to discuss the emergencies and major health challenges in the Region, and mentioned the update on health emergencies, including a special briefing on Palestine, and an update on polio eradication. She recognized the need to talk frankly about the crises and challenges in the Region throughout the session and the great potential for driving positive change that the session represented.

The Regional Director noted that the session would provide an opportunity to discuss both big picture plans and focused technical papers to accelerate progress in key areas, among other major technical items. She said the plans included a new strategic operational plan for WHO in the Region and three flagship initiatives, while the technical papers included one with a proposal for a new operational framework for addressing physical trauma in humanitarian settings, building on the Regional Trauma Initiative, and another proposing a new regional action plan to enhance mental health and psychosocial support in emergencies. They also included a paper examining how the Region's response to antimicrobial resistance (AMR), one of the biggest threats to health and development, can be galvanized, and another describing how the Region's health information systems can be improved to obtain the accurate, timely and comprehensive data that are critical to enable informed decision-making. In closing, Dr Balkhy welcomed the inspiration provided by the other speakers and recalled the role of Member States in setting WHO's strategic direction. She called on all present to renew the shared commitment to improving the health and well-being of everyone in the Region, and expressed her hope of talking to – and listening to – as many participants as possible.

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

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, opened his address, delivered virtually from Berlin, by thanking Qatar for hosting this year's Regional Committee meeting, which came at a difficult time for the Region owing to the conflicts in Lebanon, the occupied Palestinian territory, Sudan and Yemen. He described recent visits to Sudan, where he had joined the Regional Director in visiting a nutrition stabilization centre and internally displaced persons camp, and to Chad, which was hosting 680 000 refugees from Sudan.

Recognizing that the civil war in Sudan was only one of several conflicts in the troubled Eastern Mediterranean Region, the Director-General described WHO's numerous activities in the occupied Palestinian territory, including the delivery of almost 2500 tonnes of supplies, the deployment of emergency medical teams of over 1000 personnel who have performed thousands of surgeries and offered a broad range of support, and the initiation of a polio vaccination campaign targeting almost 600 000 children, all carried out under extremely difficult and dangerous conditions. He highlighted the risk that the eruption of conflict in Lebanon poses to the health of millions, through displacement, evacuations and attacks on health care, and called for health care to be actively protected throughout the Region, in line with International Humanitarian Law. He welcomed the technical papers set to be presented during the week, particularly on addressing the increasing burden of trauma in humanitarian settings, and on the proposed regional action plan for mental health and psychosocial support in emergencies. However, he emphasized that what the people of Lebanon, the occupied Palestinian territory, Sudan and Yemen need more than trauma care, more than mental health and psychosocial support, and more than aid, is a ceasefire, a political solution and peace – that the best medicine is peace.

The Director-General also highlighted the other threats in the Region, such as earthquakes, floods, drought and disease outbreaks and future pandemics. While progress towards strengthening health emergency preparedness, prevention and response is being made, crucial issues remain unresolved, and he urged Member States to continue to work together in their shared interest. He also expressed his admiration for the range of achievements of the countries of the Region in progress on the elimination of hepatitis C, trachoma and leprosy, vaccine introduction, regulation, electronic medical records, nutrition, and tobacco control through health warnings and plain packaging, among many others.

The Director-General welcomed the many important topics on the Regional Committee's agenda, including AMR, one of the most pressing health challenges of our time, and the digitalization of health information systems. Countries had approved a political declaration on AMR at the United Nations General Assembly High-Level Meeting in September 2024, and the Director-General urged all Member States to take immediate action on its concrete commitments and targets. He highlighted, in particular, the Regional Director's regional strategic operational plan, which has six priorities, and three flagship initiatives, with their concrete, measurable targets addressing health concerns in the Region such as the procurement, production and regulation of medical productions, health workforce management, and substance abuse. The regional strategic operational plan aligned with WHO's recently adopted Fourteenth General Programme of Work (GPW 14), WHO's mission to promote, provide and protect health and well-being for all people, in all countries, and to save 40 million lives over the next four year. This would be supported by the first WHO Investment Round, which would mobilize sustainable and predictable resources for all this important work. Every contribution to the Investment Round would make a difference. WHO was committed to continuing the journey of transformation begun more than seven years ago, to become more effective, efficient, transparent, accountable and results-oriented.

The Director-General concluded by encouraging all Member States to engage actively in negotiations for the Pandemic Agreement, and to complete it by the end of this year. He also urged all Member States to implement GPW 14 and the regional strategic operational plan. Finally, he appealed to all Member States and partners to participate in the WHO Investment Round.

2.5 Address by Dr Hanan Mohamed Al Kuwari, Minister of Public Health of Qatar

Welcoming delegations and other Regional Committee participants on behalf of the host country, Her Excellency (H.E.) Dr Hanan Mohamed Al Kuwari, Minister of Public Health of Qatar, noted that the session theme, “Health Beyond Borders”, was particularly relevant to the Eastern Mediterranean Region. Ongoing crises demonstrated that promoting health and well-being purely within national boundaries was insufficient; international efforts were also essential. WHO therefore played a crucial role, and Dr Al Kuwari stressed the importance of increasing Member States’ assessed contributions to the Organization’s programme budget, to ensure that GPW 14 could be fully implemented. Qatar believed in the value of investing in WHO to enhance global health and global stability; this was a key principle of Qatar’s national Vision 2030 and other plans under the leadership of the Emir, His Highness Sheikh Tamim bin Hamad bin Khalifa Al Thani. Qatar had developed a close partnership with WHO which it saw as a model for relationships with other international organizations. It had been among the first WHO Member States to increase voluntary contributions in response to the COVID-19 pandemic and had also created the pioneering Sport for Health partnership with WHO and FIFA. This initiative had been instrumental in prompting the adoption of resolution WHA77.12 of the Seventy-seventh World Health Assembly on strengthening health and well-being through sport events, and would be further highlighted with the imminent launch of the Sport for Health report. Qatar was also heavily engaged in the Healthy Cities programme, and all eight of its municipalities had been awarded Healthy City status. It would host the Seventh World Innovation Summit for Health (WISH) in November 2024, and the Sixth Global Mental Health Summit in 2025.

Dr Al Kuwari noted that much work remained to be done to advance health and well-being in the Region. The volume and scale of emergencies posed severe challenges, and she called for an end to conflicts and attacks on health care. WHO’s proposed new regional strategic operational plan and flagship initiatives were essential and should be supported, and she called for solidarity to achieve health for all.

2.6 Address by Dr Izzeldin Abuellaish, Professor of Global Health, University of Toronto

The doctor, author and humanitarian Professor Izzeldin Abuellaish addressed the Regional Committee on the importance of hope. His own background – as a Palestinian who grew up in Jabalia refugee camp in the Gaza Strip and had lost his daughters and niece when his home was shelled by an Israeli tank – and the current situation in Palestine made him feel pain, frustration and despair; but he refused to allow tragedy to control or defeat him, and insisted on hope. War, poverty, fear, violence and hatred represented an existential threat to the future of humanity. But at the same time, they were man-made problems which humanity could solve. The capacity of humanity to adapt meant there was still hope. Indeed, as a doctor he believed that there was always hope while the patient remained alive; health professionals were pillars of hope and human dignity.

Tackling the grave challenges facing humanity required imaginative new solutions – thinking and working across borders. Effective multilateral action on health was an integral part of those solutions. Health and peace were dynamic and intertwined – each could not fully exist without the other. People needed to see beyond their screens to the horrific, murderous reality of war, and to humanize rather than politicize it. Fear, hatred, violence and war should be understood as endemic social diseases, and addressed scientifically drawing on the public health approach. Wrongdoing should be acknowledged, and accountability ensured, to avoid any repetition. Humanitarian law and responding to emergencies were ethical imperatives, and the value of human freedom was paramount.

Professor Abuellaish emphasized that women were the strongest creators and the most resilient members of any society. There could be no peace without women and without respect for human rights. He remained hopeful, and had chosen to address the Regional Committee session because he believed in its participants’ power to achieve positive change. While no one could do everything to tackle current challenges, everyone could do something, and promoting health and peace was an ethical duty for every human being. He called on all participants to have hope – and above all, to take action.

2.7 Election of officers

Agenda item 1(a), Decision 1

The Regional Committee elected the following officers:

Chair:	H.E. Dr Hanan Mohamed Al Kuwari (Qatar)
Vice-Chair:	H.E. Dr Ahmed Robleh Abdilleh (Djibouti)
Vice-Chair:	Dr Ali Reza Raeisi (Iran, Islamic Republic of)

2.8 Adoption of the agenda

Agenda item 1(b), Document EM/RC71/1-Rev.2, Decision 2

The Regional Committee adopted the agenda of its 71st session.

2.9 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 Samya Ali Bahram (Bahrain)
- Dr Mohammad Houssein Nicknam (Iran, Islamic Republic of)
- Dr Riyadh Abdul Amer Al-Hilfi (Iraq)
- Dr Raid Anwar Al Shboul (Jordan)
- Dr Al-Munther Al-Hasawi (Kuwait)
- Ms Hilda Harb (Lebanon) (Chair)
- Mr Abdelouahab Belmadani (Morocco)
- Dr Chekib Zedini (Tunisia)
- Dr Adham Ismail Abdel Moneim (World Health Organization)
- Dr Richard John Brennan (World Health Organization)
- Dr Asmus Hammerich (World Health Organization)
- Dr Awad Mataria (World Health Organization)
- Dr Arash Rashidian (World Health Organization)
- Dr Nevin Wilson (World Health Organization)
- Dr Nasim Pourghazian (World Health Organization)
- Mr Tobias Boyd (World Health Organization) (Secretary)

3. Overview of the flagship initiatives

The Director of Programme Management/Chef de Cabinet *ad interim* (a.i.) for the WHO Regional Office for the Eastern Mediterranean introduced the presentation of the Regional Director's flagship initiatives, describing how they had been built on lessons learned from the COVID-19 pandemic regarding supply chains, global health dependences, health workforce impacts, and mental health and productivity. The flagship initiatives would act as accelerators to the regional strategic operation plan.

3.1 Regional flagship initiative on expanding equitable access to medical products

Agenda item 2(a), Document EM/RC71/A, Resolution EM/RC71/R.1

The Regional Adviser for Access to Medicines and Health Technologies began the presentation of flagship initiative 1 by describing how limited capacity to produce medicines and vaccines, suboptimal quality assurance of medical products, significant variations in affordability and inefficient procurement and supply management all threaten effective health care in the Eastern Mediterranean Region. Equitable access to safe, effective, quality and affordable essential medicines and vaccines is critical and spending on such products represents a high proportion of the Region's health expenditure, ranging from 10–20% in developed countries to 20–60% in developing countries. This affects not only public spending but also

individuals in the Region, one in eight of whom face financial hardship owing to their personal health spending. The need to import medicines and vaccines is a factor in this high level of expenditure.

Not only does this dependency on foreign producers increase the risk of supply problems, it also means that much of the Region's spending on essential medical products benefits economies outside it. While some of the Region's countries have invested in locally manufacturing essential medical products, most remain heavily reliant on imports to fulfil their population's need for medical products. Supplies, particularly of new vaccines, also vary among countries by income group, and emergencies in the Region impact infrastructure and thereby further complicate access to medicines. Other challenges to access include weak regulatory mechanisms and the circulation of substandard medical products.

This flagship initiative proposed by WHO's Regional Director for the Eastern Mediterranean aims to enhance access to essential medical products through the three pillars of bolstering procurement and supply chain systems, promoting local production, and strengthening regulation. A new regional pooled procurement mechanism that is comprehensive and strategic will strengthen accessibility and reduce costs, while ensuring equitable distribution to vulnerable populations, including refugees and internally displaced persons. Furthermore, a programme of sustained technical support at country level will help build domestic capacities for production, good manufacturing practices, storage, distribution and regulation. As such, the initiative's proposed targets for 2029 support the regional strategic operational plan and should bolster progress towards the health-related SDGs and universal health coverage, while boosting the Region's economic growth.

Discussion

The Regional Director said that the need to improve access to medical products had been identified through visits to Member States and promised a laser focus on the bottlenecks impeding local production and stopping medications getting to where they are needed. She recognized a common desire among Member States to build their national regulatory authorities and the strong support for this from colleagues at WHO headquarters. She noted that it would be important to expand digitalized high-capacity warehouses to be able to support regional neighbours, and emphasized that infrastructure was needed not only for emergencies, but permanently.

The Assistant Director-General for Access to Medicines and Health Products reminded the session that ensuring access to quality medical products was crucial to expanding universal health coverage, and that it was vital to strengthen regulatory systems, reduce duplicated procedures and address barriers. She said that WHO would provide technical support for sustainable local production and building a skilled workforce, and called for commitment from all Member States. Finally, she welcomed the World Local Production Forum scheduled to take place in the United Arab Emirates in 2025.

Representatives welcomed the initiative in all its aspects and wished it much success, describing how they had seen the necessity for such a project during the COVID-19 pandemic and armed conflicts through the problems in availability that had accompanied these situations. They shared the Regional Director's conviction that the initiative could foster substantial economic growth and contribute towards universal health coverage and attainment of the SDGs. They were ready to work together, and felt that the great diversity within the Region could produce helpful synergies. Challenges to the achievement of the initiative's objectives were noted, including competition between pharmaceutical companies and among countries, as well as the damage to infrastructure, including roads and warehouses, due to emergencies, conflict and external aggression. Representatives requested a progress report in a year's time.

Statements were made on behalf of the following observers: Arab Hospitals Federation (AHF), Eastern Mediterranean Public Health Network (EMPHNET), GAVI, the Vaccine Alliance, International Federation of Pharmaceutical Manufacturers and Associations (IPFMA), the Intergovernmental Negotiating Body Bureau, Organisation of Islamic Cooperation (OIC), World Federation of Haemophilia (WFH).

The Regional Director noted the need to establish a committee for follow-up and report on progress. She felt it was positive that national agendas would proceed regardless. She would capitalize on the institutional knowledge, talent and skills in the Region, and engage with WHO colleagues globally and

with the private sector. She appealed for Member States to support the WHO Representatives in their countries, and expressed optimism, given that so much was already present in the Region to build on.

3.2 Regional flagship initiative on investing in a resilient health workforce

Agenda item 2(b), Document EM/RC71/B-Rev.1, Resolution EM/RC71/R.1

A skilled health workforce is the backbone of every effective health system, as recently illustrated by the COVID-19 pandemic, and it is a prerequisite for achieving universal health coverage and the health-related SDGs. While health workforce challenges are global, they are particularly acute in the Eastern Mediterranean Region, where many countries face severe challenges in producing, recruiting and retaining the health professionals they need, while others rely on recruiting their health workforce internationally; current projections estimate the Region will face a disproportionate deficit of 2.1 million doctors, nurses and midwives by 2030. Despite significant growth in medical education, a misalignment between health system needs and education system capacities persists. Active and prolonged crises in nearly half the countries in the Region further complicate health workforce challenges.

This flagship initiative proposed by the WHO Regional Director aims to address health workforce gaps through a comprehensive, long-term approach, including expanding education and employment, addressing skills gaps, leveraging technology for training, promoting multidisciplinary teams, ensuring safe working conditions and managing international migration ethically. The initiative proposes strategic Region-wide action complemented by high value-added interventions and support tailored to each country context. A major aim of the initiative is to increase and better target investment in the health workforce collaboratively across the Region to improve production, recruitment and retention. This will not only support significant improvements in population health, but also boost economic growth and development.

Discussion

The Regional Director said that active and prolonged crises further complicated health workforce challenges in the Region and that migration and attacks against health care were of significant concern, but other challenges included education, regulatory measures, financial incentives and licensing. She noted that some health care workers were not licensed to practice in countries in which they had been displaced. She talked of the importance of establishing mechanisms through which workforce challenges could be addressed in order to meet the targets of the SDGs.

Statements were made on behalf of the following observers: Eastern Mediterranean Public Health Network (EMPHNET), International Federation of Medical Students Associations (IFMSA), International Organization for Migration (IOM), NCD Alliance, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), World Federation of Societies of Anaesthesiologists (WFSA).

The Assistant Director-General for Health Emergency Intelligence and Surveillance Systems said that WHO's work with countries was dependent on the health workforce. He made reference to the role of WHO institutional bodies, such as the WHO Academy and the Hub for Pandemic and Epidemic Intelligence, as well as the framework to strengthen the global architecture for health emergency prevention, preparedness, response and resilience, in helping to face collective challenges. He emphasized that health care workers should never come under attack and that there could be no health without peace.

Representatives commended the Regional Director's flagship initiative to invest in a resilient health workforce and stressed that skilled health workers were fundamental to building strong, resilient health systems and ensuring access to quality health care to achieve universal health coverage and the health-related SDGs. There was a need to increase and sustain investment in the health workforce and better align that investment with health system needs. Complex political, social and economic contexts had increased the migration of health professionals both within and outside the Region, and recruiting and retaining health workers where they were most needed represented a significant challenge. Some countries also cited inequality in access to health care due to the unequal distribution of health personnel between rural and urban areas and skills mix imbalances. They discussed the need to create incentivizing and motivating

environments for health workers and praised the bravery and resilience of health workers working in conflict-affected and fragile countries. They stressed the importance of ensuring the safety and security of the health workforce, and the need to strengthen the health workforce in high-impact priority areas, such as primary health care, to ensure delivery of essential public health functions, and for emergency preparedness and response. Representatives also highlighted the need to strengthen the education and training of the health workforce to improve the qualifications and capacities of health workers across the Region and to leverage technology for training and addressing skills gaps, adapted to emerging health needs and changing contexts.

The Regional Director said she was encouraged by the positive response to the initiative and had witnessed during her visits to countries the commitment of governments to invest in the health workforce. She said ensuring the safety and security of the health workforce was a key priority, thanked those who had taken part in the consultations on the initiative and invited national entities to be party to future consultations.

3.3 Regional flagship initiative on accelerating public health action on substance use *Agenda item 2(c), Document EM/RC71/C, Resolution EM/RC71/R.1*

The Regional Adviser for Mental Health and Substance Use presented the regional flagship initiative on accelerating public health action on substance use. He said that substance use represented a major public health challenge, impacting the security and development of societies. While action to tackle substance use had often focused on attempts to restrict supply, including through punitive law enforcement, such measures had been demonstrated to be costly and largely unsuccessful in the long term. He noted that substance use disorders were complex health conditions with psychosocial, environmental and biological determinants and that addressing substance use as a public health issue offered proven benefits both in preventing use and in reducing the harms that arise from it in a more cost-effective manner. He observed that despite some progress in recent years, there was still a substantial treatment gap in the Region, with only one in 11 individuals with drug use disorders receiving treatment in 2022, and disparities in the availability and coverage of essential medications. The Regional Adviser outlined the flagship initiative's objectives, which included preventing drug use initiation, increasing the availability of and access to services, and reducing the associated morbidity and mortality. The initiative would focus on delivering a set of evidence-based interventions to address the public health impacts of substance use, through a coordinated and collaborative approach tailored to each country's context.

Discussion

Representatives welcomed the flagship initiative, noting that it was addressing a pressing issue with numerous negative health and social impacts, including on families and communities. The flagship initiative's focus on taking a public health approach to drug use was commended, and the need for evidence-based approaches affirmed. Representatives outlined the many efforts being undertaken within countries to address drug use, including through awareness campaigns, staff training and specialized services for prevention, treatment and rehabilitation, including for at-risk groups such as young people. Several countries had developed national committees, strategies and plans on drug use, and WHO support was requested by some for the updating or financing of these. The importance of building the capacities of the health workforce, ensuring stakeholder engagement, gathering data and undertaking research were all noted, and it was suggested that the initiative be adapted to specific country contexts. Solidarity and collaboration were called for to effectively combat this major public health problem.

Statements were made by the following observers: Eastern Mediterranean Region Youth Council.

The Regional Director noted that Member States had raised drug use as a priority issue and pointed out the links between this flagship initiative and the other two flagship initiatives, such as in the capacity-building of the health workforce and improving access to essential medications for the treatment of substance use disorders. She said there was a need for a collaborative approach that included experts from the Region, noting the existence of WHO Collaborating Centres on substance use in several countries. She concluded that while it was a difficult issue to address, it was important to do so to create a better future for the children of the Region.

The WHO Assistant Director-General for Access to Medicines and Health Products expressed the support of WHO headquarters for the initiative and said that the Region had been prioritized for work in this area. She called for a balanced, equitable and safe approach to reducing the harms of nonmedical substance use, while ensuring access to treatment for substance use disorders. She said a collaborative approach was required and emphasized the need for the training of health workers in the issue.

3.4 Regional strategic operation plan, 2025–2028

Agenda item 2(d), Document EM/RC71/D-Rev.1, Resolution EM/RC71/R.1

The Regional Committee received a presentation from Dr Mohamed Jama, Senior Adviser to the Regional Director, on the proposed strategic operational plan for the Eastern Mediterranean Region, 2025–2028, which was intended to guide implementation of GPW 14 in the Region. Dr Jama explained that the plan was based on three principles: WHO's work in the Region should focus on achieving positive impact in countries; investment in health should in general be substantially increased across the Region; and progress in delivery of the plan should be monitored and measured.

Dr Jama noted that the plan was designed to fit the complex context of the Region. While there had been achievements in recent years in increasing health service coverage, reducing maternal and child mortality, addressing communicable diseases and expanding immunization, progress was uneven across the Region and many countries still faced severe challenges. However, evolving technologies and expanding scientific knowledge offered opportunities that should be exploited.

Dr Jama explained that the plan aligned with the three technical priorities of GPW 14 – Promote, Provide and Protect – plus the additional priority of Polio, which remained endemic in the Region. These technical priorities would be supported by two enabling functions: Power and Perform. Work on these would be tailored to each country's priorities, as captured in an extensive recent consultation. That country-level customization represented a novel feature of the plan; in addition, it was distinguished by a strong emphasis on partnership and collaboration and a commitment to rigorous monitoring and evaluation. Furthermore, and as had been noted in several previous presentations, the three flagship initiatives were an integral part of the plan.

Dr Jama outlined the financial resources required to implement the plan, and also noted that wherever possible it included interventions that offered a proven and considerable return on investment. Successful delivery of the plan would mean that an additional 60.4 million people enjoyed access to quality health services without incurring financial hardship and would prevent the deaths of approximately 215 000 additional mothers and children in high-burden countries.

Discussion

Representatives welcomed the strategic operational plan, noting that it offered a coherent approach to implementing GPW 14 in the Region and for integrating national plans and strategies into that work. The emphasis in the plan on evidence-based interventions offering a proven return on investment was praised, and the strong commitment to monitoring and evaluating progress in implementing the plan was identified as an important strength. At the same time, some concerns were expressed about the challenges of measuring progress in practice, especially in countries hosting large numbers of migrants, refugees and internally displaced populations. The importance of collecting disaggregated data on migration status through health information systems was emphasized.

Statements were made on behalf of the following observers: the Arab Hospitals Federation, the Eastern Mediterranean Public Health Network and the International Organization for Migration.

Dr Jama thanked representatives for their feedback and support. He emphasized that several assumptions were built into the plan: in particular, its successful implementation would require effective cooperation and partnership with key stakeholders, including a whole-of-government approach. The focus on return on investment was intended to support engagement with ministries of finance. He agreed that accurate measurement was essential, and work was under way to ensure that the numbers of

migrants and displaced populations were properly reflected in indicator denominators. There would be regular reports of progress against milestones for all indicators.

4. Reports and statements

4.1 The work of WHO in the Eastern Mediterranean Region: annual report of the Regional Director for 2023

Agenda item 3(a), Document EM/RC71/2, Resolution EM/RC71/R.2

Progress reports on poliomyelitis eradication and polio transition; Strategic framework for blood safety and availability, 2016–2025; Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic; Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005); Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region; Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund; Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals; Advancing the implementation of One Health in the Eastern Mediterranean Region; Regional strategy for fostering digital health in the Eastern Mediterranean Region, 2023–2027; The work of the High-level Ministerial group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region; Strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region.

Agenda item 3 (b–l), Documents EM/RC71/INF.DOC.1–11

The Regional Director presented the annual report on WHO's work and achievements in the Region to the Regional Committee. She noted that the annual report publication covered 2023 and therefore reflected the hard work of her predecessor, Dr Ahmed Al-Mandhari, and the team she had inherited from him. Dr Balkhy discussed some of her key experiences from her visits to countries of the Region since she assumed office. She had witnessed some of the pressures and challenges in countries affected by emergencies, including the immense physical, emotional and psychological strain on people in Palestine, Sudan and the Syrian Arab Republic. She had also seen the toll of substance use in Afghanistan, the Islamic Republic of Iran and the Syrian Arab Republic, and she knew that millions of people in other countries also faced such challenges. But while WHO would continue to remind the world of these unacceptable situations, despair was inappropriate and counterproductive: the emergency response in Palestine had highlighted impressive achievements including the speed of the polio vaccination campaign, the immense resilience of the Gazan health workforce and the solidarity shown by other countries of the Region.

In fact, there were notable successes in many different areas of public health, and in every country of the Region. Dr Balkhy cited examples from areas including the Healthy Cities programme, communicable disease control, family education, medicine production, medical research, polio eradication and transition, and expanding service coverage. The strategic plans and initiatives presented the previous day would build on these achievements over the next few years. She highlighted three key elements of her strategic plans: investment, collaboration and accountability. She argued that investing in health was one of the best and shrewdest choices any government can make, given the return on the investment. The regional strategic operational plan and flagship initiatives would not only improve health and well-being across the Region, but also boost social and economic development. Collaboration with other sectors, including the private sector, was a key feature of the plans. This included pooled procurement for medicines and vaccines, cooperation between Member States on health workforce, creating a network of centres of excellence on tackling substance use, and

coordination through the Regional Health Alliance. WHO would track its progress regularly and comprehensively against agreed indicators and there would also be an independent evaluation in 2027, providing full transparency and holding everyone accountable for delivering their part of the plan. Dr Balkhy concluded by appealing for a concerted effort from all Member States to endorse and enact the plans presented and change millions of lives for the better.

Discussion

Representatives welcomed the Regional Director's report and reiterated their strong support for the regional strategic operational plan and flagship initiatives. They noted that the report reflected the considerable challenges in the Region, especially the toll from escalating conflicts and other emergencies that threatened to undo previous advances in health. However, representatives also agreed that there were opportunities to recover and accelerate progress, and provided many examples of successes from their countries. The importance of collaboration, partnership and solidarity were emphasized repeatedly. Representatives thanked the Regional Director and the WHO Secretariat for their work and expressed their continuing commitment to WHO's work and their hope for successful implementation of the plans announced.

Statements were made on behalf of the following observers: African Union (AU), International Alliance of Patients' Organizations (IAPO), International Federation for Medical Students' Associations (IFMSA), International Organization for Migration (IOM), NCD Alliance, Türkiye, United Nations Population Fund (UNFPA), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), World Federation of Societies of Anaesthesiologists (WFSA), World Federation of Hemophilia (WFH), WHO Youth Council.

The Regional Director thanked Representatives for their support. She also once again thanked her predecessor, Dr Ahmed Al-Mandhari, for his work; the annual report in large part covered achievements during his final year in office, and she looked forward to building on that legacy. She emphasized her admiration for the strong solidarity shown by Member States and the people of the Region. A striking example was the support shown for large numbers of refugees and displaced people, including in countries whose own populations had been displaced en masse. Such solidarity was an example to the rest of the world and represented the only way forward in the Region's current, difficult situation. The Regional Director repeated WHO's call for peace. She noted the critical role of WHO country offices in implementing strategies and plans. The WHO workforce in countries were often drawn from local communities, and they and their families faced the challenges of emergency situations even as they worked to help others through the emergency response. She was amazed by their dedication. She also repeated that the main credit for the delivery of successful polio vaccination campaigns in Palestine should go to health workers from the Gaza Strip.

In closing, the Regional Director requested that Member State delegations to future Regional Committee sessions include representatives from key entities responsible for implementing the regional strategic operational plan and flagship initiatives as well as representatives from youth organizations. Successful implementation of those plans required effective partnership at all levels.

4.2 Update on emergencies in the Eastern Mediterranean Region, including a special update on the health and humanitarian situation in Palestine and the latest on the Intergovernmental Negotiating Body

Agenda item 3(e), Document EM/RC71/INF.DOC.4-Rev.1

The Regional Emergency Director, WHO Health Emergencies Programme, presented an update on emergencies, noting that emergency health needs and risks continued to soar across the Region, where 110 million people remained in need of humanitarian assistance, mostly driven by conflict, and WHO was responding to 15 graded emergencies (10 of which were grade 3). In 2022–2023, five out of the world's 10 deadliest natural disasters were in the Region, and in 2024 alone, 75 disease outbreaks had been reported in 21 out of the Region's 22 countries/territories. Since October 2023, 1104 attacks on

health care had been documented. While much of the attention had been focused on Lebanon, Palestine and Sudan, it was important to not lose sight of the multitude of other crises affecting the Region, such as the earthquakes in Afghanistan, floods in Somalia and Sudan, cholera in Yemen, grade 3 emergencies for dengue worldwide, including in the Region, and the declaration of mpox as a Public Health Emergency of International Concern. In addition, ongoing humanitarian crises continued in Somalia, Syrian Arabic Republic, Yemen and elsewhere.

WHO's response to the complex and fast-moving events in the Region had relied on adopting the health emergency preparedness, response and resilience (HEPR) approach, through all phases of the emergency cycle, and this approach had continued to be refined. In coordination with Member States and partners, WHO had been able to demonstrate that when given access and resources, it had been able to document very good health outcomes, citing improving outcomes from severe acute malnutrition, controlling case-fatality rates and building on capacity gains during the COVID-19 pandemic. He highlighted WHO progress on previous Regional Committee commitments to Member States, saying the Region was leading in emergency management and innovative initiatives, and that the results of external reviews of the work of the Organization had been very positive. He described some of the challenges as lack of access and capacity, competing priorities and operational constraints. Moreover, the base budget had only been funded at 29%. He highlighted priorities moving forward and requested Member States to invest in emergency management and HEPR capacities, fast track implementation of IHR amendments, scale up political support and advocacy, and assist with financial support to address gaps.

The WHO Representative in Palestine gave an update on the situation in the Gaza Strip and West Bank. He described the situation in the Gaza Strip in which more than 1.9 million people had been displaced and almost 42 000 killed, with many more people buried under the rubble. He articulated the health needs and described the levels of disease and malnutrition, attacks on health care and expressed some of the challenges and operational constraints of working in such an environment. He also provided information on the number of medical evacuations and on the two rounds of the emergency polio vaccination campaign. He then described some of the operational constraints and challenges being faced in the West Bank. A way forward was presented, which included: delivery of essential health services; public health intelligence, early warning, prevention and control; supplies and logistics support; coordination; and early recovery, rehabilitation and reconstruction.

Ambassador Amr Ramadan, Vice-Chair of the Negotiating Group and Chair of the Sub-Group on Articles 10, 11 and 13, described the stages of the negotiations so far in the work of the Intergovernmental Negotiating Body (INB) to draft a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. He highlighted some of the provisions in the WHO pandemic agreement and summarized areas requiring further discussion, including: prevention and One Health; transfer of technology and diversified production; access and benefit sharing; financing; and governance. He urged Member States to collectively work towards consensus by the end of the year.

Discussion

Representatives began their discussions by talking about the second round of an emergency polio vaccination campaign, which had begun on 14 October in the Gaza Strip, to vaccinate almost 600 000 children under 10 years of age with a second dose of the novel oral polio vaccine type 2 (nOPV2) vaccine. This had followed a first round, which had been successfully implemented from 1 to 12 September 2024, vaccinating an estimated 95% of eligible children.

Representatives expressed consternation at the ongoing escalation of hostilities that was threatening millions of lives and livelihoods across the Region, particularly in the Gaza Strip and West Bank, Lebanon and Sudan. Concerns were raised about potential violations of people's human rights, including their right to health and access to life-saving supplies. Health infrastructure in many conflict-affected countries had been destroyed. In addition to the huge toll that the conflict was taking on the Region in the number of lives lost, injury and displacement, it was also disrupting routine vaccination

activities, limiting access to medicines to treat communicable diseases, and increasing the risk of spread of disease. Lack of fuel in the Gaza Strip had led to the shutting down of desalination plants, significantly increasing the risk of bacterial infections, such as diarrhoea, as people were consuming contaminated water. Lack of fuel had also disrupted solid waste collection, particularly concerning for those people displaced across the Gaza Strip, who were living in severely overcrowded shelters with poor access to hygiene facilities and safe water. Populations in other conflict-affected countries were also being put at a higher risk of cholera, measles, malaria, skin diseases and upper respiratory infections. Vulnerable populations, especially displaced populations, were most at risk.

Representatives condemned attacks against health care, noting that these violated international law. In the Gaza Strip alone, 960 health workers had been killed, 60% of whom were women. More than 85% of its hospitals and health care centres had been damaged, and only six hospitals remained operational. Countries were providing support to various emergencies in the form of medical evacuations, medical aid and supplies, vaccines, ambulances, tents and food.

Representatives commended the INB's work on drafting a pandemic agreement as a step towards building a more resilient global health architecture helping to transform how the world prevents and responds to pandemic emergencies. While Member States' engagement in the negotiations had been extremely important, they had proven difficult, and countermeasures were needed to ensure that no country was left behind. Countries in the Region were collaborating in the negotiations with the WHO Regional Office for Africa and the Africa Centres for Disease Control and Prevention (Africa CDC). They discussed the importance of technology transfer, establishing independent production processes, prioritizing regional capabilities in research and development and the sharing of genomic data. They also highlighted the need to review the language of some of the provisions for translation into Arabic.

Statements were made on behalf of the following observers: Gavi, the Vaccine Alliance, IOM, UNRWA, World Heart Federation, WHO Youth Council.

The Regional Emergency Director acknowledged Member States' solidarity with, and support to, Lebanon, Palestine and Sudan. He said that attacks on health care were a critical issue in the Region and that steps and recommendations were being identified to address the rise of impunity in the face of ongoing conflict.

The Assistant Director-General for Health Emergency Intelligence and Surveillance Systems said that disease and conflict were intersecting and that a proactive response to this impact of conflict was necessary. WHO at all three levels of the Organization was investing and scaling up its preparedness and response capacities.

The Regional Director said that leadership, collaboration and health diplomacy had become increasingly important. She condemned the attacks on health care and stressed the importance of protecting health care workers. She noted that the Region was facing unprecedented challenges, citing emergencies occurring in many countries and highlighting the need to build national capacities to address the challenges.

The Regional Director thanked Ambassador Amr Ramadan for his valued support to Member States in the Region and expressed her appreciation to Member States for their engagement in the negotiations and for looking for ways in which to find solutions to ongoing obstacles but recognized that these were due to critical issues. She noted the Region's unique diversity and applauded their reaching out to the Africa CDC. She expressed the hope that a resolution to the negotiations could be found by the end of the year.

The Special Adviser to the Regional Director said that the process was being driven by Member States and he encouraged Member States to reach out to Ambassador Amr Ramadan.

Ambassador Amr Ramadan said that all points raised during the discussion had been pertinent and he encouraged collaboration with the WHO Regional Office for Africa and communication with the pharmaceutical industry. He also urged making concessions.

4.3 Update on polio eradication in the Eastern Mediterranean Region, including the reports of the tenth and eleventh meetings of the Regional Subcommittee for Polio Eradication and Outbreaks

Agenda items 3(b) and 7, Documents EM/RC71/INF.DOC.1-Rev.1, EM/RC71/13 and EM/RC71/14

The Director, Polio Eradication, presented an update on the status of polio eradication in the Region. Polio remains a Public Health Emergency of International Concern, with wild poliovirus (WPV) circulating in Afghanistan and Pakistan and active vaccine-derived poliovirus (cVDPV) outbreaks in Palestine, Somalia, Sudan and Yemen. As of 25 July 2024, Afghanistan and Pakistan have each reported nine cases of WPV1 in 2024. In 2023, 12 children were paralysed – six each from Afghanistan and Pakistan. However, the endemic cluster of Pakistan seems now to have been eliminated and despite widespread environmental detections, there have been no paralytic polio outbreaks elsewhere. Afghanistan is shifting away from house-to-house vaccination, a transition that may create some challenges. The goal is to stop transmission in 2025.

There were fewer outbreaks of cVDPV in the Eastern Mediterranean Region in July 2024 than a year before, and events in Egypt and Jordan have been closed. Transmission in Djibouti and Egypt appears to have stopped. Environmental samples collected on an ad hoc basis on 25 June 2024 detected cVDPV2 imported from north Sinai in six samples from the Gaza Strip, demonstrating how the displacement of people in the Region continues to drive the spread of polio.

Circulation of cVDPV2 continues in Somalia, Sudan and Yemen in a context of conflict, restricted access and low immunization. There is an increasing risk of the continued spread of cVDPV2 from the uncontrolled outbreak in the northern governorates of Yemen, arising from the inability to implement mass vaccination campaigns there and from extensive population movements due to insecurity and conflict, combined with waning population immunity against poliovirus type 2 in many areas of the Region. The protracted outbreak has paralysed 273 children; of those 33 were paralysed in 2024 compared with eight cases in 2023. Multiple vaccination campaigns to boost population immunity in the country's more populous northern governorates, where no response vaccination campaign has been permitted since the start of the outbreak, will be needed to stop the resurgent outbreak. Establishing access is urgent, given that virus strains related to those circulating in Yemen have been detected in Djibouti, Egypt and Somalia, highlighting the risk of continued international spread.

Somalia continues to face the longest-running outbreak of cVDPV2 but has shown strong recent improvement. There have been 40 cases and 70 positive environmental surveillance samples reported since the outbreak started in 2017. The onset of the most recent paralytic case was on 5 June 2024. More than half of children targeted for vaccination are partially or fully inaccessible. As part of the Somalia Emergency Action Plan II, efforts have been made to improve campaign quality. Cross-border coordination with Ethiopia and Kenya is ongoing.

The Global Polio Eradication Strategy 2022–2026 has been extended to 2029: the timeline for certification of WPV eradication is now 2027 and the timeline for eradication of cVDPV is extended to 2029. New approaches will involve a regional response to regional threats, a programme reset in Pakistan, redefining/remapping mobile groups, integrated delivery, humanitarian partners, expansion of environmental surveillance, new laboratory technologies and rapid sequencing. The Director, Polio Eradication, concluded his presentation by encouraging Member States to continue their strong regional response and to make political and financial commitments to the Health Emergency Extension Response initiative, while paying attention to prevention, high vigilance and preparedness. The Secretariat has introduced a new initiative, United to End Polio, and requests Member States to make time at the 71st session of the Regional Committee in Doha to engage with the polio exhibit.

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 tenth and eleventh meetings were held in March 2024 and July 2024, respectively.

Discussion

Representatives described their recent contributions to polio eradication efforts at regional and international levels and stated that this was a priority for them. In some cases, significant progress was reported, including in polio transition, despite the enormous challenges posed by conflict in some countries. The full and prompt implementation of recommendations, such as accessing zero dose children and performing robust and sensitive surveillance for acute flaccid paralysis, was considered key to stopping transmission, and more attention needed to be paid to population movement. Representatives reiterated their shared commitment to maintain the gains achieved and leave a legacy for future generations.

Representatives called on WHO to continue to build capacities to expand surveillance and response, and to continue efforts such as outreach programmes and support to national laboratories. Partnership with other international organizations and collaboration and solidarity among countries and across borders was considered essential. Representatives requested that technical and financial resources should be substantially increased to finally eradicate the disease, including resources for vaccination and technical support, and highlighted that a high level of political and social commitment was vital.

Statements were made on behalf of the following observers: Organization of Islamic Cooperation (OIC).

The President for Global Development at the Bill & Melinda Gates Foundation addressed the conference in a video message from the annual meeting of the Polio Oversight Board. He recognized the substantial progress made in the Region and remained confident that the goal of eradication can be achieved through hard work on all levels. He appealed to Member States to come together, renew their commitments and discuss tactics to end polio and thereby avoid child suffering.

The Regional Director expressed her sincere thanks to polio workers on the ground, and to the Representatives for their attention and time. She noted that much had been happening behind the scenes, and the Region remained very committed to reach the final mile on this difficult topic. She said the hard work would continue, using health diplomacy to reach every child in the Region and eradicate polio from the world, despite the conflicts in the Region, and that she would visit Afghanistan and Pakistan soon.

5. Technical matters

5.1 Addressing the increasing burden of trauma in humanitarian settings in the Eastern Mediterranean Region

Agenda item 4(a), Document EM/RC71/3-Rev.1, Resolution EM/RC71/R.3

The Regional Emergency Director gave a presentation on WHO's new operational framework for addressing trauma care in humanitarian settings in the Eastern Mediterranean Region. WHO's Eastern Mediterranean Region is subject to some of the most acute, large-scale and complex emergencies in the world. Fatality rates in low-income countries are triple those in high-income countries, and it is estimated that 25% of deaths could be avoided with simple, immediate life-saving techniques; more than 60% of trauma deaths occur before reaching hospital. Children under 15 account for 40% of the trauma case load in the fragile and conflict-affected situations in the Region. Systems and operational issues in the trauma care infrastructure of the Region contribute to these figures.

The effective management of trauma requires a functioning trauma care pathway embedded within a comprehensive system of emergency, critical and operative care services. However, in many humanitarian settings, already-fragile health systems have been severely weakened and damaged, restricting the capacity of health workers to provide essential health services, including trauma care. WHO's Regional Trauma Initiative, established in 2020, has already helped to address gaps in trauma care in humanitarian settings. The proposed new operational framework will further expand and improve this support. Its aim is to make responses more effective and predictable, and applies lessons learnt and best practices to strengthen the response to the rising trauma burden in the Region. Member States are requested to adopt a systems approach to trauma, develop community-based approaches and primary care capacities for

initial management of trauma, integrate trauma care into emergency, critical and operative care, strengthen information management and develop rapid response capacities, including emergency medical teams.

Discussion

Representatives contributed their own examples of how disasters, fragility and displacement impact trauma care, especially for vulnerable groups in the Region, with some describing instances of the challenging situations in their country and others detailing the support and solidarity they had offered to other countries. The COVID-19 pandemic had illustrated the importance of surge capacity. Representatives expressed support for this initiative and their commitment to continue working with WHO and with other countries in the Region, affirming the importance of regional cooperation. The comprehensive nature of the accompanying technical paper was praised.

Representatives expressed gratitude for WHO's efforts to support Member States affected by conflict and complicated emergencies, and recognized how the regional context exacerbates the complexity of the problem in many countries. Concern was expressed about the escalation of many situations and the increasing trauma burden that is overwhelming already-weak infrastructure, particularly in Palestine. The importance of data and of addressing all types of emergency were emphasized. Reducing the number of injuries through increased road safety and best practice in emergency preparedness and first aid was suggested by several representatives, as was capacity-building, training and addressing health workforce shortages. The importance of mental and psychosocial health care during emergencies was also highlighted.

The Regional Emergency Director thanked Representatives for their support, and agreed that mental health and psychosocial support was a key part of trauma care. He announced WHO's intention to create a network and community of practice, and agreed on the crucial role played by data and the importance of preparing for all types of emergency. He noted that trauma work could offer an entry point for other improvements to health care systems, and concurred on the need for standardized training and protocols, adapted to each country's context. He observed that in resource-poor settings, there are not enough anaesthetists and surgeons and that capacities must be developed within the system; supporting this is part of WHO's work. He concluded by expressing his admiration for the work countries are doing in advancing trauma and emergency care, and said that WHO had learned from and would continue to learn from its Member States.

The Regional Director applauded the contributions being made within the Region, but noted that few organizations have a mandate for trauma work in protracted crisis and conflict zones, and that a specialized and adapted approach was needed in this area. The Regional Trauma Initiative had already shown its value in complementing regional efforts and the response to overwhelming trauma had been improved. She observed that other WHO regions were learning from the Region's example and urged Member States to support the framework to address trauma in challenging conflict-affected and resource-poor settings, and reduce the social and economic burden of trauma by strengthening rehabilitation.

5.2 Promoting collaborative action to accelerate the response to antimicrobial resistance in the Eastern Mediterranean Region

Agenda item 4(b), Document EM/RC71/3-Rev.1, Resolution EM/RC71/R.4

The acting Director for UHC/Communicable Diseases introduced a plan for collaborative action within the human health sector, and between the health and non-health sectors, to accelerate the response to AMR in the Region, taking into account its heterogeneity. AMR is a global public health concern and a major threat to health and health systems. The Global Burden of Disease study has estimated that globally, in 2019, 1.27 million deaths were attributable to bacterial AMR, of which 10% were in the Region. Addressing AMR is also critical to achieving several SDGs. Available data point to an increasing trend of resistance, with an impact on population health. The Region has the highest and most rapidly rising levels of antibiotic consumption among all WHO regions, with variation between countries and challenges regarding access and appropriate use.

A regional plan for action was proposed that adapts the WHO people-centred approach to addressing AMR in human health to the regional agenda for building resilient health systems to advance universal health

coverage and ensure health security. The presentation focused on four cross-cutting themes: a multisectoral, One Health approach to addressing AMR; incorporating AMR actions in health emergency preparedness and responses; a primary health care approach at all levels of the health system; and collaborative AMR work with established programmes to strengthen systems to prevent and manage infections through the appropriate use of antibiotics. Key recommendations for Member States and WHO were presented in five strategic priority areas: 1) governance; 2) prevention of infection; 3) access to essential health services; 4) health emergencies and resilience; and 5) strategic information through surveillance and research.

Discussion

Representatives commended the regional plan for action within the human health sector, and between the health and non-health sectors, designed to accelerate country responses to AMR, and welcomed the recommendations contained in the technical paper. They discussed progress and achievements and outlined some of the challenges, highlighting the need for innovative solutions to reverse the current trend of AMR. Disparities were noted between countries at different income levels. Countries stressed the importance of further coordinated action to better address the issue of AMR but cited progress in developing governance structures, generating data on resistance patterns and antibiotic consumption, and strengthening IPC efforts. Close collaboration with programmes on IPC, diagnostic stewardship and surveillance of AMR were all vital to enhance the appropriate use of antimicrobials. Some countries had established national surveillance systems that tracked compliance with a One Health approach, but support was needed to facilitate coordination and collaboration with multiple stakeholders across the One Health spectrum.

Representatives cited the need for stronger engagement with patients and the community for community empowerment and participation through awareness-raising campaigns and social mobilization. Training programmes on AMR and rational use were required for health professionals to prevent unnecessary use of antimicrobials, and should be integrated into university curricula for medical/pharmacy/nursing students. Specialist training or post-graduate programmes were also required to develop the additional skills required for members of AMR teams. Support was needed in incorporating guidance on appropriate use of antimicrobials in primary and secondary care and emergency programmes. Emergency health programmes needed to ensure an adequate quantity of essential antimicrobials but challenges included interrupted supply chains for medicines and diagnostics, and in countries with fragmented health systems, limited access to health services for the prevention, diagnosis and management of infectious diseases. Countries felt the implementation and monitoring of regulations and guidelines for antibiotic use to be weak and in countries in which out-of-pocket payments were high, and people relied on the private sector for care, regulations to restrict sales of non-prescription antimicrobials needed to be strengthened. The establishment of a regional network of researchers and institutions could support collaborative multi-country research, taking into account the diverse research needs and available resources in the countries of the Region.

Statements were made on behalf of the following observers: Hamdard Foundation Pakistan, IFMSA, IFPMA, IOM.

The acting Director for UHC/Communicable Diseases thanked Representatives for their support for the technical paper and said that it would lead to a reduction of mortality and morbidity in the Region. He was encouraged by the discussion on the paper and the significant progress that had been made by countries in key areas, including adoption of the One Health approach, collaboration and surveillance across sectors so that any decisions taken were evidence-based and data-driven, and the stewardship of the available antibiotics. He thanked the Regional Committee for its guidance on how WHO could provide technical support for a differentiated response, and on the necessity of having stocks of essential supplies available and investing in a research network. He reassured Representatives that the Regional Director's flagship initiatives would accelerate and facilitate an effective WHO response to requests from countries of the Region.

The Director of Programme Management/Chef de Cabinet a.i. said that it was encouraging that AMR was receiving the global attention that it deserved. He noted that a significant milestone had been achieved with the adoption of the United Nations General Assembly Political Declaration on AMR that set an ambitious but necessary goal to reduce the estimated 4.9 million annual deaths associated with

AMR by 10% by 2030 and called for US\$ 100 million in catalytic funding to ensure that at least 60% of countries had fully funded actions plans by 2030.

The Regional Director said she was pleased that countries of the Region were aligned with the global momentum and regional plan for action to accelerate country responses to AMR and she urged Member States to endorse the recommendations of the paper and resolution on AMR and adapt recommendations to national contexts. She reaffirmed WHO's commitment to supporting countries in implementing the key recommendations and looked forward to the upcoming Fourth High-level Ministerial Conference in Saudi Arabia, which represented an opportunity to translate the strong political commitment into concrete action.

5.3 Regional action plan for mental health and psychosocial support in emergencies, 2024–2030

Agenda item 4(c), Document EM/RC71/5-Rev.2, Resolution EM/RC71/R.5

The Regional Adviser for Mental Health and Substance Use presented a regional action plan for mental health and psychosocial support (MHPSS) in emergencies, 2024–2030, developed in consultation with regional Member States, stakeholders from civil society and academia, and partners, to protect, promote and provide for the mental health and psychosocial well-being of populations affected by emergencies and to reduce the suffering of populations across all phases of emergencies. He noted that more than one in five people exposed to adversity were likely to have mental health conditions, while one in 11 people had mental disorders severe enough to impair their ability to function in crisis environments. Mental health should therefore be at the centre of every emergency preparedness and response plan. The Region has a high prevalence (14.7%) of mental health conditions compared with global rates, almost wholly accounted for by the prevailing emergencies in almost half its countries. These countries have higher rates of mental disorders, specifically depressive disorders, anxiety disorders (including PTSD) and idiopathic developmental intellectual disability. Mental disorders alone account for 5.4% of the regional disease burden and 18.4% of the burden of years of healthy life lost due to disability or ill health. The human, financial and institutional resources available for an effective, multisectoral response to meet these needs have been degraded in countries with emergencies, creating a treatment gap as large as 90% in some. Despite this, there has been progress and the proposed plan builds on this and on international frameworks and guidelines. The vision of the proposed plan is that the mental health and psychosocial well-being of populations affected by emergencies are promoted, protected and provided for. It guides Member States in preparing for and responding to the MHPSS needs of their populations and in building more resilient communities and health and social care systems. The plan includes a framework of strategic interventions across the different phases of emergency preparedness, response and recovery. Its evidence-based actions are complimented by a set of indicators and targets to monitor its implementation. In conclusion, the Regional Committee were invited to endorse the regional action plan and implement its suggested actions.

Representatives welcomed the regional action plan and requested WHO support for its implementation and tailoring to country contexts. They confirmed that MHPSS were a priority during emergencies and in humanitarian settings, but also on an ongoing basis, noting the Region had experienced many emergencies over decades that had left a legacy of mental health conditions. There was an urgent need to integrate MHPSS within emergency preparedness and response plans and mitigate the impact of mental health conditions on affected populations and build resilience. Representatives outlined the progress that had been made so far in countries, including the establishment of national committees, development of national strategies and plans, revision of laws, training of health care workers, awareness-raising and prevention, integration within primary health care, provision of treatment services, development of community-based services, and surveillance. This included innovative telephone hotlines and digital services, many of which had been established during the COVID-19 pandemic, which had been a turning point. However, the shortage of mental health professionals was a challenge, highlighting the need to integrate MHPSS into general health services. It was noted that it was essential to ensure that services were accessible to the most vulnerable. There were calls for regional solidarity and further research, collaboration and the exchange of experiences and lessons learned.

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

The Regional Adviser for Mental Health and Substance Use thanked Representatives for their support for the regional action plan and noted the progress made in recent years in the Region, which had helped mitigate some of the impact of the current crises. There remained a need to build on these gains and fully integrate MHPSS within health systems to overcome shortages in the mental health workforce. He noted that the WHO mental health kit could support this effort.

The Regional Director said that mental health was a priority and that the regional action plan had been developed in close consultation with Member States and built on the models of good practice in the Region. She invited Member States to endorse it.

5.4 Enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region: a regional strategy, 2024–2028

Agenda item 4(d), Document EM/RC71/6-Rev.2, Resolution EM/RC71/R.6

The Director for Science, Information and Dissemination set out a regional strategy for the enhancement and digitalization of health information systems. Countries should generate valid, timely, relevant, disaggregated, high-quality and reliable data to inform policies and programmes, as well as to monitor progress on the health-related SDGs and measure the impact of WHO's General Programme of Work. National health information systems are the foundation of health data, helping to improve health outcomes for people globally through better-informed policies, planning and management of health services. A robust national health information system provides data to understand population health needs, monitor actions and use of resources, and guide health decision-making. It needs to be powered by digital transformation and requires a digitalized and integrated data system that encompasses the data life cycle, from collection to analysis, dissemination and use, to improve decision-making.

However, in many countries of the Region, health information systems do not perform efficiently and health data are often incomplete, fragmented or of inadequate quality. The Director described the status of foundational and functional investments for digital health transformation in the Region in comparison with other regions and noted that comprehensive health information system assessments in 11 countries had revealed shortfalls in many areas. The presentation proposed a multilayered approach to the enhancement and digitalization of health information systems in the Region, with strategic goals, specific objectives and country-level actions for all health information system stakeholders, and attention given to interoperability and data standards as the main challenges to enhancing health information systems in the Region. Indicators are included to measure progress in the implementation of the regional strategy from 2024 to 2028. WHO will provide guidance on making the best use of the available resources to promote digitalization, achieve interoperability, eliminate duplication, avoid gaps and make efficiency gains. It will offer support in policy development, implementation, resource mobilization and collaboration, and will report on progress to the Regional Committee. The Committee was invited to endorse the proposed regional strategy for enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region and approve the resolution.

Discussion

Representatives welcomed the proposed regional strategy, and several stated that it was aligned with their own national priorities for health system investment and addressed fundamental issues. They specifically endorsed all four goals and their associated objectives. Many reported having already made great strides in the same direction of the strategy, with many successful pilot projects and in some cases substantial and effective use of integrated digital systems throughout national health care systems. A variety of implemented applications, including in the medicine supply chain, were mentioned, some of which, such as digital vaccination records, represented a gain sustained from the COVID-19 pandemic. A great interest in digitalization was driven by the hope of increasing operational efficiency and the effective use of resources, and improving access and equity. It was also seen as an opportunity to make systems more patient-centred and to deliver personalized medicine in a holistic, multidisciplinary manner.

The risks and difficulties described included the effects of conflict. Successful installations of HIS can be wiped out when the servers on which they run are destroyed, leading to vast data loss and impeding surveillance activities. Planned improvements in systems can be disrupted when conflict breaks out, and data reporting can be impeded by lack of human resources owing to death or displacement. However, other aspects such as telemedicine can be very valuable in protecting the safety of the health workforce during conflict. Concerns were raised about fragmentation, data loss, weak data protection leading to privacy violation, cybersecurity and funding constraints. The need to upgrade systems already in use illustrated the importance of health information systems being sustainable. For systems to be sustainable, the technical expertise to develop them must be secured, and new systems bring new requirements for training.

Representatives stated that it was important to work with all stakeholders concerned, and that private and public health care providers should use the same platform, saying that the private sector should participate fully in the digital transformation. They considered clear policies and strategies identifying different roles to be crucial, and expressed their appreciation for WHO's support in these different aspects of health information systems. They called for WHO to support the ethical introduction of artificial intelligence (AI) tools in applications such as population and cross-border movement estimates, accompanied by training.

Statements were made on behalf of the following observers: Gulf Center for Disease Prevention and Control (Gulf CDC), International Federation of Medical Student Associations (IFMSA), NCD Alliance.

The Director for Science, Information and Dissemination expressed his appreciation for the support and endorsement of the Representatives for WHO's work in this area, and for the work that countries were doing for themselves and to help others. WHO would continue investing in this area, and particularly in interoperability and standards. The application of the SCORE for Health Data Technical Package was recommended. He agreed with participants that AI is of great interest and said it would be more widely explored in the futures sessions of the Regional Committee but noted that WHO is already working in this field.

The Director of Programme Management/Chef de Cabinet a.i. described health information systems as the backbone of any health system. They can play a critical role in understanding population health needs and guide critical decision-making. He stated that it was important to remember that resources had previously been allocated in the Region, and the outcomes had varied substantially, with some instances where they did not lead to the expected improvements owing to parallel systems, limited human resources and infrastructure, and gaps in data standards. He explained that a panel on AI had been considered for this session of the Regional Committee, but that owing to the inability of some participants to be present to share country experiences, it was postponed to the next session. He concurred with participants that the huge potential role of AI needs to be fully harnessed, and reminded them of the substantial costs of digitalization, which must be sustainable. Finally, he passed on the Regional Director's appeal for Representatives to endorse the strategy.

6. Programme budget and governance matters

6.1 Draft proposed programme budget 2026–2027

Agenda item 5(b), Documents EM/RC71/8 and EM/RC71/8_Summary

The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, described changes to the Programme Budget for 2026–2027, which were in line with commitments to continuously improve transparency and accountability and the Secretariat's implementation plan for reform. The development of the results framework of GPW 14 built on lessons from GPW 13. Key improvements included effective prioritization and transparency in resource allocation. A consultative process was conducted for draft outputs, involving internal and Member State feedback. Priorities were identified for the whole duration of GPW 14 (2025–2028). The proposed Programme Budget for 2026–2027 was divided into four segments: base programmes, emergency operations and appeals, polio eradication, and special programmes. Each segment had specific priorities and budget considerations. The segment of the budget on emergency operations and appeals included WHO's operations in emergency and humanitarian settings, including protracted crises, as well as WHO's response to acute

events. The increasingly protracted, complex and multidimensional crises in the Region demanded multifaceted responses and greater resources than had been required previously. The Secretariat put forward two scenarios for this segment in the proposed Programme Budget for Member States' consideration and a decision: scenario one, in which was the budget set at US\$ 1 billion – the same level as in the previous biennia; and scenario 2, in which a more realistic budget estimate of US\$ 2.8 billion was set – based on the WHO emergencies appeal for 2024.

The base programme segment, which represented the core mandate of WHO, included the largest part of the proposed Programme Budget. This segment was set at US\$ 5530.2 million, an increase of US\$ 562 million from the Programme Budget for 2024–2025. Key investments included strengthening technical country capacity, data and innovation, and enhanced accountability. Strengthening accountability would involve bolstering regional and country capacities, emphasizing WHO's country presence and delegating greater authority to WHO Representatives. Achieving structural and cultural change would require sustained commitment from WHO senior management and Member States, despite potential competing priorities. To support this, WHO would introduce a new accountability framework and a global strategy to transform organizational behaviour and culture.

The Regional Adviser, Planning, Budget, Monitoring and Evaluation, presented an overview of the proposed Programme Budget from a regional perspective. He said that more than 63% of countries had identified two outcomes as high priority, Outcome 6.1 and 4.1. Outcome 6.1 was related to health emergency response and 4.1 was the outcome for disease management and control, including communicable diseases, noncommunicable diseases, mental health and AMR. On average, only 41% of the outcomes had been identified as high priority in the 22 countries/territories of the Region, meaning that out of the 15 joint outcomes of the GPW 14, only six outcomes had been identified as high priority. He compared the prioritization exercise at regional level with global level. Four of the top five outcomes prioritized were in line with global priorities. The top priority in the Region was Outcome 6.1, which was not in line with global priorities but reflected the situation on the ground as many countries were facing emergencies requiring WHO support for response efforts. He noted that unlike the outcome prioritization exercise, which was the joint responsibility of WHO and countries, output prioritization was the responsibility of the Secretariat and related to the support provided to countries to achieve the outcomes. This phase of GPW 14 prioritization and strategic planning had been completed and the results would be used in the implementation of the regional strategic operational plan and the Regional Director's three flagship initiatives. The prioritization exercise fell within the scope of the two Programme Budgets (2026–2027 and 2028–2029) of GPW 14. The priorities would be used to ensure that WHO delivered at the country level, with the results of the prioritization exercise informing resource allocation, including from the Investment Round and internal resource allocation, in terms of financial and human resources. He said that the results would inform targeted support from the Regional Office and headquarters to country offices and shape country office plans; WHO support would be adjusted according to the needs of each country. During the course of implementation, identified priorities would also be used as a reference for the monitoring and joint assessment of WHO's contribution. He presented information on the regional budget over last five biennia, in which the approved budget for the base programmes had increased from US\$ 336 million in the 2018–2019 budget to US\$ 743.3 million in the proposed budget for 2026–2027. Two significant increases of the regional share of the WHO total budget were noted, the first during the revision of the 2022–2023 regional budget from 10.8% to 12.3%, based on WHO's response to the COVID-19 pandemic and to strengthen country preparedness and readiness for the next pandemic, and the other in the proposed 2026–2027 budget, in which the share had increased from 12.4% 13.3% to accommodate the core predictable capacity needed at country level. He provided an overview of the allocation of the budget between the Regional Office and country offices, in which the share of the country office budget had increased from 67% in 2018–2019 to 73% in the proposed Programme Budget for 2026–2027, which demonstrated the level of commitment in the Region to focus on country implementation and achieve tangible results at country level.

Member States were asked to consider if they were in agreement with the proposed Programme Budget 2026–2027, and which of the two scenarios of the emergency operations and appeals segment of the budget should be considered to move forward. He also asked them to consider how they would like to move forward the discussion on the increase in assessed contributions for 2026–2027 in preparation for the Seventy-eighth World Health Assembly, and how they would like to scale up the joint assessment of WHO contributions in countries, following the pilots in Egypt and Jordan last year.

Discussion

Representatives raised the issue of implementation, reporting and evaluation relating to Joint Programme Review Mission (JPRM) activities in countries. They asked for greater clarity on opportunities for reprioritization, country evaluations and countries' role in determining the budget for the WHO Regional Office and distribution of budget within countries.

The Director of Programme Management/Chef de Cabinet a.i. said that the results of the JPRM fed into discussions in the development of country cooperation strategies, upon which country workplans were based, but that budgets were only determined following identification of priorities.

The Regional Adviser, Programme Monitoring and Evaluation, said that the Programme Budget was reviewed on three occasions during the biennium and at each point, the level of implementation was assessed and the plan and its associated budget revised, when necessary. Depending on the current progress and situation in a country, this process could be accommodated and the Budget adjusted in a revised plan. He explained how country evaluation was conducted by independent consultants who reviewed implementation of activities and assessed the impact of WHO's contribution in the country. Evaluations were conducted through a review of documents and interviews, involving WHO country office teams, ministry of health staff and representatives of United Nations agencies, nongovernmental organizations, donors and any other sector of the government that worked closely with WHO and the ministry of health to assess the value of WHO's work and the Organization's contribution in the country. At the end of an evaluation, a comprehensive report was generated presenting the findings and a list of recommendations, which were used to affirm or adjust WHO's strategic positioning. It also informed the development of the country cooperation strategy for the new period, and when complete the findings could be used as a tool for resource mobilization. At the end of an evaluation, a stakeholder workshop was held in which the findings and recommendations were presented to the minister of health, WHO's senior management and other partners. He highlighted the need for more sustainable financing for WHO as the assessed contribution component of the budget was limited. Countries offices had the authority to distribute funding and the guidance was to make this as consultative as possible with national counterparts within the government.

The Director, Planning, Resource Coordination and Performance Monitoring, added that voluntary contributions, which represented 75–80% of the total budget were earmarked by donor, programmatic area and geographic area, and accordingly there was little flexibility in how these funds were distributed. This was one of the biggest obstacles in WHO's operations. He emphasized that this was the first reading and proposal of the Programme Budget. He said that WHO was listening to the guidance provided by regional committees and based on their comments would present a new version of the Programme Budget at the Executive Board session at the end of January after informal consultations with Member States in November. Between the Executive Board session in January and the World Health Assembly in May, WHO would then again revise the budget based on feedback and guidance from Member States.

The Regional Director thanked all 22 countries/territories for their active engagement with country offices and WHO Representatives in identifying GPW 14 priorities to guide WHO's work in key areas for collaboration. This engagement had been instrumental in shaping workplans across the three levels of the Organization and would facilitate progress in achieving measurable impact at the country level. She said that to achieve the ambitious targets of GPW 14 progress must be monitored, assessed and reported. Equally important was the assurance that assessments were transparent and independent. Joint assessment was important, in line with the recommendations of the evaluation of GPW 13 and a positive

step towards enhancing transparency and accountability. The WHO Regional Office had been at the forefront of conducting independent evaluations of WHO's contributions in countries, aiming at further strengthening the Organization's accountability for results to Member States and partners. These evaluations ensured that WHO remained strategically positioned to fulfil its mandate of serving the people in the Region, especially in the face of constantly changing political and economic contexts in most of its countries. She looked forward to the next steps in further developing the 2026–2027 Programme Budget and urged the ongoing engagement of Member States, including at the global level in the upcoming Executive Board session and at World Health Assembly to further strengthen the accountability framework.

The Chair asked if Member States supported the proposed increase of assessed contributions in the Programme Budget 2026–2027 for higher level funding flexibility and predictability, and if they supported scenario 2 of the proposed budget for emergency operations and appeals. She said that Member States' formal feedback would be solicited in November.

6.2 Investment Case 2025–2028 and latest on the WHO Investment Round

Agenda item 5(a), Documents EM/RC71/7 and EM/RC71/7-A

The Director, Communications, Resource Mobilization and Partnership, presented the WHO Investment Case 2025–2028 and latest on the WHO Investment Round. She said that the current state of WHO funding was unpredictable and inflexible, with assessed contributions declining in real terms and accounting for only 16% of the total budget, and the growth of voluntary contributions originating from a small set of donors, of mostly short-term and earmarked funds. Political commitment was needed to fund GPW 14 with more predictable and flexible voluntary contributions to address the funding gap of US\$ 7.1 billion. She stressed that WHO was not asking for additional funds compared to the previous biennium. It had been a Member State-led initiative to increase the predictability, flexibility and resilience of the WHO base budget. Member States, partners, philanthropists and the private sector had been encouraged to make pledges towards the Investment Round at key events throughout the year.

WHO's work in the Region would contribute to achieving the global target of saving over 40 million additional lives in the next four years. With predictable and sustainable financing, by 2028 WHO aimed to extend access to UHC to an additional 60.4 million people, save up to 215 000 lives through targeted maternal and child health interventions across priority countries, and halt endemic transmission of polio everywhere in the Region. The Bill and Melinda Gates Foundation, Organisation of Islamic Cooperation, GAVI, the Vaccine Alliance, and the African Development Bank were among international organizations and key bilateral partners voicing support for a sustainably financed WHO and committing to continued close collaboration. The commitments were made in the context of WHO's first ever Investment Round, launched following the approval of GPW 14 at the Seventy-seventh World Health Assembly. The Investment Round aimed to provide WHO with the flexible, resilient funding required to effectively partner with Member States and key stakeholders to implement its ambitious global health strategy. The Investment Round, which to date had garnered more than US\$ 1 billion in new pledges, would continue to engage stakeholders in the lead up to next month's G20 Leaders' Summit, chaired by Brazilian President Lula da Silva. The Summit would provide an opportunity for leaders to pledge additional resources to WHO and further advance global health equity.

Discussion

Representatives suggested enhancing public-private partnerships to strengthen the Investment Round initiative.

Daniel Thornton, Director of Coordinated Resource Mobilization, WHO headquarters, said that there was great benefit in working closely with the private sector and that WHO had mobilized greater resources in working with the WHO Foundation to ensure that the private sector was engaged in the Investment Round. He also said that governments were best placed to rally support from the private sector and that WHO was working closely with Member States to generate more contributions from the private sector and philanthropies.

7. Other matters

7.1 Resolutions and decisions of regional interest adopted by the Seventy-seventh World Health Assembly and the Executive Board at its 154th and 155th sessions *Agenda item 5(c), Document EM/RC71/9*

The Director of Programme Management/Chef de Cabinet a.i., drew the attention of Representatives to resolutions and decisions of regional interest adopted by the Seventy-seventh World Health Assembly and the Executive Board at its 154th and 155th sessions, including: WHA77.1 on the Fourteenth General Programme of Work, 2025–2028; EB154(1) on sustainable financing: WHO investment round; WHA77.3 on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies; WHA77.5 on accelerating progress towards reducing maternal, newborn and child mortality; WHA77.8 on strengthening health emergency preparedness for disasters resulting from natural hazards; WHA77.9 and EB154(11) on the Global Health and Peace Initiative; WHA77.12 and EB154(13) on strengthening health and well-being through sport events; WHA77.14 on climate change and health; WHA77.17 on strengthening preparedness for and response to public health emergencies through targeted amendments to the IHR (2005); WHA77(20) on the INB to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; WHA77.16 and WHA77(18) on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan; WHA77.15 on Palestine’s participation in WHO governing bodies’ matters aligned with its participation in the United Nations; WHA77.7 and EB154(10) on strengthening laboratory biological risk management; and WHA77.13 on the economics of health for all. Regarding WHA77.12 and EB154(13), he noted that Qatar’s experience hosting the FIFA World Cup Qatar 2022 should be learned from for future sports events in the Region. He also thanked Member States for their support for WHA77.15 on Palestine’s participation in WHO’s governing bodies’ matters. He concluded by quoting the WHO Director-General, in reference to resolution WHA77.13, that “investments in health and in UHC should not be seen as a cost, but as an investment in healthy, productive and resilient societies.”

Discussion

Representatives requested technical support from WHO for implementation of the resolutions and decisions, including in areas such as making health systems resilient to climate change and the implementation of national strategies and plans, surveillance, monitoring and evaluation, and legislative reform. It was suggested that a workshop could be held on regional implementation of GPW 14 and the regional strategic operational plan, including their monitoring and evaluation, and on how WHO will collaborate with Member States. Regional hubs in various technical areas were suggested, such as for mass gatherings, health education, and monitoring and evaluation. There was a call for WHO support on and harmonization of regional positions on the amendments to the IHR (2005) and the INB process. Palestine thanked Member States of the Region for their involvement in developing resolutions and decisions, and for their support to Palestine, including for resolution WHA77.15. Palestine noted that it would be aiming in 2025 to draft an update in the decision on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, regarding the situation in the Gaza Strip. Palestine urged Member States to support the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA), noting the huge importance of the support it provided to Palestinians in the occupied Palestinian territory and many countries of the Region.

The Director of Programme Management/Chef de Cabinet a.i. noted the comments of the Representatives, saying these would be taken into consideration. He assured the Representatives that WHO would support Member States in implementation of the resolutions and decisions, including in new areas such as health system climate change vulnerability assessments. He said WHO would seek to support the contribution of the Region to global governing bodies and to make the Region as a whole more visible.

7.2 Review of the draft provisional agenda of the 156th session of the WHO Executive Board

Agenda item 5(d), Document EM/RC71/9-Annex 1

The Director of Programme Management/Chef de Cabinet a.i. reviewed the draft provisional agenda of the 156th session of the WHO Executive Board. The 156th session of the Executive Board will be held in person in Geneva from 3 to 11 February 2025, and will have 26 agenda items (20 of which being of regional interest) under the four pillars of GPW 13, 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 included those from Egypt, Jordan, Oman, Tunisia and Yemen. Some of these items would not be included in the agenda of the meeting owing to late or incomplete submissions.

7.3 Membership of WHO bodies and committees

Agenda item 5(e), Document EM/RC71/10

The Director of Programme Management/Chef de Cabinet a.i. provided an overview of the current and upcoming regional membership of a number of WHO bodies and committees, including those of the Executive Board and the World Health Assembly, noting that the membership of the Programme Subcommittee of the Regional Committee had already been outlined in the previous presentation. He explained the processes involved and the proposed candidates for nomination. According to regional practice, Egypt and Saudi Arabia were proposed as the regional nominations to join the Executive Board from 2025 to 2028 (Morocco and Yemen would be leaving it, while current members Lebanon, Qatar and Somalia would remain). Similarly, Bahrain was proposed as regional nomination for Vice-President of the World Health Assembly, Iraq for Vice Chair of Committee A, Kuwait for Rapporteur of Committee B, Libya and Sudan for members of the General Committee, and Yemen for membership of the Committee on Credentials. The Standing Committee on Health Emergency Prevention, Preparedness and Response established in May 2022, according to decision EB151(2), is composed of 14 members, two from each region, in addition to the Chair and Vice-Chair of the Executive Board. The term of the current members of the Committee from the Eastern Mediterranean Region, Morocco and Yemen, would end in May 2025. The Executive Board at its 156th session would be requested to indicate whether or not to maintain the Standing Committee. If the Committee was extended, Egypt and Saudi Arabia were proposed to be nominated for membership.

There was agreement by the Regional Committee on the proposed nominations for regional representation on the various WHO governing bodies.

7.4 Update on implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region

Agenda item 5(f), Document EM/RC71/INF.DOC.12-Rev.1

The Director of Programme Management/Chef de Cabinet a.i. described how substantial progress had been made in the implementation of the WHO transformation agenda in the Eastern Mediterranean Region, despite the challenges of ongoing conflicts and economic crises. The Regional Office had been implementing the transformation agenda and cascading it to country offices. In 2024, the Seventy-seventh World Health Assembly approved GPW 14 for 2025–2028 to create strong, future-ready health systems and, after the COVID-19 pandemic, to get back on track to reach the health-related SDGs. WHO transformation in the Region was guided by the regional transformation roadmap with 10 prioritized actions to ensure a comprehensive transformation process in the Region.

The 11th WHO Global Management Meeting in December 2022 led to the establishment of the Action for Results group (ARG), an accelerator of transformation, identifying areas requiring intensive action to strengthen the capacity of country offices and enhance WHO's impact at country level. Its main accomplishments were a strengthened and financed core predictable country presence (CPCP); delegation

of authority to WHO representatives (achieved in May 2023); improved human resources management; streamlined planning and programme management; global mobility (first phase completed in 2023, although with limited success); end-to-end procurement and business processes; expanded participation for staff in decision-making; and improved and more open communication for staff across all levels of the Organization. The Action for Results Task Force (ARTF) was established in June 2023 to translate the global ARG's actions, milestones and timelines into regional short- and mid-term action plans. Other examples of progress included the five valid, four signed and eight in-progress country cooperation strategies.

The Regional Director observed how useful the ARG had been to her as an incoming Regional Director. She described the appointment of WHO Representatives as a complex process unlike that for any other position, and said she was considering providing a briefing note for incoming ministers on this topic. She explained that WHO Representatives had in the past been appointed one at a time, but that a more comprehensive approach would soon be introduced in order to open positions to the largest possible pool, and noted that there were plans to institutionalize overlap during the handover in leadership positions to make the process more robust and ensure seamless continuity.

Discussion

A Representative expressed appreciation that the strengthened country offices were now providing more manoeuvrability at country level, expecting this to lead to greater efficiencies at country and subnational level.

The Director of Programme Management/Chef de Cabinet a.i. concluded by emphasizing the Regional Director's focus on country implementation. The changes described in the presentation would help WHO to deliver this.

7.5 Nomination and appointment of Regional Directors: review of the process for the election of Regional Directors

Agenda item 5(g), Document EM/RC71/INF.DOC.13

WHO's Legal Counsel introduced the process by which the Executive Board was consulting the Regional Committees about possible minimum standards or best practice to promote transparency, accountability and integrity in the nomination process for Regional Directors. Guidance was sought from the Regional Committees on a variety of issues. Firstly, it was suggested to set more specific criteria and post descriptions. Secondly, enhancing the Code of Conduct was proposed, with the aim of setting high standards for behaviour and accountability. Thirdly, it was suggested to establish an evaluation group to assess candidates. Fourthly, the live candidate interviews used in the selection of the current Regional Director could be formalized; these could also be broadcast publicly to offer more transparency. Finally, an option to reopen the period to submit candidates to provide a stronger, more representative and gender-balanced field was suggested. Representatives were invited to contribute any other ideas on the process.

Discussion

A Representative suggested that the public, probably consisting of key informants, could be invited to share their views on priorities for the Regional Director before the final selection, since these might not always be transmitted clearly at the highest levels.

The Legal Counsel welcomed the suggestion and committed to include it in the consultation, clarifying that the term health stakeholders could replace the public in this suggestion.

7.6 Reports of the nineteenth and twentieth meetings of the Programme Subcommittee of the Regional Committee

Agenda item 6, Documents EM/RC71/11 and EM/RC71/12

Ms Hilda Harb (Lebanon), Vice-Chair of the Programme Subcommittee of the Regional Committee, presented on behalf of the Chair, Dr Chekib Zedini (Tunisia), who was unable to attend. Ms Harb provided an overview of the recent work of the Subcommittee at its three meetings in 2024. She outlined

the following proposed change (in italics) to rule 3 of the rules of procedure of the Regional Committee: “The credentials of representatives and names of alternates, advisers and observers shall be submitted to the Regional Director *electronically, or hand delivered*, if possible not less than two days before the opening of the session of the Regional Committee.”

Ms Harb noted that Bahrain, Iran (Islamic Republic of), Iraq and Morocco would be leaving the Programme Subcommittee in 2024, and that Egypt, Oman, Pakistan and Qatar would be joining it, so that the new composition of the Subcommittee in 2025 would be: Egypt, Jordan, Kuwait, Lebanon, Oman, Pakistan, Qatar and Tunisia. She further noted that the twenty-second meeting of the Programme Subcommittee was scheduled for the first week of March, in preparation for the 72nd session of the Regional Committee.

The Regional Committee decided to agree to the proposed change to rule 3 of the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean.

7.7 Procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean

Agenda item 8, Document EM/RC71/15, Decision 8

The Governing Bodies Officer presented on regional implementation of the Framework of Engagement with Non-State Actors, noting that a review of the non-State actors who are invited annually to the Regional Committee was conducted in December 2023. This review found that of the 51 non-State actors annually invited to the Regional Committee, 13 entities were non-accredited and not in any official relations with WHO; the remaining 38 entities were found to be in official relations with WHO, with that status being reviewed every three years. The 13 non-accredited entities were approached and of these, four had applied for accreditation and met due diligence criteria: the Eastern Mediterranean Public Health Network, Hamdard Foundation Pakistan, Arab Hospitals Federation and Arab Council for Childhood and Development. Noting the exceptional expedited timeframe for accreditation in 2024–2025, she invited the Committee to consider the applications from the four entities and, if agreed, to grant accreditation to them for three years commencing 17 October 2024.

The Committee decided to agree to grant accreditation to the four non-State actors to attend the Regional Committee as Observers for three years commencing 17 October 2024, in line with the Framework of Engagement with Non-State Actors.

7.8 Application from the Russian Federation to attend the WHO Regional Committee for the Eastern Mediterranean in an observer capacity

Agenda item 9, Document EM/RC71/16, Decision 7

The Director of Programme Management/Chef de Cabinet a.i. noted that the WHO Regional Director had received a formal request in June 2024 from H.E. the Minister of Health of the Russian Federation expressing interest in attending regional governing bodies meetings in the capacity of an observer, citing close socioeconomic ties and the developing cooperation through the platform of international organizations, including mutual positions on multiple health-related issues, and noting the countries from the Region who had lately joined the BRICS Association. The Director of Programme Management/Chef de Cabinet a.i. clarified the rights and limitations of observer Member States and noted those Member States that had previously been granted observer status at sessions of the Regional Committee for the Eastern Mediterranean. He invited the Committee to consider the request received from the Russian Federation, noting that in the affirmative, the Russian Federation would be invited to attend sessions of the Regional Committee for the Eastern Mediterranean as an observer starting in 2025.

The Regional Committee decided to agree that the Russian Federation would be allowed to attend future sessions of the Regional Committee in the capacity of an observer, with no voting rights.

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

Agenda item 10(a), Document EM/RC71/INF.DOC.14, Decision 9

The State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region for the year 2023 was awarded 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, based on the recommendation of the Foundation Committee.

7.10 Award of the Down Syndrome Research Prize

Agenda item 10(b), Document EM/RC71/INF.DOC.15, Decision 10

The Down Syndrome Research Prize is awarded every other year. A call for nominations was sent out in 2023, and only one nomination was submitted. The Down Syndrome Research Prize Foundation Committee reviewed the submitted nomination and agreed that the candidate had not made a substantial contribution in the field of research. Accordingly, the Regional Committee decided not to award the Prize this year.

The Regional Committee further decided to make changes to Articles 4, 6 and 7 of the Statutes of the Down Syndrome Prize Foundation, and Article 3 of the Guidelines for the Down Syndrome Research Prize Foundation (see Decision 10).

7.11 Place and date of future sessions of the Regional Committee

Agenda item 11 Document EM/RC71/INF.DOC.16, Decision 4

The Regional Committee decided to hold its 72nd session in Cairo, Egypt, from 13 to 16 October 2025.

8. Closing session

8.1 Review of draft resolutions, decisions and report

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

8.2 Adoption of resolutions and report

The Regional Committee adopted the resolutions and report of the 71st session.

8.3 Closing of the session

Agenda item 13,

Dr Al Kuwari, Minister of Public Health of Qatar, said it had been a pleasure and an honour for Qatar to host the 71st session of the Regional Committee, and thanked the Representatives, members of the Programme Subcommittee of the Regional Committee, WHO Secretariat, team in Qatar and all other participants for their efforts in ensuring its success. Representatives expressed their appreciation to Qatar for its hospitality and to the WHO Regional Director and Secretariat for their efforts, and stated their commitment to implementing the resolutions of the Regional Committee, GPW 14, the regional strategic operational plan and the flagship initiatives.

The Regional Director thanked Qatar for hosting the Committee, and Dr Al Kuwari for her exceptional leadership, saying she felt inspired by the energy and commitment demonstrated by the participants. She noted that while the Region was often characterized by its crises, there was also much solidarity, and it was at the forefront of global action to enhance access and equity in health. She said that together it would be possible to successfully implement GPW 14, the regional strategic operational plan and the three flagship initiatives and to address key bottlenecks in public health. The Regional Director thanked Member States and partners for their support in ensuring that WHO was sustainably financed, including through the Investment Round, and counted on their continued collaboration on this. She concluded that while the last year had tested the Region's resilience, it had persevered and even thrived, and that together it would continue to put health beyond borders.

9. Resolutions and Decisions

9.1 Resolutions

EM/RC71/R.1 Regional Strategic Operational Plan including the flagship initiatives

The Regional Committee,

Recalling resolution WHA77.1 of the Seventy-seventh World Health Assembly approving WHO's Fourteenth General Programme of Work, 2025–2028 (GPW 14);

Having reviewed the Strategic Operational Plan for the Eastern Mediterranean Region, 2025–2028,¹ which operationalizes GPW 14 in the Region;

Having also reviewed the Regional Director's flagship initiatives,² which will accelerate progress in three key areas: expanding access to, and regional supply of, essential medicines, vaccines and medical products; increasing targeted investment in the health workforce to enhance the production, employment and retention of skilled health professionals; and stepping up public health action on substance use;

1. **ENDORSES** the Regional Strategic Operational Plan;
2. **APPROVES** the three flagship initiatives;
3. **URGES Member States to:**
 - 3.1 Work towards achievement of the joint outcomes of the Regional Strategic Operational Plan, 2025–2028, including the flagship initiatives; and
 - 3.2 Facilitate implementation of the Strategic Operational Plan and flagship initiatives by actively supporting and contributing to the WHO Investment Round, according to each country's context;
4. **REQUESTS the Regional Director to:**
 - 4.1 Use the Regional Strategic Operational Plan and the flagship initiatives as the basis for planning, budgeting, implementation, monitoring and evaluation of WHO's work throughout the Region during the period 2025–2028;
 - 4.2 Provide technical guidance and operational support to Member States and partners for implementation of the Regional Strategic Operational Plan and the flagship initiatives, taking into account differing country contexts and priorities; and
 - 4.3 Present regular reports on progress to the Regional Committee at its 72nd, 73rd and 74th sessions and a final report at its 75th session in October 2028.

EM/RC71/R.2 Annual report of the Regional Director for 2023

The Regional Committee,

Having reviewed the annual report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for 2023³ and the progress reports requested by the Regional Committee;⁴

¹ EM/RC71/D-Rev.2.

² EM/RC71/A, EM/RC71/B-Rev.1 and EM/RC71/C.

³ EM/RC71/2.

⁴ EM/RC71/INF.DOC.1–11.

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

Noting with concern the many serious gaps and challenges that remain;

Noting with grave concern that the Regional Committee meeting is taking place against a background of escalating conflicts in the Region, including in Lebanon, the occupied Palestinian territory and Sudan among others, and the serious harm they are causing to health, health care systems and critical infrastructure, including through attacks on health facilities and health workers;

Commending the courage and dedication of health workers struggling to provide essential health services in conflict situations at risk to their own lives and health;

Recognizing the paramount importance of immunization as a cornerstone of public health efforts and a catalyst for sustainable development in the Region;

Mindful of the critical need to strengthen the local production of vaccines and other health products as part of work to ensure equitable and affordable access to these products, address public health needs, support routine immunization and respond to health emergencies;

Recognizing the vital role of public health laboratories and the need to sustain the dramatic expansion in capacities achieved during the response to the COVID-19 pandemic;

Noting with thanks the progress report on the activities of the High-Level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Region¹;

1. **THANKS** the Regional Director for her comprehensive report on the work of WHO in the Region;
2. **ADOPTS** the annual report of the Regional Director for 2023;
3. **URGES** Member States to cooperate with the WHO Secretariat and international partners to provide urgent support to people affected by conflict and to provide support to health care systems in the areas affected;
4. **SUPPORTS** the strategic framework for implementation of the Immunization Agenda 2030 in the Eastern Mediterranean Region;
5. **ENDORSES** the regional strategy to strengthen local vaccine production;
6. **ENDORSES** the strategic framework for strengthening health laboratory services in the WHO Eastern Mediterranean Region, 2024–2029;
7. **EXTENDS THE MANDATE** of the High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products for another two years, to 2026, and expands membership of the Group to include 10 Member States, and requests the Regional Director to report on the activities of the High-Level Ministerial Group to the Regional Committee at its 73rd session in October 2026.

EM/RC71/R.3 Addressing the increasing burden of trauma in humanitarian settings in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on addressing the increasing burden of trauma in humanitarian settings in the Eastern Mediterranean Region;²

¹ EM/RC71/INF.DOC.10.

² EM/RC71/3-Rev.1.

Recalling global commitments including, among others, World Health Assembly resolutions: WHA64.10 on strengthening national health emergency and disaster management capacities and resilience of health systems; WHA68.15 on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage; WHA72.16 on emergency care systems for universal health coverage; WHA74.7 on strengthening WHO preparedness for and response to health emergencies; and WHA76.2 on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies;

Further recalling Regional Committee resolution EM/RC63/R.1, which urges Member States to “conduct assessment of emergency care services at both the national system level and the service delivery level and develop national plans of action”;

Recognizing the particularly heavy and distinct burden of physical trauma in the Eastern Mediterranean Region;

Deeply concerned by the escalating frequency of conflicts and natural disasters in the Region, which has led to a surge in trauma-related injuries and deaths;

Recognizing the indispensable role of efficient, accessible and quality trauma and emergency care services in reducing morbidity and mortality associated with acute injuries and conditions;

Acknowledging the importance of public awareness, systematic education and the integration of comprehensive data systems in strengthening the trauma care continuum from prehospital care to rehabilitation;

Noting that the response to traumatic injuries and other urgent medical needs in humanitarian settings faces multiple challenges;

Acknowledging the urgent need for targeted interventions and support systems to address the impact of trauma on vulnerable populations, especially in fragile and conflict-affected situations;

Recognizing recent advances and expertise in trauma care in some countries of the Region that could be leveraged to support other countries;

1. **ENDORSES** the regional operational framework for trauma care in humanitarian settings;
2. **URGES Member States to:**
 - 2.1 Strengthen community-based trauma response, including through public messaging, educational campaigns and first aid training;
 - 2.2 Build capacities at primary health care level for the initial management of trauma and rapid referral;
 - 2.3 Strengthen or establish prehospital care services that facilitate rapid transportation and referral of trauma and other emergency patients, including a universal emergency access number and dispatch system;
 - 2.4 Improve the quality of trauma care during each phase of the trauma pathway, including prehospital care, hospital care and post-hospital care;
 - 2.5 Strengthen emergency, critical and operative care services;
 - 2.6 Develop protocols and systems for:
 - 2.6.1 the early integration of rehabilitation services into the trauma pathway; and
 - 2.6.2 pain management and palliative care throughout the trauma care pathway;
 - 2.7 Develop and reinforce national rapid response and surge capacities, including national emergency medical teams;
 - 2.8 Strengthen information systems for emergency and trauma care;

3. REQUESTS the Regional Director to:

- 3.1 Provide technical guidance and operational support to Member States on trauma care management across the trauma pathway, including inter alia in the development of protocols and systems;
- 3.2 Strengthen operational and academic partnerships across the Region to address trauma care management more effectively and consistently;
- 3.3 Support Member States to undertake descriptive, operational and interventional research on trauma care management in humanitarian settings;
- 3.4 Use trauma pathway data in countries affected by armed conflict and other situations of violence to advocate as appropriate for the protection of civilians and health care, and resource mobilization; and
- 3.5 Report on progress in implementing this resolution to the 73rd and 75th sessions of the Regional Committee and present a final report to its 77th session in October 2030.

EM/RC71/R.4 Promoting collaborative action to accelerate response to antimicrobial resistance in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the technical paper on promoting collaborative action to accelerate the response to antimicrobial resistance (AMR) in the Eastern Mediterranean Region;¹

Recalling Regional Committee resolutions EM/RC69/4 on building resilient health systems to advance universal health coverage and ensure health security in the Region, and EM/RC69/7 on advancing the implementation of One Health in the Region;

Recalling resolution WHA68.7 in which the World Health Assembly adopted the global action plan on antimicrobial resistance, and Executive Board resolution EB154/CONF./7 adopting the WHO strategic priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035;

Recalling Member States' commitment to the Muscat Manifesto of 2022, which aims to advance the implementation of AMR actions at the country level;

Noting that AMR is a global public health concern which threatens health, health systems and the achievement of the Sustainable Development Goals (SDGs);

Recognizing the urgent need to accelerate national and global responses to AMR, as reflected in resolution WHA77.6 of the World Health Assembly in May 2024 and the political declaration of the United Nations General Assembly High-Level Meeting on AMR in September 2024;

Concerned that the latest available data show that the Region has the highest and most rapidly rising levels of antibiotic consumption of any WHO region;²

Concerned that the proportion of infections resistant to later-generation antibiotics is increasing in the Region;³

Acknowledging the imperative to put people and their needs at the centre of the AMR response, as outlined in the WHO people-centred approach to support national action plans;⁴

¹ EM/RC71/4-Rev.1.

² Global antibiotic consumption & use [website]. Global Research on Antimicrobial Resistance; 2024 (<https://www.tropicalmedicine.ox.ac.uk/gram/research/global-antibiotic-consumption>, accessed 16 October 2024).

³ GLASS dashboard [online database]. World Health Organization; 2024 (<https://worldhealthorg.shinyapps.io/glass-dashboard/>, accessed 17 October 2024).

⁴ People-centred approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240082496>, accessed 13 October 2024).

Recognizing that, while Member States of the Region have made progress in building AMR governance structures, generating data on resistance patterns and antibiotic consumption, and strengthening infection prevention and control (IPC), further coordinated actions are needed;

Mindful of the need for a differentiated AMR response tailored to different country contexts;

1. **ENDORSES** the regional people-centred collaborative approach to addressing AMR by building resilient health systems for UHC and health security;
2. **URGES** Member States to:
 - 2.1 Fully implement their AMR national action plans, and incorporate AMR into plans, resource allocation, governance systems and institutional functioning;
 - 2.2 Regulate and restrict sales of antimicrobials without prescription, as per the WHO AWaRe classification;
 - 2.3 Implement core components of IPC in line with the WHO global IPC strategy including ensuring access to water, sanitation and hygiene (WASH) and providing proper waste management;
 - 2.4 Increase vaccination coverage, review and update the vaccination schedule as needed, and include all relevant vaccines in national immunization programmes, including adult vaccinations based on risk, aligned with the priorities of each country;
 - 2.5 Ensure the availability, accessibility and sustainability of adequate stocks of essential antibiotics, AMR diagnostics and IPC supplies appropriate to levels of care at all times so as to avoid stock-outs in times of crisis;
 - 2.6 Ensure adequate IPC skills for all health care providers and stewardship skills for all authorized prescribers;
 - 2.7 Develop preparedness plans as per the identified national priority pathogens list, including simulation exercises, to meet emergencies including outbreaks of resistant pathogens;
 - 2.8 Strengthen national and facility-based surveillance of AMR and antimicrobial use to generate representative, quality data to guide IPC and stewardship programmes;
 - 2.9 Encourage national AMR research and build networks to undertake AMR research and innovation including behavioural and implementation science;
3. **REQUESTS the Regional Director to:**
 - 3.1 Support Member States to implement their AMR national action plans as necessary within all relevant health programmes;
 - 3.2 Ensure that AMR context-specific adaptation and learning is disseminated through training networks and operational research;
 - 3.3 Support Member States in ensuring that the prevention and appropriate management of infection is built into their emergency preparedness and response programmes;
 - 3.4 Foster collaboration with partners such as professional organizations, civil society and the private sector to effect rapid scale-up of action on AMR;
 - 3.5 Support the use of data on antibiotic consumption and resistance in policy development and programming; and
 - 3.6 Report on progress in implementing this resolution to the 73rd and 75th sessions of the Regional Committee and present a final report to the Committee at its 77th session in October 2030.

EM/RC71/R.5 Regional action plan for mental health and psychosocial support in emergencies, 2024–2030

The Regional Committee,

Having reviewed the technical paper and regional framework for action on mental health and psychosocial support in emergencies;¹

Reaffirming the provisions of the WHO Comprehensive Mental Health Action Plan 2013–2030,² adopted by the Health Assembly in resolution WHA65.4, but noting that the mental health and psychosocial needs of people affected by emergencies require actions beyond those identified in that Action Plan;

Recalling United Nations General Assembly resolution 77/300 (2023) on mental health and psychosocial support, and resolution WHA 77.3 (2024) of the World Health Assembly on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies;

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;

Deeply concerned about the increasing unmet mental health and psychosocial support needs of people affected by emergencies in the Eastern Mediterranean Region;

Acknowledging that mental health and psychosocial well-being are critical to the survival, recovery and daily functioning of people affected by emergencies, their enjoyment of human rights and fundamental freedoms, and their access to protection and assistance;

1. **ENDORSES** the regional action plan on mental health and psychosocial support in emergencies;
2. **URGES Member States** to implement the strategic interventions and priority actions identified in the action plan, with a particular emphasis on:
 - 2.1 Integrating mental health and psychosocial support into their national emergency preparedness, response and recovery plans;
 - 2.2 Including evidence-based interventions for mental health conditions in national basic/priority benefit packages;
 - 2.3 Establishing adequately resourced intersectoral coordination and implementation mechanisms for mental health and psychosocial support in emergencies;
 - 2.4 Strengthening the capacities of the health and social care systems to deliver mental health and psychosocial support across the continuum of care;
 - 2.5 Advocating for and ensuring the engagement of both affected communities and people with lived experiences;
3. **REQUESTS the Regional Director to:**
 - 3.1 Advocate for implementation of the regional action plan at all levels;
 - 3.2 Allocate resources to strengthen the capacities of the WHO Regional Office and country offices to support Member States in implementing the provisions of the regional action plan;

¹ EM/RC71/5-Rev.2.

² WHO Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240031029>, accessed 13 October 2024).

- 3.3 Provide technical support to Member States to build capacities for implementing and monitoring the strategic actions specified in the regional action plan; and
- 3.4 Report on progress in implementing this resolution to the 73rd and 75th sessions of the Regional Committee and present a final report to the Committee at its 77th session in October 2030.

EM/RC71/R.6 Enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region: a regional strategy, 2024–2028

The Regional Committee,

Having reviewed the technical paper on the enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region: a regional strategy, 2024–2028;¹

Recalling Regional Committee resolutions EM/RC59/R.3 on health systems strengthening in countries of the Eastern Mediterranean Region, EM/RC60/R.7 on the improvement of civil registration and vital statistics systems, EM/RC60/R.8 on monitoring health situation, trends and health system performance, EM/RC66/R.5 on developing national institutional capacity for evidence-informed policy-making for health, EM/RC68.R3 on integrated disease surveillance and EM/RC69/R.6 on fostering digital health;

Noting that health information systems generate the required data for measuring progress towards universal health coverage and the health-related Sustainable Development Goals (SDGs) and monitoring the impact of WHO's work at country level;

Recognizing that Member States in the Region have been making sustained efforts to implement digitalized health information systems and measure progress towards the health-related SDGs;

But recognizing also that many national health information systems in the Region still face major challenges;

Further recognizing the importance of coordination among different national stakeholders, WHO and development partners to address health information system challenges;

1. **ENDORSES** the regional strategy;
2. **URGES Member States to:**
 - 2.1 Commit to implementing the needed standards and interoperability requirements at national level for digitalizing health information systems;
 - 2.2 Engage stakeholders in investing in and implementing effective digitalized information systems that are linked and integrated at national level;
 - 2.3 Build national capacities in health information system-related innovations, based on each country's context;
 - 2.4 Ensure safe and secure data sharing according to national laws and regulations, evidence generation and the use of data for decision-making;

¹ EM/RC71/6-Rev.2.

3. REQUESTS the Regional Director to:

- 3.1 Develop, adapt and share standards for the digitalization of information systems that fit the various contexts of countries of the Region;
- 3.2 Avail the necessary technical and logistic resources for implementation of the regional strategy;
- 3.3 Support the development of national health information system action plans for related activities (in the short, medium and long terms);
- 3.4 Strengthen partnerships and the involvement of other United Nations agencies and development partners for implementation of the regional strategy;
- 3.5 Support countries to generate or mobilize resources for enhancing information systems for health; and
- 3.6 Report on progress in implementing this resolution to the 73rd session of the Regional Committee and present a final report to the Committee at its 75th session in October 2028.

9.2 Decisions

DECISION NO 1 ELECTION OF OFFICERS

The Regional Committee decided to elect the following as the Officers of its 71st session:

Chair: H.E. Dr Hanan Mohamed Al Kuwari (Qatar)

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

Vice-Chair: Dr Ali Reza Raeisi (Islamic Republic of Iran)

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

Dr Samya Ali Bahram (Bahrain), Dr Nicknam Mohammad Houssein (Iran, Islamic Republic of), Dr Riyadh Abdul Amer Al-Hilfi (Iraq), Dr Raid Anwar Al Shboul (Jordan), Dr Al-Munther Al-Hasawi (Kuwait), Ms Hilda Harb (Lebanon), Mr Abdelouahab Belmadani (Morocco), Dr Chekib Zedini (Tunisia).

Secretariat: Dr Adham Ismail Abdel Moneim, Dr Richard John Brennan, Dr Asmus Hammerich, Dr Awad Mataria, Dr Arash Rashidian, Dr Nevin Wilson, Dr Nasim Pourghazian, Mr Toby Boyd.

DECISION NO. 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the agenda of its 71st 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 72nd session at the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt, from 13 to 16 October 2025.

DECISION NO. 5 VERIFICATION OF CREDENTIALS

In accordance with the Rules of Procedure of the WHO Regional Committee for the Eastern Mediterranean, the Chair of the 71st session of the Regional Committee reported to the Regional Committee that the credentials submitted by the 19 Members attending the 71st session of the Regional Committee were reviewed. The credentials of 17 were found in compliance with the Committee's Rules of Procedure and two were seated provisionally. The report of the Chair of the 71st session on the verification of credentials was accepted by the Regional Committee.

DECISION NO. 6 CHANGE TO RULE 3 OF THE RULES OF PROCEDURES OF THE REGIONAL COMMITTEE

Following a recommendation from the Programme Subcommittee of the Regional Committee, the Regional Committee decided to change Rule 3 of its Rules of Procedure, as follows:

Previous text	Amended text
<p>Rule 3 The Member States shall communicate to the Regional Director, not less than fifteen days before the date fixed for the opening of the session of the Committee, the name of their representatives, including all alternates and advisers. Similarly, the organizations and States referred to in Rule 2 invited to be represented at the session shall communicate the names of the persons by whom they will be represented. The credentials of representatives and names of alternates, advisers and observers shall be submitted to the Regional Director if possible not less than two days before the opening of the session of the Regional Committee. Such credentials shall be issued by the Head of State or Government, the Minister for Foreign Affairs, the Minister of Health or any other competent authority.</p>	<p>The Member States shall communicate to the Regional Director, not less than fifteen days before the date fixed for the opening of the session of the Committee, the name of their representatives, including all alternates and advisers. Similarly, the organizations and States referred to in Rule 2 invited to be represented at the session shall communicate the names of the persons by whom they will be represented. The credentials of representatives and names of alternates, advisers and observers shall be submitted to the Regional Director electronically, or hand delivered, if possible not less than two days before the opening of the session of the Regional Committee. Such credentials shall be issued by the Head of State or Government, the Minister for Foreign Affairs, the Minister of Health or any other competent authority.</p>

DECISION NO. 7 ATTENDANCE BY THE RUSSIAN FEDERATION AT REGIONAL COMMITTEE SESSIONS AS AN OBSERVER

In response to a request received from the Russian Federation, the Regional Committee was consulted and approved the request to invite the Russian Federation to attend future sessions of the Committee in the capacity of an Observer, with no voting rights, starting in 2025.

DECISION NO. 8 ACCREDITATION OF NON-STATE ACTORS NOT IN OFFICIAL RELATIONS WITH WHO TO ATTEND REGIONAL COMMITTEE SESSIONS

Noting that they had fulfilled the established eligibility criteria and other requirements set out in the Framework of Engagement with Non-State Actors, the Regional Committee decided that the Eastern Mediterranean Public Health Network, the Hamdard Foundation Pakistan, the Arab Hospitals Federation and the Arab Council for Childhood and Development should be accredited to attend sessions of the Committee in the capacity of Observers, with no voting rights, for three years commencing 17 October 2024.

DECISION NO. 9 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 Majid Ghayour-Mobarhan (Islamic Republic of Iran) in the area of cardiovascular diseases and Dr Noor Badar Al-Busaidi (Oman) in the area of Diabetes. The Prize will be presented to the laureates during the 72nd session of the Regional Committee in 2025.

DECISION NO. 10 AWARD OF THE DOWN SYNDROME RESEARCH PRIZE

1. The Regional Committee decided not to award the Down Syndrome Research Prize this year based on the recommendation of the Down Syndrome Research Prize Foundation.
2. The Regional Committee further decided to change the Statutes of the Down Syndrome Research Prize Foundation, as follows:

Statutes before amendment	Statutes after amendment
<p>Article 4</p> <p>Purpose</p> <p>The Foundation is established for the purpose of awarding a prize to one or more persons, or one or more nongovernmental organizations or other institutions, that have made an outstanding contribution in the field of research related to Down Syndrome and a grant to one or more persons, or one or more nongovernmental organizations or other institutions for research to be undertaken in the same field. The specific criteria that shall be applied in the assessment of the work done by the candidates, in the case of the Prize, and of the proposed research, in the case of the Grant, shall be determined by the Foundation Committee</p>	<p>Purpose</p> <p>The Foundation is established for the purpose of awarding a prize to one or more persons, or one or more nongovernmental organizations or other institutions, that have made an outstanding contribution in the field of research related to Down Syndrome and up to two grants, each to one or more persons, or one or more nongovernmental organizations or other institutions for research to be undertaken in the same field. The specific criteria that shall be applied in the assessment of the work done by the candidates, in the case of the Prize, and of the proposed research, in the case of the Grant, shall be determined by the Foundation Committee. The Administrator may propose criteria for consideration of the Foundation Committee.</p>
<p>Article 6</p> <p>The Foundation Committee</p> <p>The Committee entitled the “Down Syndrome Research Prize Foundation Committee” shall be composed of the following members: the Chairman and two Vice-Chairmen of the Regional Committee for the Eastern Mediterranean, and a representative of the Founder. The Regional Director for the Eastern Mediterranean or his representative shall serve as the Secretary of the Committee.</p>	<p>The Foundation Committee</p> <p>The Committee entitled the “Down Syndrome Research Prize Foundation Committee” shall be composed of the following members: the Chairman and two Vice-Chairmen of the Regional Committee for the Eastern Mediterranean, and a representative of the Founder. The Regional Committee may, at its discretion, designate a representative of one of its members to serve as an alternate member of the Foundation Committee in place of the Chairman or either of the Vice Chairmen for the duration of any given session of the Regional Committee. The Regional Director for the Eastern Mediterranean or his representative shall serve as the Secretary of the Committee.</p>
<p>Article 7</p> <p>Proposal and selection of candidates</p> <p>1. Candidates may be proposed for the Prize or Grant by any national health, education or social administration of a Member State of the World Health Organization within the Eastern Mediterranean Region, or any former recipient of the Prize or Grant. The Foundation Committee may also ask relevant WHO staff to proactively search for publications of Down Syndrome-related research studies from scholars in countries of the Region. If any potential candidate(s) were identified, the respected countries/institutions will be notified and encouraged to submit an application. All nominations shall be accompanied by a written statement and submission of required documents supporting the reasons on which the statement is based. Proposals shall be submitted to the Administrator who shall submit them to the Foundation Committee together with technical comments.</p>	<p>Proposal and selection of candidates</p> <p>1. Candidates may be proposed for the Prize or Grant by any national health, education or social administration of a Member State of the World Health Organization within the Eastern Mediterranean Region, or any former recipient of the Prize or Grant. The Foundation Committee may also ask the Administrator to proactively search for publications of Down Syndrome-related research studies from scholars in countries of the Region. In addition, with respect to research grants, the Administrator may issue calls for applications for potential research grants. Such calls shall include the eligibility criteria. If any potential candidate(s) are identified through these efforts, the respective countries/institutions will be notified and encouraged to submit an application. All nominations shall be accompanied by a written statement and submission of required documents supporting the reasons on which the statement is based. Proposals shall be submitted to the Administrator who shall submit them to the Foundation Committee together with technical comments.</p>

3. The Regional Committee further decided to change Article 3 of the Guidelines for the Down Syndrome Research Prize Foundation, as follows:

Guidelines before amendment	Guidelines after amendment
<p>3. The nomination of candidates to receive the prize or grant may be made by any national health administration of a Member State within the Eastern Mediterranean Region or any former recipient of the prize. All nominations shall be accompanied by full details of the person or institution nominated, including accomplishments in the field of research related to Down Syndrome. For the Grant, a research proposal on how the grant will be used should be submitted and that may be revised by the Committee before approval.</p>	<p>3. The nomination of candidates to receive the prize or grant may be made by any national health, education or social administration of a Member State within the Eastern Mediterranean Region or any former recipient of the prize or grant. All nominations shall be accompanied by full details of the person or institution nominated, including accomplishments in the field of research related to Down Syndrome. For the Grant, a research proposal on how the grant will be used should be submitted, addressing any eligibility criteria. Such research proposals may be revised by the Committee before approval.</p>

Annex 1

Agenda

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|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1. | Opening of the session | |
| | (a) Election of Officers | |
| | (b) Adoption of the Agenda | EM/RC71/1-Rev.3 |
| 2. | (a) Overview of the flagship initiatives | |
| | (b) Regional flagship initiative 1: Expanding equitable access to medical products | EM/RC71/A |
| | (c) Regional flagship initiative 2: Investing in a resilient health workforce | EM/RC71/B-Rev.1 |
| | (d) Regional flagship initiative 3: Accelerating public health action on substance use | EM/RC71/C |
| | (e) Eastern Mediterranean Region strategic operational plan, 2025–2028 | EM/RC71/D-Rev.1 |
| 3. | (a) Annual Report of the Regional Director for 2023 | EM/RC71/2 |
| | Progress reports on: | |
| | (b) Poliomyelitis eradication and polio transition | EM/RC71/INF.DOC.1-Rev.1 |
| | (c) Strategic framework for blood safety and availability, 2016–2025 | EM/RC71/INF.DOC.2 |
| | (d) Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic | EM/RC71/INF.DOC.3 |
| | (e) Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005) | EM/RC71/INF.DOC.4-Rev.1 |
| | (f) Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region | EM/RC71/INF.DOC.5 |
| | (g) Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund | EM/RC71/INF.DOC.6 |
| | (h) Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals | EM/RC71/INF.DOC.7 |
| | (i) Advancing the implementation of One Health in the Eastern Mediterranean Region | EM/RC71/INF.DOC.8 |
| | (j) Regional strategy for fostering digital health in the Eastern Mediterranean Region, 2023–2027 | EM/RC71/INF.DOC.9 |
| | (k) The work of the High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region | EM/RC71/INF.DOC.10 |
| | (l) Strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region | EM/RC71/INF.DOC.11 |
| 4. | Technical papers | |
| | (a) Addressing the increasing burden of trauma in humanitarian settings in the Eastern Mediterranean Region | EM/RC71/3-Rev.1 |
| | (b) Promoting collaborative action to accelerate the response to antimicrobial resistance in the Eastern Mediterranean Region | EM/RC71/4-Rev.1 |
| | (c) Regional action plan for mental health and psychosocial support in emergencies, 2024–2030 | EM/RC71/5-Rev.2 |
| | (d) Enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region: a regional strategy, 2024–2028 | EM/RC71/6-Rev.2 |

5. World Health Assembly and Executive Board
 - Programme and budget matters
 - (a) Investment Case 2025–2028 and latest on WHO Investment Round EM/RC71/7
EM/RC71/7-A
 - (b) Draft proposed programme budget 2026–2027 EM/RC71/8
EM/RC71/8_summary
 - Governance matters
 - (c) Resolutions and decisions of regional interest adopted by the Seventy-seventh World Health Assembly and the Executive Board at its 154th and 155th sessions EM/RC71/9
 - (d) Review of the draft provisional agenda of the 156th session of the WHO Executive Board EM/RC71/9-Annex 1
 - (e) Membership of WHO bodies and committees EM/RC71/10
 - (f) Update on implementation of the Transformation agenda in the Eastern Mediterranean Region EM/RC71/INF.DOC.12
-Rev.1
 - (g) Nomination and appointment of Regional Directors: review of the process for the election of Regional Directors EM/RC71/INF.DOC.13
6. Reports of the nineteenth, and twentieth meetings of the Programme Subcommittee of the Regional Committee EM/RC71/11
EM/RC71/12
7. Reports of the tenth and eleventh meetings of the Regional Subcommittee for Polio Eradication and Outbreaks EM/RC71/13
EM/RC71/14
8. Procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean EM/RC71/15
9. Application from the Russian Federation to attend the WHO Regional Committee for the Eastern Mediterranean in an observer capacity EM/RC71/16
10. Awards
 - (a) Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region EM/RC71/INF.DOC.14
 - (b) Award of the Down Syndrome Research Prize EM/RC71/INF.DOC.15
11. Place and date of future sessions of the Regional Committee EM/RC71/INF.DOC.16
12. Other business
13. Closing session

Annex 2

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

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*Virtual participation for speakers/panellists.

Annex 3

Final list of documents, resolutions and decisions

1. Regional Committee documents

EM/RC71/1-Rev.3	Agenda
EM/RC71/A	Regional flagship initiative 1: Expanding equitable access to medical products
EM/RC71/B-Rev.1	Regional flagship initiative 2: Investing in a resilient health workforce
EM/RC71/C	Regional flagship initiative 3: Accelerating public health action on substance use
EM/RC71/D-Rev.1	Eastern Mediterranean Region strategic operational plan, 2025–2028
EM/RC71/2	Annual Report of the Regional Director 2023
EM/RC71/3-Rev.1	Addressing the increasing burden of trauma in humanitarian settings in the Eastern Mediterranean Region
EM/RC71/4-Rev.1	Promoting collaborative action to accelerate the response to antimicrobial resistance in the Eastern Mediterranean Region
EM/RC71/5-Rev.2	Regional action plan for mental health and psychosocial support in emergencies, 2024–2030
EM/RC71/6-Rev.2	Enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region: a regional strategy, 2024–2028
EM/RC71/7	Investment Case 2025–2028 and latest on WHO Investment Round
EM/RC71/7-A	
EM/RC71/8	Draft proposed programme budget 2026–2027
EM/RC71/8_summary	
EM/RC71/9	Resolutions and decisions of regional interest adopted by the Seventy-seventh World Health Assembly and the Executive Board at its 154th and 155th sessions
EM/RC71/9-Annex 1	Review of the draft provisional agenda of the 156th session of the WHO Executive Board
EM/RC71/10	Membership of WHO bodies and committees
EM/RC71/11	Reports of the nineteenth, and twentieth meetings of the Programme
EM/RC71/12	Subcommittee of the Regional Committee
EM/RC71/13	Reports of the tenth and eleventh meetings of the Regional Subcommittee for
EM/RC71/14	Polio Eradication and Outbreaks
EM/RC71/15	Procedure for accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for the Eastern Mediterranean
EM/RC71/16	Application from the Russian Federation to attend the WHO Regional Committee for the Eastern Mediterranean in an observer capacity
EM/RC71/INF.DOC.1	Poliomyelitis eradication and polio transition
EM/RC71/INF.DOC.2	Strategic framework for blood safety and availability, 2016–2025
EM/RC71/INF.DOC.3	Regional strategy to improve access to medicines and vaccines in the Eastern Mediterranean Region, 2020–2030, including lessons from the COVID-19 pandemic
EM/RC71/INF.DOC.4-Rev.1	Health issues facing populations affected by disasters and emergencies, including the International Health Regulations (2005)
EM/RC71/INF.DOC.5	Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region

EM/RC71/INF.DOC.6	Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund
EM/RC71//INF.DOC.7	Promoting health and well-being in the Eastern Mediterranean Region: moving from theory to action to achieve the health-related Sustainable Development Goals
EM/RC71//INF.DOC.8	Advancing the implementation of One Health in the Eastern Mediterranean Region
EM/RC71/INF.DOC.9	Regional strategy for fostering digital health in the Eastern Mediterranean Region, 2023–2027
EM/RC71/INF.DOC.10	The work of the High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region
EM/RC71/INF.DOC.11	Strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region
EM/RC71/INF.DOC.12-Rev.1	Update on implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region
EM/RC71/INF.DOC.13	Nomination and appointment of Regional Directors: review of the process for the election of Regional Directors
EM/RC71/INF.DOC.14	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
EM/RC71/INF.DOC.15	Award of the Down Syndrome Research Prize
EM/RC71/INF.DOC.16	Place and date of future sessions of the Regional Committee
2. Resolutions	
EM/RC71/R.1	Regional Strategic Operational Plan including the flagship initiatives
EM/RC71/R.2	Annual Report of the Regional Director for 2023
EM/RC71/R.3	Addressing the increasing burden of trauma in humanitarian settings in the Eastern Mediterranean Region
EM/RC71/R.4	Promoting collaborative action to accelerate response to antimicrobial resistance in the Eastern Mediterranean Region
EM/RC71/R.5	Regional action plan for mental health and psychosocial support in emergencies, 2024–2030
EM/RC71/R.6	Enhancement and digitalization of health information systems in the countries of the Eastern Mediterranean Region: a regional strategy, 2024–2028
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	Change to Rule 3 of the Rules of Procedures of the Regional Committee
Decision 7	Attendance by the Russian Federation at Regional Committee as an Observer
Decision 8	Accreditation of non-State actors not in official relations with WHO to attend Regional Committee sessions
Decision 9	Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region
Decision 10	Award of the Down Syndrome Research Prize

Annex 4

Technical meeting

Cairo, Egypt, 15 October 2024

Seventy-first session of the Regional Committee for the Eastern Mediterranean Innovative approaches for preventing and controlling dengue and other mosquito-borne diseases

Objectives

The objectives of the meeting were to: update Member States on the situation of vector-borne diseases in the Region, with a focus on dengue, and highlight the challenges and key areas requiring an integrated multisectoral approach; update Member States on available innovative tools, their potential uses and best practice for their adoption for preparedness to prevent and control mosquito-borne diseases, particularly dengue; explore mechanisms to develop integrated vector control strategies to respond to the increasing burden of dengue and other mosquito-borne diseases due to climate change; identify areas of collaboration and technical support between Member States and WHO to strengthen national and regional capacities; and share the experience of Oman in using WHO's Early Warning and Response System (EWARS) supported by the presence of effective vector surveillance and epidemiological surveillance, integrated with climate and population data, to predict and prevent vector-borne disease outbreaks for early intervention and prevention.

Conclusions

Member States were provided with an overview of the vector-borne diseases situation globally and in the Eastern Mediterranean Region, focusing on the increasing burden and outbreaks of dengue, and were briefed on innovative tools for preventing and controlling these diseases, which are currently being evaluated by the WHO Vector Control Advisory Group (VCAG) and have shown public health value. These novel tools include biological control with the use of the bacterium *Wolbachia* in *Aedes aegypti*, spatial repellents and vector traps, including the use of autodissemination and autocidal methods. Participants from Brazil, Indonesia and Singapore, who are currently implementing the novel *Wolbachia* intervention to target *Aedes aegypti*, shared their experiences virtually, including the challenges faced and the impact on dengue. The importance of community engagement at all levels of planning, assessment and implementation of novel interventions was emphasized. Oman's experience and lessons learnt in the implementation of their national vector surveillance strategy for predicting and preventing outbreaks of dengue was shared.

Member States welcomed the side event, recognizing the importance of vector-borne diseases, particularly mosquito-borne diseases that have been exacerbated by climate change and other emerging biological threats. The discussions highlighted the different challenges, key areas that require an integrated multisectoral approach, limitations of regional data on novel interventions and need to enhance national and regional capacities for implementing integrated vector surveillance and control, including for assessment and implementation of novel interventions.

Proposed actions

Member States

- Strengthen intersectoral action through an integrated vector management steering committee.
- Engage in collaboration and coordination with research institutions on generating evidence and data on novel interventions.
- Allocate national resources for strengthening the capacity of the integrated vector surveillance and control system.
- Hold a workshop on priority issues and invite countries of the Region to participate in it.

WHO

- Strengthen the existing regional network to provide support to Member States for strengthening integrated vector surveillance and introducing novel interventions, where and when appropriate.
- Support capacity-building on integrated vector surveillance and control in Member States.
- Coordinate with WHO Collaborating Centres to hold workshops in countries of the Region, drawing on the existing expert resources within the Organization, WHO Collaborating Centres and partners.

